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Evaluation of the Community Catalysts Micro- Enterprise Project

Part of Cardiff Council's Into Work Service



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List of abbreviations

UKSPF	UK Shared Prosperity Fund
CIC	Community Interest Company
H&SC	Health and Social Care
ME	Micro-Enterprise
PA	Personal Assistant
CIL	Centre for Independent Living
DP	Direct Payment

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1. Introduction

1.1 The Community Catalysts Micro-Enterprise Project

The Community Catalysts Micro-Enterprise (ME) project was a £247,167 project, gaining funding through UK Shared Prosperity Fund (UKSPF) under the Supporting Local Business pillar. It was designed to support entrepreneurs set up new MEs as well as support existing MEs deliver health and social care services safely at home. A ME in this context is defined as a small business employing 8 or fewer full-time employees, which provides personal care or support to people in their home or community. By supporting new and existing MEs in the health and social care sector, the primary aim of the project is to enhance the choice of care for service users by providing an alternative domiciliary care option.

As the project is embedded within Cardiff Council's Into Work service, the secondary aim of the project was providing employability support to those seeking to enter or remain in the labour market. The project therefore aimed to help enhance the health and social care offer by mobilising the local workforce to combat economic inactivity and unemployment.

The project was delivered by Community Catalysts Community Interest Company (CIC), who employed a designated 'Catalyst' in the Cardiff area to identify and support individuals through a tailored programme. The project was initially due to run for two years, between May 2023 and May 2025, but it was recently extended up until May 2026 through the UKSPF 2025-26 transition year. 27 MEs have been successfully brought into the area over the past three years as a result of support through the project.¹

The evaluation of the Community Catalyst ME project has been undertaken by Wavehill to identify whether the project has met its aims and objectives, delivered value for money and provide recommendations for future delivery. The evaluation has drawn upon a mix of methods to identify the successes and areas of improvement for the project. The evaluation was undertaken between October 2025 and March 2026.

1.2 Community Catalysts CIC

Community Catalysts CIC helps local people support one another. Community Catalysts specialise in people-led social care, working with communities to unlock local talent, reduce inequalities, and improve quality of life for older people and disabled people. Communities Care is one of their core programmes which helps local people use their skills and passions to create small, community rooted micro-enterprises offering personalised care and support. As part of the Communities Care programme, Community Catalysts regularly work with individuals who want to offer care or support in their neighbourhood but need help

¹ Cardiff Council UKSPF Monitoring Data of Micro-Enterprise Project 2023 – 2026.

turning the skills, compassion and lived experience into a sustainable micro-enterprise. The programme is also about building a stronger, more resilient local care market with work tailored to the unique needs, culture and assets of each community they work in.

Cardiff is one of 80 locations across England and Wales and 1 of 8 locations across Wales where Community Catalysts have enabled people to set up community MEs in the health and social care sector.

2. Methodology

2.1 Evaluation Aims

The evaluation aims to review the extent to which the ME project met its objectives, as well as provide recommendations for potential future delivery. The project had the following objectives:

- To support existing and stimulate new community entrepreneurs in Cardiff
- Increase the capacity for care and support at home to complement existing domiciliary provision
- Increase choice for people
- Improve the quality of care and support at home
- Support to delay transfer of care into hospital and increase options for discharge from hospital

In addition to assessing these objectives, the evaluation also aims to explore the wider impacts of the ME project as well as assess the processes undertaken from a management and delivery perspective to identify areas of good practise and where lessons can be learnt for future interventions.

2.2 Evaluation Approach

- A review of the wider policy and economic context has been undertaken to situate the Community Catalyst project in its wider context and explore the extent to which the operation could contribute to its outcome objectives.
- Stakeholder consultations:
 - Delivery: Two stakeholder interviews were conducted with Community Catalyst staff members.
 - Internal: Five stakeholder interviews were conducted with Cardiff Council officers from relevant areas of Cardiff Council e.g. Into Work Service, Adult Services, Independent Living Services.
 - Wider: Three stakeholder interviews were conducted with wider stakeholders from Dewis Centre for Independent Living with oversight of the project.
- A telephone survey was conducted with individuals that had been supported by the Community Catalyst Micro-Enterprise project. The survey focussed on the individuals' experience the support and its impact.
- Analysis of the survey data was undertaken in MS Excel. Some quantitative analysis was also undertaken of Cardiff Council's monitoring data.

2.3 Evaluation Limitations

Of the 29 survey contacts obtained for the evaluation, the telephone survey reached 13 respondents, giving a response rate of 45%. The 29 contact details were drawn from both Cardiff Council's project records and the Small Good Stuff directory, meaning the sample reflects a mix of individuals engaged with the ME project. While the sample size is reasonable for a qualitative perception survey, it cannot be considered statistically representative of all individuals supported through the project. The findings should therefore be interpreted as indicative rather than definitive. Nonetheless, the responses provide valuable insight into participants' experiences and perceptions of the ME model and offer a meaningful contribution to understanding the project's impact.

There was scope to undertake a small Economic Impact Assessment using data on ME turnover and employment. However, this was not feasible due to the limited number of survey respondents and the insufficient volume of reliable responses to the questions relating to business income and staffing. To mitigate this limitation, some quantitative evidence has instead been drawn from internal quarterly reports to support the Value for Money assessment and enable indicative analysis of potential cost savings.

3. Context and rationale

3.1 Socio-Economic Context

3.1.1 Human Health and Social Work Sector

Care and health services form the core of Cardiff's foundational economy, representing its largest employment sector. In 2024, 15.3% of Cardiff's workforce was employed in human health and social work.² Employment in this sector has also expanded significantly, up 16.7% since 2019, rising from 30,000 to 35,000 people.³ This sustained growth signals a sector with strong and ongoing labour demand, making it a natural focus for interventions aimed at helping residents re-enter or engage with the labour market.

Alongside this, Cardiff's business landscape is dominated by MEs, which account for 86.6% of all businesses in the city.⁴ Within the health and social work sector specifically, MEs have grown rapidly, from 405 in 2019 to 505 in 2025, an increase of 24.7%. They now make up 68.7% of all businesses in the sector, a higher proportion than the Welsh average (63.9%) and growing at a much faster rate than the Wales average (3.6% since 2019). This may indicate a local ecosystem that is already shifting towards smaller, more flexible providers, and one in which ME models are becoming increasingly embedded.

Domiciliary Health and Social Care

Domiciliary care, social care provided in people's home, is the alternative to residential care and allows people to remain safely in their own homes for as long as possible. A large proportion of domiciliary care is funded through Direct Payments (DPs). Direct Payments (DPs) are funds made available by a local authority to an individual who requires social care needs and allows service users to commission their own care, rather than receiving care from council commissioned services. Those eligible for DPs are assessed by Children or Adult's Services within Cardiff Council and to support those in receipt of DPs, Cardiff Council hold a contract with external support organisation, Dewis Centre for Independent Living (CIL). A menu of support is provided through Dewis CIL, such as giving advice into the options and payment of care services.

Domiciliary care is traditionally provided through two mechanisms, either using an agency care worker or employment of a Personal Assistant (PA) by the service user. However, the ME project enhances the domiciliary care offer in Cardiff, adding a third option to the domiciliary care menu of choice for both private clients and DP recipients.

² Business Register and Employment Survey, ONS, 2024

³ Ibid.

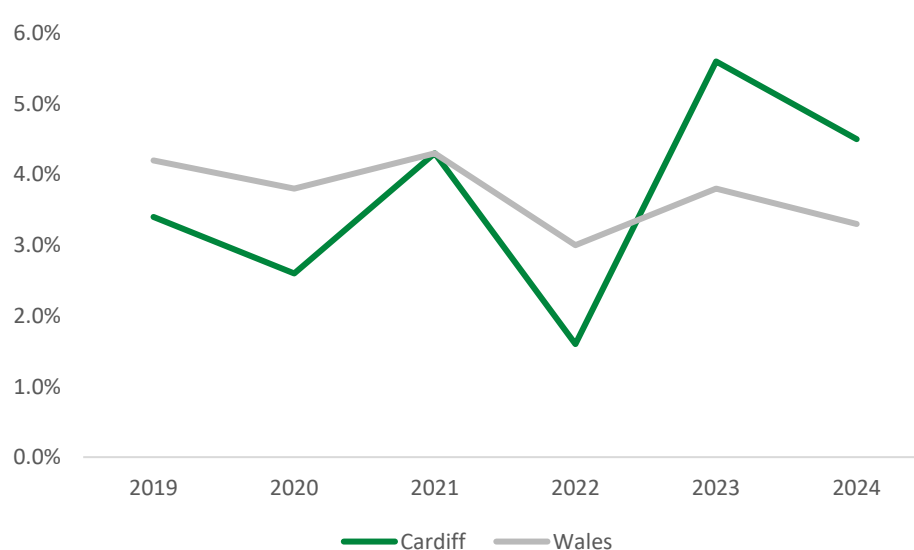
⁴ UK Business Counts – enterprises by industry and employment size band, ONS, 2025.

3.1.2 Unemployment and Economic Inactivity

The labour-market context in Cardiff strengthens the rationale for a project focused on supporting people to establish themselves as MEs in the health and social care sector.

The unemployment rate in Cardiff is 4.5% in 2024, higher than the unemployment rate across Wales where it stands at 3.3%.⁵ Unemployment in Cardiff has grown since 2019, increasing by 32.4% from 3.4% in 2019.⁶ The graph below shows that Cardiff's unemployment rate for 16–64 year olds has moved through a much more uneven trajectory than Wales overall. After broadly tracking the national rate in 2021, Cardiff experienced a marked dip in 2022 before rebounding sharply in 2023, rising above the Wales average.

Figure 3.1: Unemployment rate – aged 16-64 in Cardiff and Wales, 2019-2024



Against this backdrop, the project's focus on enabling participants to become self-employed MEs in health and social care aligns closely with local need. By offering tailored employability support, confidence-building, and a structured pathway into self-employment, the project provides an alternative route for individuals who may struggle to access or sustain conventional employment. Stakeholders agreed that the project creates an alternative entry point into the workforce, positioning it as a realistic and accessible route to employment for groups that are frequently overlooked.

3.1.3 UK's Exit from the European Union, Covid-19 and H&SC Worker Visas

A series of wider structural pressures over the past decade helps explain why a project supporting people to establish themselves as micro-enterprises in health and social care is both necessary and well aligned with Cardiff's needs.

The UK's exit from the European Union reduced the supply of new recruits into the sector, as many workers had previously come from within the European Economic Area and now

⁵ Unemployment rate – aged 16-64, Annual Population Survey, ONS, 2024.

⁶ Ibid.

faced additional legal requirements to stay and work in the UK. This contraction in the workforce placed strain on both NHS and social care services. Covid-19 then intensified these pressures: population health deteriorated, the number of people who became long-term sick increased, and demand for care rose sharply. At the same time, access to flexible support options such as direct payments fell during the pandemic due to reduced advice and communication, limiting people's ability to arrange personalised care.

To combat the recruitment challenges and increased demand for care services, care workers and home carers were added to the Skilled Worker shortage occupation list in 2022, which opened new migration routes and led to a rapid increase in agency-based care provision.⁷ In Cardiff, where many domiciliary care agencies were able to sponsor visas, this created a surge in supply that changed the shape of the local market.

As a result, the ME project in Cardiff focused less on mobilising local residents to deliver personal health care, as had been the case in other Welsh areas, and more on enabling MEs to provide preventative, wrap-around and community-based support. This type of support, such as help with shopping, cleaning, digital tasks or gardening, plays a crucial preventative role by reducing the risk of falls, accidents and health deterioration. It aligns directly with the Social Services and Well-being (Wales) Act 2014, which emphasises prevention and early intervention to minimise escalation to critical need.

3.2 Regulatory Context

MEs in the Welsh health and social care sector must navigate a regulatory environment shaped by HMRC rules on business and employment status and by Care Inspectorate Wales (CIW) regulations governing personal care. These two frameworks interact in ways that can be difficult for small providers to interpret, particularly where decisions about whether someone is a sole trader, whether they employ staff, and whether the people they support can direct their own care determine if CIW registration is required. The consequences of misunderstanding these boundaries are serious: individuals can be taken to court, fined, or barred from providing care if they inadvertently deliver regulated activity without registration.

This complexity is why councils often rely on Community Catalysts for delivery of such projects. Their expertise sits precisely at the intersection of business development and social care regulation, an area where mainstream business-support organisations typically lack this specialist knowledge. Community Catalysts have long-standing relationships with Welsh Government, CIW and HMRC, and they use this experience to guide MEs through the rules that shape safe and legal practice. They help established and new sole traders understand their obligations around insurance, safeguarding and confidentiality; they ensure people know when employing staff triggers CIW registration; and they clarify the limits of the exemption, which applies only when individuals can direct their own care or have someone

⁷ [Statement of changes to the Immigration Rules: HC 1091, 24 January 2022](#), UK Government, 2022.

with lasting power of attorney to do so. They also help distinguish MEs from PAs, protecting citizens from unintended employer liabilities.

3.3 Policy Context

3.3.1 UK Government

Build Back Better: Our Plan for Health and Social Care policy paper⁸ sets out the challenges faced in adult social care, exacerbated by the COVID-19 pandemic and their approach to support the NHS and reform adult social care by creating a new integrated system between health and social care focussed on improving outcomes for people. The integration of H&SC systems places ownness on ensuring people are cared for in the most appropriate place for their needs, whether at hospital, in care or at home. The paper also points to needs to reduce the number of people in hospital that would be better cared for at home. The new approach means that people can expect choice and flexibility, in line with the rationale for supporting more micro-enterprises to deliver care services so that individuals are able to make their own decisions about who provides care and how they access it.

3.3.2 Welsh Government

The project aligns strongly with three of the seven well-being goals set out in the Well-being of Future Generations (Wales) Act: A Healthier Wales, A Wales of Cohesive Communities, and A More Equal Wales. It contributes to a healthier Wales by expanding the pipeline of skilled workers entering the health and social care sector, increasing workforce capacity and improving the quality and choice of care available to residents. It supports cohesive communities by fostering local engagement, building confidence, and enabling residents to contribute to their communities through meaningful employment in a sector rooted in care and connection. Finally, as a programme embedded within Cardiff Council's Into Work service, it advances a more equal Wales by providing targeted support to individuals seeking to enter, re-enter or sustain their place in the labour market, helping to reduce inequalities in access to good work and progression opportunities.

The fundamental principles of the Social Services and Well-being (Wales) Act 2014⁹ are directly aligned to the objectives and outcomes of the ME project. The fundamental principles of the act include:¹⁰

- **Voice and control** – the ME aims to give greater choice over the care available
- **Prevention and early intervention** – the care which MEs deliver are focussed on wrap around, preventative support
- **Well-being** – through increasing choice and control, well-being is enhanced

⁸ <https://www.gov.uk/government/publications/build-back-better-our-plan-for-health-and-social-care/build-back-better-our-plan-for-health-and-social-care>

⁹ <https://law.gov.wales/social-services-and-well-being-wales-act-2014>

¹⁰ <https://socialcare.wales/resources-guidance/information-and-learning-hub/sswbact/overview>

- **Co-production** – the ME project both uses a CIC in the H&SC sector to deliver the project and mobilises local people to delivery care services in their local communities

Section 16 of the act also stipulates that local authorities must promote social enterprises, co-operatives, user-led services, and the third sector.¹¹ Mirroring the co-production principle of the Act, the project supports Community Catalysts as a CIC to mobilise local people to set up their own enterprises focused on community support.

The Rebalancing care and support Welsh Government White Paper¹² also underpin Welsh Government's ambitions to shift toward a focus on place and resilient communities including jobs closer to home and moving away from reliance on large multinational companies.¹³ As the ME project helps to create local employment opportunities in the H&SC sector, it aligns to the proposal in the paper that current arrangements for social care need to be strengthened with more partnership work with community organisations.

A Healthier Wales: our plan for Health and Social Care¹⁴ sets out a long term future vision for a whole system approach to H&SC. Aligned to the rationale for the Community Catalyst project, the plan has aims to ensure people are able to remain independent, in their own homes, for as long as possible as well as able to access a range of services which are made seamless, and delivered as close to home as possible. The plan describes how services should be designed around the individual and groups of people, based on unique needs, what matters to them, quality and safety outcomes. This aligns to the people-led care that Community Catalysts CIC deliver. The shift away from hospital-based care and treatment, towards home-based care and self-management which the plan describes supports the provision of MEs to deliver care services at home, which reduces or delays hospital admission until completely necessary.

¹¹ https://www.legislation.gov.uk/anaw/2014/4/pdfs/anaw_20140004_en.pdf

¹² <https://www.gov.wales/sites/default/files/consultations/2021-01/consutation-document.pdf>

¹³ <https://www.wcpp.org.uk/wp-content/uploads/2020/12/Alternative-Models-of-Domiciliary-Care.pdf>

¹⁴ <https://www.gov.wales/sites/default/files/publications/2021-09/a-healthier-wales-our-plan-for-health-and-social-care.pdf>

4. Programme design

4.1 Delivery Structure

The Community Catalyst ME project is embedded within Cardiff Council's Into Work Service, which provides employment, training and digital support to individuals actively seeking work or looking to upskill. The project also works closely with Adult Services in the Council to increase the uptake of ME delivered care among service users.

Referral and Engagement

There are internal referral pathways into the project from within the Into Work Service, such as through the Carers Academy. However the main mechanism through which participants engage with the project is through the extensive, community-based promotion of the project by Community Catalysts. The Catalyst uses a wide mix of online and in-person channels to reach people who may not otherwise engage with Into Work Services. Digitally, the Catalyst actively advertises the project through Facebook posts, blogs, press releases, and videos developed with Cardiff Council, while also sharing information across platforms such as Dewis CIL and the Cardiff Council and NHS Wales websites. Alongside this digital presence, the Catalyst undertakes regular on-the-ground outreach, attending local events, job fairs, wellbeing days, and community venues, and distributing flyers in GP surgeries, hospitals, libraries, cafés, and supermarkets. This combination of targeted marketing and informal community conversations ensures the project is visible across diverse local settings and accessible to a broad range of potential participants and service users.

Initial Contact and Suitability Check

When someone expresses interest, the Catalyst makes first contact to understand their goals, needs and circumstances, and to confirm whether the project is the right fit. Introductory information is shared, including Community Catalysts bespoke Doing It Right standards which set out the core elements an individual needs in place to become a safe and confident ME. The individual then completes an enquiry form in their preferred language.

Joining the Development Programme

Once the enquiry form is returned, the person receives the Joining the Development Programme form and a first meeting is arranged in a time and format that suits them. This meeting includes completing Cardiff Council's enrolment form so the Council's ME Coordinator is aware of their involvement on the project.

Tailored Development Support

The Catalyst works with each person to build the core elements required to set up a safe, sustainable and confident ME. This includes regulatory considerations, direct payments, insurance, personal care boundaries, and Cardiff-specific requirements such as Safeguarding Level 2 training. People are continually signposted to relevant training, funding and wider support offered by the Cardiff Council, with the pace and focus adapted to their needs. The

Doing It Right standards act as a shared framework for ensuring all essential components are in place.

Readiness Checks and Formal Approvals

When someone is 50% of the way through development the Catalyst coordinates the practical steps required for set-up. This includes submitting requests for ICO registration, CPO checks, DBS checks and insurance, all funded by the council through business grants. The ME Coordinator then meets with the individual to put these elements in place.

Completion and Ongoing Support

Final steps include a completion meeting with Community Catalysts, submission of the completion form to Cardiff Council, and an introductory session with Dewis CIL DP advisors. The final step of the process is listing the ME on Community Catalysts' bespoke directory, Small Good Stuff website, where all MEs supported through the project are advertised. The Catalyst maintains ongoing contact via groups on WhatsApp, including quarterly check-ins, to ensure people remain supported as they begin delivering their services.

Most people become fully set up within six to eight weeks, though established enterprises can move faster. In Cardiff, however, stakeholders noted that grant process and training requirements did introduce delays to delivery, which sometimes leads to people disengaging. Despite these challenges, the model works well because it is flexible, inclusive and grounded in helping people build services they enjoy and feel confident delivering.

4.2 Care Uptake

As the sustainability of the MEs are dependent on sufficient uptake of care by service users, another part of the project is connecting service users with the MEs, which is done predominately through Adult Services, Cardiff Council and Dewis CIL. Adult Services, particularly the First Point of Contact (FPoC) team, provide ME awareness and suitability to potential service users. The introductory session with Dewis CIL DP advisors as part of the development programme is facilitated through the Catalyst and ME Coordinator and is designed to increase knowledge and awareness of care services available through the ME among the DP advisors. Potential clients are signposted to the Small Good Stuff Directory and other information is provided about the care MEs are able to deliver. Stakeholders noted that making people aware and understanding the choice they have with MEs as well as having the means to pay for the care is crucial to the success of the MEs supported through the project.

An identical Community Catalysts ME project in Rhondda Cynon Taf (RCT) operates with a dedicated Micro-Broker, employed by the council to act as a bridge between customers, MEs and social workers. Stakeholders reported that this brokerage function works well in RCT and has driven significant interest and uptake. In Cardiff, the Micro-Coordinator role was originally intended to mirror this function. However, because the project sits within the Into Work Service rather than Adult Services, the role is naturally more removed from day-to-day social care pathways and referrals. However, the Micro-Coordinator has built strong links with social workers and maintains awareness of individuals who may benefit

from ME support, enabling them to connect potential service users with local MEs. While this approach is effective, consultees suggested that a more formalised brokerage function, similar to RCT's model, could further strengthen visibility and referrals.

4.3 Appropriateness of the Community Catalyst Project

Advantages of Micro-Enterprises

Stakeholders felt that ME-delivered care offers a set of benefits that complement existing domiciliary care options. They described ME's as a flexible model that can broaden the range of support available, particularly by offering forms of care that sit between traditional agency provision and directly employed PAs. This was seen as enhancing the current health and social care market by increasing choice for service users.

Table 4.1 below summarises stakeholder perspectives on where ME's may offer advantages compared with agency care workers or PAs. These reflections relate to specific contexts and should not be interpreted as suggesting that ME's are the most appropriate option for all service users or all situations. Rather, they illustrate how ME's can help bridge gaps between the main mechanisms of domiciliary care, offering an additional route that may better suit some individuals' needs and preferences.

Table 4.1: How ME's complement existing domiciliary care options

Challenges associated with agency care workers or PAs	How ME's may enhance the current H&SC market
Agency care workers often deliver only specific types of care	ME's can offer a broader suite of support, including wrap around and companionship, increasing choice
Agency care workers are restricted by shift times and capacity	ME's can provide care at times that suit the service user with shorter notice, offering greater flexibility
Service users take on employer responsibilities when hiring a PA	ME's invoice on an ad-hoc basis, reducing administrative burden for service users
Limited choice over who delivers care in agency	ME's can offer more control over who provides care, supporting diversity and inclusion
Risk of multiple agency workers due to staffing capacity	ME's can provide continuity by having the same person deliver care, which stakeholders felt could support quality

MEs have often been highlighted as particularly valuable in rural areas, where shortages of care workers are more acute as large care providers face higher costs. In these contexts, community-based assets such as MEs help to fill gaps in provision. Although Cardiff does not

fit this rural profile, stakeholders emphasised that the model is equally important in urban settings. They noted that the principles underpinning MEs and the high quality of care delivered are just as relevant in cities, and represent the type of provision that should be available across all geographies.

Enabling Factors for Micro-Enterprises

The use of ME's to deliver care services in communities is highly dependent on the availability of flexible payment options and take up, informed stakeholders and specialist start-up support.

Knowledge and take up of Direct Payments is a critical enabler, as a large proportion of ME support is purchased through DPs. Stakeholders highlighted that stronger promotion of DPs by the local authority would directly expand the pool of people able to choose ME-delivered care. The model also relies on relevant professionals understanding what MEs are and how they operate, including DP advisors at Dewis CIL. Consultees noted that a core part of the ME Coordinator's role has been building relationships with these advisors so they can confidently explain MEs as a viable care option and support people to use their DPs to access them. Consultees also described growing awareness across other relevant stakeholders such as GP clusters, Multidisciplinary Teams (MDTs), social work teams and other council departments. This has been supported by regular training, attendance at locality meetings, and ongoing internal promotion. However, stakeholders also highlighted that there could be more awareness, and that continued outreach is needed to ensure professionals can confidently signpost service users to MEs.

Finally, the project relies on dedicated start-up support to ensure MEs are safe, legal and person-centred. Community Catalysts as a delivery provider plays a pivotal role here, offering the specialist guidance that mainstream business support cannot provide. Their expertise in social care regulation, insurance, safeguarding, confidentiality and CIW requirements helps new and existing providers navigate a complex landscape. This support protects citizens from unintended liabilities and ensures that MEs operate within the boundaries of the exemption, maintaining trust in the model.

5. Project Performance

5.1 Progress Against Contracted Targets

A breakdown of the ME project's progress against both its output and outcome target are based on the most recent UKSPF claim form submitted by Cardiff Council to MHCLG in March 2026. The project was set both a series of output and outcome targets.

Table 5.1: Progress against UKSPF output targets

Target Output	Achievement as of March 2026	Target	Variance	Progress Against Target
Number of enterprises receiving non-financial support	8	45	-37	18%
Number of potential entrepreneurs assisted to be enterprise ready	53	40	13	133%
Total	61	85	-24	72%

Table 5.2: Progress against UKSPF outcome targets

Target Outcome	Achievement as of March 2026	Target	Variance	Progress Against Target
Number of enterprises supported	4	20	-16	20%
Number of new enterprises created as a result of support	27	20	7	135%
Total	31	40	-9	78%

As the tables above show, the project has shown mixed success at meeting its contracted output and outcome targets. The main outcome target, new enterprises created as a result of support, has been exceeded by 35% with 27 MEs set up because of the project.

Stakeholders acknowledged that slow progress and some unmet targets has been largely due to early challenges in engaging participants. Stakeholders noted that because the project deals with people's lives, with many choosing to set up as a new ME, it involves as

element of risk and lifestyle change. The creation of just over half the targeted number of new enterprises suggests that the targets may have been set at a level that did not fully account for the project's early challenges.

The ME model was also a relatively new and unfamiliar offer within the local health and social care market, initial scepticism among stakeholders, potential participants and service users limited early take-up. This was compounded by a relatively high dropout rate, particularly in the early stages, which stakeholders linked to low initial interest and the perceived risks associated with establishing an ME compared with remaining in salaried employment. Some attrition also reflected natural changes in personal circumstances. Delivery providers highlighted additional structural barriers, including delays associated with accessing Cardiff Council grant funding and completing mandatory Level 2 Safeguarding training. For individuals on low incomes or experiencing unemployment, these delays created financial and practical barriers to progressing through the programme, contributing to disengagement.

Despite these challenges, extensive engagement activity by Community Catalysts, outlined in Section 6.2, has significantly strengthened awareness and understanding of the model. Stakeholders noted that the project is now approaching its three-year delivery point, which they described as a natural 'tipping point' based on experience elsewhere. By this stage, familiarity with the model has increased, word-of-mouth has grown, and the benefits experienced by early participants are becoming more visible within local communities. This growing recognition is generating renewed interest and rising demand, signalling the emergence of a genuine social movement in Cardiff. Stakeholders emphasised that this is precisely the stage at which extending the project becomes most valuable whereby the groundwork has been laid, early scepticism has diminished, and the conditions are now in place for accelerated growth, wider adoption and deeper community impact.

5.2 Spend

Table 5.3 below shows the financial profile of the Community Catalyst Micro-Enterprise project with spend up to March 2026. The Community Catalysts contract was worth £171,167 initially, with the project scheduled to be delivered across two years between May 2023 to May 2025. The contract was subsequently extended during the 2025/26 UKSPF transition period and Community Catalysts were awarded £76,000 to deliver a third year of the project.

Year	Actual spend to March 2026
2023 – 2024	£95,096
2024 – 2025	£76,071
2025 – 2026	£76,000
Total	£247,167

6. Delivery and Management

6.1 Management and Governance

The project has been effectively managed, with clear structures in place to identify challenges early and respond with appropriate support. Delivery partners highlighted the consistent backing provided by the council, particularly access to internal resources such as training and practical support. Strong leadership and communication from the project manager at the Council has helped maintain momentum, reinforce the importance of using and promoting MEs, and ensure that operational issues are escalated and resolved.

Governance is supported through quarterly Change Group meetings, bringing together colleagues from Adult Services, primarily Operational Managers. These sessions provide a structured forum to review progress, share updates, and collectively address barriers, ranging from low customer uptake in the early stages to practical issues such as access to IT equipment. This collaborative approach has strengthened cross-team alignment and ensured that the project remains responsive to emerging needs.

Overall, the governance model has enabled transparent communication, shared problem-solving, and continuous improvement contributing to increased awareness of ME offers and a more supportive environment for their growth.

6.2 Engagement

The majority of respondents to the survey identified that they first heard about the support online, other main mechanisms through which people became aware was word of mouth and referrals from either Carers Academy or other teams at Cardiff Council. Most respondents then got in contact with Community Catalysts by phone. Others approached them at events or other hubs, such as supermarkets, where the Catalyst was advertising the project. The main reasons for accessing the support through the project, cited by respondents to the survey, are illustrated in the figure 6.1 below.

Figure 6.1: Reasons participants decided to access support



When participants were asked why else they accessed the support, respondents reiterated that it was for a mix of personal, professional, and community-driven reasons. Some were looking to change career direction or build their skills, while others were motivated by a desire to support people in their communities or strengthen activities they were already running. A smaller group engaged at moments of personal transition, using the project as a way to navigate change and move forward with confidence.

However, as noted above in section 5.2, there were challenges with engagement of participants on the project. Delivery partners also described a parallel challenge on the provider side, with MEs struggling to attract enough customers to operate efficiently in the early stages. To address this, significant engagement activity was undertaken across key stakeholder groups to build understanding and confidence in the model. This included targeted promotion of the services MEs can deliver, strengthened collaboration with council teams, and the integration of ME content into the Direct Payments training programme, which now includes a dedicated day of face-to-face training for social workers each quarter.

Stakeholders noted that this has begun to shift perceptions and reduce scepticism by improving awareness of the offer. Despite this progress, current uptake highlights the scale of remaining opportunity: of approximately 850–875 Direct Payment service users in Cardiff, only 26 currently use MEs. Stakeholders viewed this as evidence of both the early reservations and the significant potential for growth as awareness and confidence continue to build.

6.3 Activities

The Catalyst supports participants to establish their own MEs by enrolling them onto a bespoke Development Programme. This programme guides individuals through a step-by-step checklist to ensure they meet Community Catalysts' Doing it Right Standards. Survey respondents reported that the support enabled them to complete key requirements, including:

- Obtaining Public Liability Insurance (11 respondents)
- Becoming a member of a relevant body, e.g. NACAS (12)
- Registering with the ICO (11)
- Completing Safeguarding Level 2 training (8)
- Gaining an All Wales Manual Handling Passport (10)
- Producing a template contract (9)
- Producing a template invoice (10)
- Undertaking a site risk assessment (11)
- Completing a 'getting to know you' form (9)

Most respondents said the support enabled them to complete most or all of the required standards. Collectively, these steps ensured that MEs were safe, person-centred, and able to offer a complementary form of care within the wider H&SC market.

Survey findings also highlighted that relatively few MEs have been able to operate their business full time. Of those who had successfully set up an ME, only four reported running it as a full-time venture. The main barrier was insufficient demand, which limited the feasibility of full-time operation. This was echoed in responses about service-user uptake: only five respondents described demand as moderate to high, while three others reported low or very low levels of requests for care.

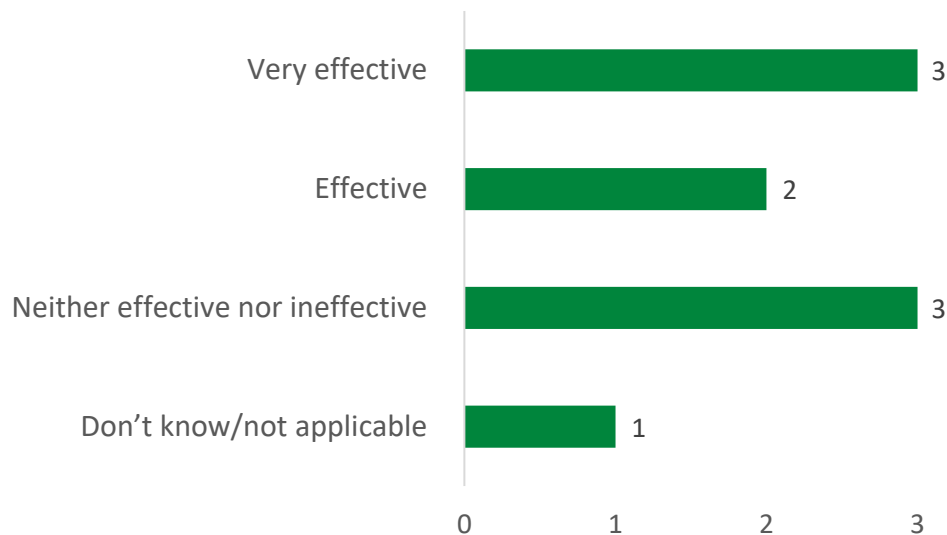
Supporting MEs to build a client base is therefore critical to business sustainability. Only two respondents reported being able to pay themselves a regular wage. Other reasons for not working full time included personal preference and valuing the flexibility of self-employment, particularly among those returning to work after a long break or previously working part time.

As outlined in section 6.2, the project undertook significant marketing activity to raise awareness of ME services among relevant stakeholders. This included engagement with Dewis DP advisors, social workers, Independent Living Services advisors at Cardiff Council, and other internal teams.

Another key component of the marketing activity was the Small Good Stuff Directory, which profiles each ME and offers an accessible route for local people to explore available support. Survey feedback on the effectiveness of this approach was mixed (see Figure 6.2). Five

respondents reported that the Small Good Stuff website was either effective or very effective in promoting their ME. However, the variability in responses may reflect the broader challenge of limited demand for ME services as explored above.

Figure 6.2: Perceptions of the effectiveness of the Small Good Stuff website at promoting MEs

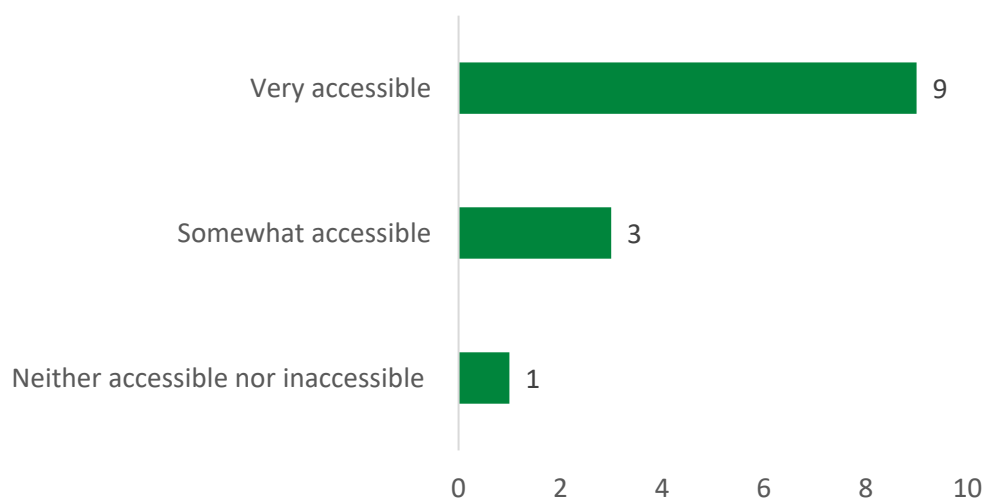


Community Catalysts also established hyper-local WhatsApp groups to connect MEs with potential service users. These online groups proved effective in close-knit communities, where word-of-mouth recommendations play an important role in increasing uptake.

6.4 Perception of the Support

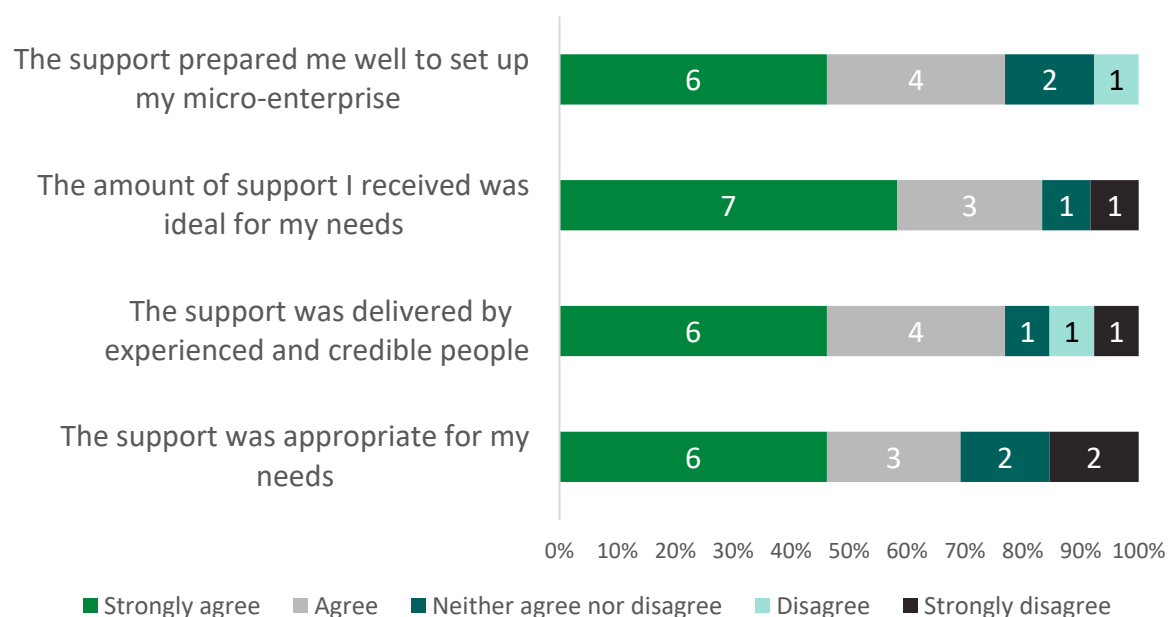
The majority of respondents to the survey found the support very accessible, with 9 respondents reporting this.

Figure 6.3: How accessible participants found the support



In terms of what participants thought about the content of the support, figure 6.4 below illustrates a consistently positive view of the support provided, with strong agreement dominating across all statements. Most respondents felt well-prepared to set up their micro-enterprise, with the majority either strongly agreeing or agreeing that the support equipped them effectively. People also felt the amount of support was well-matched to their needs, suggesting the offer was pitched at the right level and neither overwhelming nor insufficient.

Figure 6.4: Perceptions of the quality and appropriateness of support provided



Overall, participants described the support as good because it felt personal, responsive, and genuinely helpful. They highlighted how staff were friendly, approachable, and easy to talk to, which made the experience positive from the outset. Several comments point to the support being reliable and consistent, with people feeling that delivery staff “were there” when needed and offered useful, practical guidance. Others emphasised the quality of the relationship, noting that delivery staff listened, understood their situation, and created a sense of being supported. The majority of respondents (10) also noted that they felt nothing was missing from the support, reinforcing the sense that the offer was comprehensive and well-pitched. Overall, the feedback reflects a service that was effective, giving people confidence and momentum.

7. Outcomes and Impact

In addition to understanding stakeholders and beneficiaries' perceptions of the ME's project's management, the evaluation also sought to understand the effect the support has had on the participants, service users and local H&SC eco-system. This section will explore these impacts based on the survey results and stakeholders consultations. Impacts are discussed in line with the ripple effect of the project: starting with the ME that Community Catalysts help to set up and its influence on employment; extending to the service users supported by the ME; and reaching the wider impacts on local communities. This is illustrated in figure 7.1 below.

Figure 7.1: Micro-Enterprise ripple effect



Data reported on within the Change Group Reports from the most recent year of delivery (2025/26) indicates steady and consistent growth in the activity delivered by the MEs over the four quarters of 2025/26. The number of completed MEs increased from 21 in Quarter 1 to 30 in Quarter 4, reflecting a gradual expansion in the number of small providers operating locally. Alongside this, the number of private and Direct Payment customers supported each week rose from 49 to 68, suggesting growing awareness of the offer and increasing confidence in micro-enterprise provision.

A similar upward trend is seen in the number of hours of care delivered per week, which increased from 371 hours in Quarter 1 to 427 hours in Quarter 4. This indicates that not only are more micro-enterprises becoming established, but they are also delivering a greater volume of personalised care as the year progresses.

Table 7.1: Quarterly trends in Micro-Enterprise delivery (completed MEs, customers and care Hours) 2025/26

2025/26 Quarter	Total number of completed MEs	Total number of customers (private & DP) per week	Total number of hours of care delivered per week
Q1	21	49	371
Q2	25	55	385
Q3	25	57	385
Q4	30	68	427

There is also evidence of unused capacity, with the number of hours available each quarter consistently exceeding the hours delivered. This suggests that MEs have additional room to take on more customers, indicating potential demand that could be activated as awareness and referral pathways continue to strengthen.

7.1 Employment Impact

The project has supported the establishment of 27 MEs,¹⁵ with 22 currently listed on the Small Good Stuff directory. Among survey respondents, 9 have successfully set up an ME in the health and social care (H&SC) sector, while 2 are still completing the full Development Programme. Prior to receiving support, most respondents were in full-time employment (8), with the remainder (5) either in part-time work, unemployed, or self-employed.

Although there is limited evidence that the project directly enabled participants to enter or re-enter the labour market, stakeholders highlighted its role in retaining experienced workers within the H&SC sector by offering an alternative model of employment. This was reflected in survey responses: two participants, both former nurses or carers, noted that the ME model allowed them to continue using their skills and experience in a different, more flexible context.

7.2 Impact on Micro-Enterprises

People described a range of positive impacts, but the common thread is that the experience gave them greater confidence, control, and wellbeing. Several people talked about gaining new options and a sense of freedom, whether through learning, developing skills, or shaping work around their own needs. Others emphasised social benefits, such as mixing with others and making friends, which helped reduce isolation. Practical changes also featured: taking on a manageable number of clients, working the hours they choose, and feeling less stressed. Overall, the support helped people feel more capable, connected, and satisfied in their day-to-day working lives. Seven of the respondents reported feeling happier in their new business compared to their last role.

¹⁵ Cardiff Council UKSPF Monitoring Data of Micro-Enterprise Project 2023 – 2026.

Increased skills and knowledge of H&SC sector

Almost all survey respondents (11) reported that the project has increased their understanding of the H&SC sector and the role that MEs play within the wider service offer. In addition, eight respondents noted improvements in their business skills, particularly in areas such as finance and marketing. This support has therefore helped participants develop new entrepreneurial skills and contributed to strengthening the H&SC market by bringing additional MEs into the workforce. Strengthening knowledge of the sector is especially important given the growing demand for H&SC services as the population ages and there is increased reliance on domestic recruitment.

Better working conditions

Participants consistently described running their own ME as giving them better work-life balance, with seven respondents reporting improvements since setting up. The ME model offers greater choice over the type of work they do, the hours they work, who they support, and how far they travel. This flexibility has increased their sense of autonomy and control, enabling them to deliver care that aligns with their values, experience and confidence levels. One respondent also noted that this autonomy strengthened their connection to their community. Stakeholders reinforced this point, highlighting that the project has been particularly beneficial for people previously out of work or in roles that did not suit their aspirations, giving them a route into work that feels more meaningful. Five respondents reported greater satisfaction in their work as a result and six reported that they feel happier in their new business compared to their last role.

“I can approve the clients that I want to work with. I have flexibility in my contracts, and I feel more connected to those in my community”

Increased social and community connection

Some of the MEs who answered the survey identified that delivering care services locally has increased community connection. MEs cited that they enjoy helping clients, providing high quality care by taking on a small number of clients and being confident in the hours they chose to dedicate to providing care. Other MEs said that the project has enabled greater social interaction with other MEs and service users, enabling those to make friends and reduce isolation.

“Being able to work with people rather than for them has also made a big difference. It allows me to shape my days in a way that feels sustainable, person-centred, and respectful of my own wellbeing as well as theirs”

Increased confidence and resilience

Alongside improved working conditions, participants described clear personal benefits. Seven respondents reported increased confidence, and four reported increased resilience.

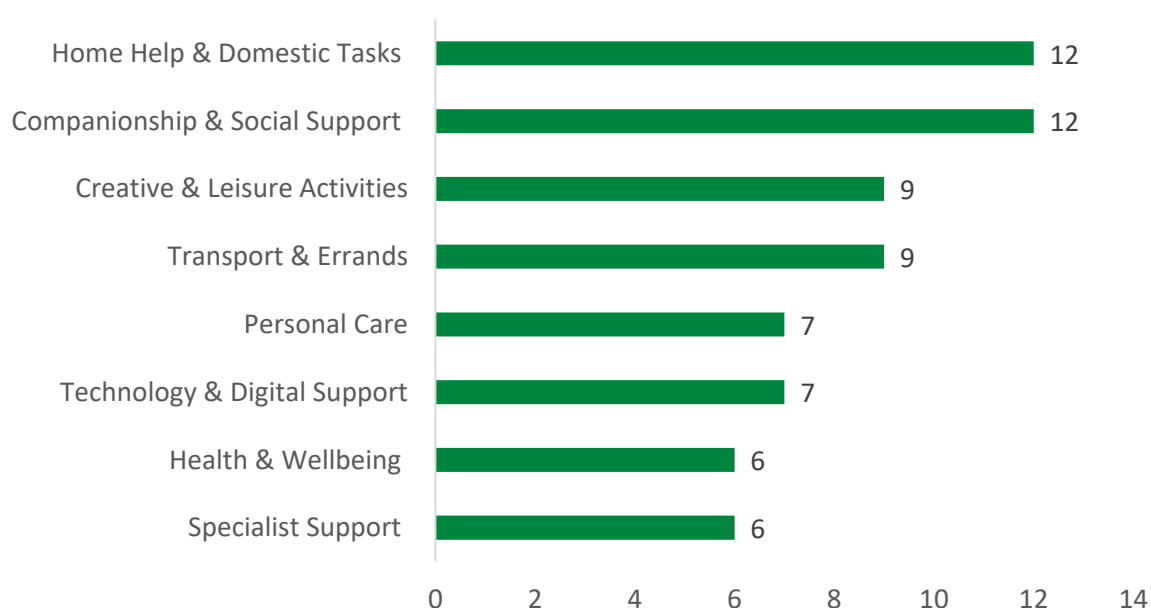
For many, the project helped them feel more capable of taking on the work they wanted to do and more secure in their ability to shape their own working lives. One ME noted that the project has meant they feel less stress, less feeling of failure and dissatisfaction

“It's something that I've always wanted to do. It's supported me to be more confident to take on the work that I want to do.”

7.3 Impact on Service Users

The project has supported the development of new MEs in the H&SC sector, creating an additional route through which service users can access care and support locally. Survey respondents reported that they predominantly deliver domestic, companionship and social support, as shown in Figure 7.2. This aligns with stakeholder perspectives, who described MEs as particularly well-placed to offer preventative, wrap-around and community-based support that complements, rather than duplicates, statutory provision.

Figure 7.2: Types of care delivered by the Micro-Enterprises



However, the range of services extends beyond low-level support. Seven survey respondents indicated that they provide personal care, and six reported offering specialist support. This variation demonstrates that the ME model enables individuals to design services that reflect their skills, confidence and capacity. Stakeholders highlighted that the flexibility of Community Catalysts' support is central to this: it allows MEs to develop bespoke offers that may not be feasible within traditional domiciliary care structures, where time-and-task commissioning can limit responsiveness.

These emerging findings are consistent with wider evidence on micro-enterprises in social care. An ESRC-funded evaluation of MEs in England¹⁶ found that operating at a smaller scale enabled more personalised care, particularly in home-care settings. This was attributed to the autonomy and continuity of frontline staff, the flexibility in how care is delivered, and the accessibility of managers to both staff and people using services. People using MEs were more likely to report that their provider helped them do the things they value and enjoy. While larger providers were able to offer economies of scale and a wider range of day activities, the evaluation concluded that MEs deliver more personalised and valued care without a trade-off between price and quality. These findings reinforce the potential added value of the ME model supported through this project.

A recurring theme across stakeholder interviews was that the project has expanded the choice available to service users. This was echoed by three ME respondents, who reported that their clients now have access to a wider range of personalised and relationship-based care options (Figure 7.3). Stakeholders also emphasised that MEs often provide a more flexible and holistic form of support than agency care workers or PAs, which can translate into higher perceived quality. This was reflected in the participant survey, where seven respondents reported that the ME model enables them to deliver care of a higher quality than may be possible through other care provision.

Figure 7.3: Reported impacts on service users from the Micro-Enterprises supported through the project



Taken together, these findings suggest that the project has contributed to a more diverse and person-centred local care market. While the scale of provision remains relatively small,

¹⁶ https://pure-oai.bham.ac.uk/ws/files/26718275/Needham_2015_MicroEnterprise_FullReport.pdf

the emerging evidence indicates that MEs are filling important gaps, particularly around preventative, community-based and relationship-centred support, and offering service users greater autonomy and choice in how their care is delivered.

7.4 Wider Economic, Social and Environmental Impacts

The project has generated some wider economic, social and environmental impacts. These emerging impacts have been noted by stakeholders and demonstrate the project's potential to generate wider impacts on the health and social care sector along with the local area. Although more research would be required to fully explore these impacts and the mechanisms which allow them to be created, some evidence of the early impacts is discussed below.

Enhanced Equality, Diversity and Inclusion (EDI)

Stakeholders frequently cited that the project in Cardiff has been successful in increasing equality, diversity and inclusion in the H&SC sector by engaging with MEs and communities from different cultural backgrounds. They described how the model has enabled a far more diverse range of people to both deliver and access care. This has included Welsh speakers, people from ethnic minority backgrounds, LGBTQ+ individuals, and those with varied languages, religions and cultural identities. This diversity was seen as particularly important in Cardiff, where the project's reach and composition were viewed as strongly reflective of the city's multicultural population.

Stakeholders emphasised that certain groups require culturally aligned or identity-specific support, and that MEs have created space for this by allowing people to choose a provider who understands their background, language or beliefs. This choice was repeatedly linked to greater autonomy, comfort and trust in care relationships. As a result, the project has begun to reach individuals who may not otherwise engage with statutory services, including people who are reluctant to approach formal healthcare settings but still have unmet needs. Several stakeholders noted that the offer has increased the likelihood of vulnerable individuals seeking help, particularly where cultural or linguistic barriers previously prevented them from doing so.

The project has also placed a deliberate focus on engaging communities who have historically struggled to access care due to cultural norms or religious beliefs. For example, work with the Chinese in Wales Association (CIWA). While these efforts were viewed as positive steps, stakeholders also acknowledged that further work is needed to deepen engagement and build sustained relationships with underrepresented groups across the city.

Local benefit

Stakeholders also identified some local economic and environmental benefits linked to the hyper-local nature of the care provided by MEs. Micro-enterprises are already embedded within their communities, and their services are often accessed by people living nearby. This

proximity has the potential to reduce carbon emissions by enabling more active travel and minimising the need for longer journeys by car.

The model also supports local economic circulation. Spending on care services remains within the community, with income flowing directly to local people rather than being extracted by larger providers. Stakeholders viewed this hyper-local spending as a way of strengthening community resilience, ensuring that money spent on care both supports local livelihoods and contributes to the wider social and economic fabric of the area.

Increased aspirations among disadvantaged groups

Another impact highlighted by stakeholders was the way the project has helped raise aspirations among people living in more deprived areas. Stakeholders observed that both direct engagement in the project and the visible presence of MEs delivering care within local communities have encouraged some residents to consider new possibilities for themselves. Because the project is embedded within Cardiff Council's Into Work service, a core objective is to support people to enter, re-enter or remain in the labour market through entrepreneurship. Stakeholders felt that increasing aspiration levels within disadvantaged communities is a critical enabler of engagement with support services such as those offered by Community Catalysts. Seeing peers successfully establish their own MEs was described as particularly powerful, helping to build confidence, demonstrate what is achievable, and motivate others to explore self-employment or seek support to develop their own ME.

7.5 Value for Money

This section provides an indication of value for money based on the data available. It is not a full economic assessment, as several benefits of ME delivery, such as improved independence, reduced escalation of need and enhanced wellbeing, are not easily quantifiable.

Direct Payment customers accounted for between 34% and 44% of each ME's customer base. Cardiff Council's commissioned domiciliary care rate is £23.80 per hour,¹⁷ while the revised Direct Payment rate for those choosing community MEs increased to £19.63 from 1 April 2025.¹⁸ This creates a cost saving of £4.17 per hour when Direct Payment recipients use MEs rather than Council commissioned providers. Using the cost-saving method applied in the previous Wrexham evaluation,¹⁹ Table 7.1 shows quarterly savings in 2025/26 ranging from £9,595 to £12,143, totalling £43,558 across the year. If the same rate is assumed for private customers, the total saving rises to £83,497 per year. With total programme costs of £247,167, the initiative has not yet broken even. However, if savings continue at current

¹⁷ <https://www.cardiff.gov.uk/ENG/resident/Social-Services-and-Wellbeing/Adults/Care-services/How-much-are-care-services/fees-and-charges-for-adult-services/Pages/default.aspx>

¹⁸ Change Group Reports 2025/26.

¹⁹ [Caring-in-Wrexham-CCreport-English-231122.pdf](#) and Cost saving formula = (Commissioned rate – CME rate) × hours per week × number of weeks in the quarter.

levels, the investment would be recovered in around three years when including private customers, and in approximately six years when considering Direct Payment recipients only.

Table 7.1: Calculation of cost savings through use of Direct Payments v Council commissioned care charges for 2025/26.

Reporting period	No. of hours delivered per week (DP only)	Commissioned charge*	ME charge**	Total savings
Q1	177	£4,213	£3,475	£9,595
Q2	188	£4,474	£3,690	£10,191
Q3	224	£5,331	£4,397	£12,143
Q4	215	£5,105	£4,211	£11,628
Total	804	£19,123	£15,773	£43,558

**Calculated using Cardiff Council's charge for domiciliary care (£23.80). **Calculated using the agreed fair rate for community Micro-Enterprises (MEs) through Direct Payments from 1st April 2025 (£19.63).*

Alongside these quantifiable savings, stakeholders also highlighted a range of qualitative indicators of value for money. MEs were described as offering quick, flexible and efficient support due to their hyper-local delivery model and strong embeddedness within communities. Their small scale and proximity mean they spend less time travelling, have lower overheads and can often provide support at a lower cost than traditional domiciliary care agencies. The enabling approach used by MEs was also seen as contributing to longer-term cost avoidance by helping people maintain independence and reduce reliance on paid care over time.

Stakeholders noted additional unquantified benefits, such as micro-enterprises' ability to offer less intrusive, more personalised support that fits around people's routines. This flexibility can help prevent avoidable escalation of need, support earlier hospital discharge and reduce the likelihood of individuals requiring residential care. While these impacts are not captured in the cost-saving calculations, they were viewed as important contributors to wider system efficiencies and overall value for money.

8. Conclusions and Recommendations

8.1 Conclusions

The evaluation of the Community Catalysts Micro-Enterprise (ME) project in Cardiff shows that it has successfully established a credible third option in the domiciliary care market, sitting alongside agency and Personal Assistant (PA) models. By supporting 27 micro-enterprises, the project has increased choice and capacity for residents and provided new, flexible pathways into self-employment through its integration with the Council's Into Work Service.

A central strength of the model is Community Catalysts CIC's specialist expertise. Their ability to guide participants through regulatory, business and CIW/HMRC requirements has ensured that MEs operate safely, legally and sustainably. This is an area where mainstream business support often lacks the necessary understanding of social care. The impact on individual MEs has been notably positive, with many reporting increased confidence, wellbeing and control over their working lives. The programme has also helped widen access to culturally aligned support by engaging groups that may not typically use traditional care services.

While the project shows clear potential, the economic case is still emerging. Revised Direct Payment rates suggest that savings are possible over the longer term, but these have not yet materialised in practice due to the early stage of delivery and an inherent time-lag before activity reaches sufficient scale. Service user demand is increasing but remains uneven, meaning many MEs still operate below capacity. Further awareness-raising among social workers, health professionals and residents is needed to convert interest into a more consistent flow of referrals. Without this, some MEs may struggle to secure full-time income. Although the flexibility of part-time work suits some individuals engaged as a lifestyle choice, it may make the model unviable for those who depend on full-time earnings.

Unused capacity also highlights the need for a more coordinated referral and brokerage system to help MEs tap more effectively into local demand and reduce the risk of oversupply in a still-developing market. At the same time, while there are encouraging signs of benefits for individuals receiving care, there is currently limited evidence on long-term outcomes for end beneficiaries. Targeted research or evaluation would help clarify the wider system-level impact and provide a stronger basis for assessing sustainability and future investment.

In summary, after nearly three years of delivery, the project has laid strong foundations and reached a stage where trust, engagement and interest are growing. Although there is still uncertainty and further work is required to build demand, strengthen coordination and evidence long-term impact, the ME model shows significant promise as a high-quality, person-centred and locally grounded addition to Cardiff's social care landscape.

8.2 Recommendations

1. As the project has set up fewer MEs than first anticipated, there could be enhanced identification of the types of people this type of support appeals best to in order to target engagement more specifically to those who are more likely to engage more deeply with the support. Some stakeholders highlighted that sections of the population such as those who have retired early, have a personal connection to care, ex-carers etc, could be targeted more pointedly to increase levels of demand for this type of support.
2. The evaluation in RCT highlighted that the Micro-Broker worked particularly well at connecting service users with MEs. To help eliminate the unused capacity experienced among some MEs, there could be consideration of a greater broker-ship model within the ME coordinator's role to increase care uptake. Enhancing these referral mechanisms from Adult Services into the Into Work service at the Council would integrate these teams better and allow potential service users to gain greater awareness of the services which can be delivered by MEs and therefore improve uptake.
3. Although the project has undertaken significant engagement and awareness-raising with key stakeholders, there is still substantial scope to strengthen understanding of what MEs can offer. Current uptake highlights this gap: of approximately 850–875 Direct Payment users in Cardiff, only 26 currently receive support from an ME. Stakeholders viewed this as evidence of early reservations but also of considerable untapped potential as awareness and confidence grow. Continued outreach to social workers, GPs and other frontline professionals is essential to ensure they can confidently signpost service users to MEs and help unlock this latent demand.
4. There were identified delays to participant journeys on the Development Programme due to delays in receiving Council required Safeguarding Level 2 training and business grant funding. This should be mitigated against to reduce drop out rates and disengagement with the project, boosting the overall number of MEs which are set up through the project.
5. As a critical enabler of the project, there should be stronger promotion of Direct Payments by Cardiff Council to ensure that people eligible for funding are able to access it. This would directly expand the pool of people able to choose ME delivered care and therefore help support ME with their unused capacity as well as their future sustainability as micro businesses in the sector. Direct Payment advisors should also continue to promote MEs to the strong base of DP recipients, which stakeholders noted was evidence for significant potential growth of care delivery by MEs.

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