Planning and preparing

This section outlines BelleVie Care's journey to create a radically different care model, addressing the case for change, objectives, risks, infrastructure and key people.

BelleVie was founded to fix systemic UK care issues – low pay, poor recognition and rigid structures – by building a model based on autonomy, equitable pay and meaningful work. The goal was cultural transformation, not small tweaks. Planning drew on the Buurtzorg model used in the Netherlands, financial modelling and partnerships.

Risks like mission drift and self-management challenges were managed through pilots, coaching and agile systems. Infrastructure supported decentralisation through the use of community spaces and bespoke tech, while growth was phased to protect quality.

Success depended on the right people – skilled founders, a wellbeing support leader, values-driven care professionals and autonomy coaches. Mission-aligned investors and advisors ensured resilience and purpose.

This section is split into the following topics:

- identifying the case for change
- researching alternative models of care
- setting objectives and benefits
- identifying and managing risks
- assessing infrastructure needs
- developing a realistic timeframe
- engaging the right people
- key decisions, key learning and recommendations.

Identifying the case for change

BelleVie Care was founded to challenge structural issues in the UK care sector, aiming to elevate care work through self-management, equitable pay and a culture of trust and respect.

- **Addressing undervaluation of care work** – The founders were driven by a sense of injustice after witnessing how the emotional rewards of care contrasted sharply with poor societal recognition and inadequate financial compensation.
- **Purpose-driven innovation** – Drawing on experience in IT and organisational transformation, the team joined a social impact incubator – a programme that supports early-stage ideas addressing societal challenges – to explore practical solutions to entrenched problems, informed by extensive engagement with care workers and sector leaders.
- **Insights from research and lived experience** – From their initial research before the business was established, BelleVie found that care workers consistently reported deep meaning in their roles but faced limited autonomy, wellbeing support and professional development. This insight formed the foundation of BelleVie's mission.
- **Rejecting traditional models** – BelleVie moved away from time-and-task approaches, introducing outcome-focused care and a fixed-price monthly membership to enable flexible, relationship-based support.
- **Cultural transformation as a priority** – Beyond operational change, BelleVie sought to elevate care work as a skilled, respected profession, embedding this cultural shift into its design and ongoing evolution.

Researching alternative models of care

> **"We researched Buurtzorg and saw similarities with what I'd done in IT – organisational change, empowering people and small, self-managing or agile teams."**
>
> **Trudie Fell,** Chief Executive Officer, BelleVie Care

BelleVie's care model was shaped by global and UK insights, combining lessons from the Buurtzorg model and domestic pilots with rigorous financial modelling and data analysis to ensure scalability and sustainability.

- **Learning from international best practice** – Buurtzorg's success with small, self-managing teams in the Netherlands provided a model for decentralised, person-centred care, proving such models could scale while maintaining quality and financial viability.
- **Insights from UK pilots** – BelleVie studied domestic experiments in Scotland and the South East, gaining practical understanding of opportunities and challenges, including the critical need for robust financial systems to avoid sustainability risks.
- **Rigorous financial modelling and data analysis** – BelleVie tested scenarios for pay structures, team sizes and service formats, and analysed public datasets to identify regions with favourable demographics and employment patterns, all of which informed the approach to launching the first site in Oxfordshire.
- **Strategic partnerships for live testing** – The initial rollout was supported by collaboration with an existing care provider, enabling real-world validation of the model before scaling further.
- **Commitment to iteration and adaptability** – BelleVie designed its business model to evolve based on feedback and operational realities, ensuring resilience and responsiveness to emerging opportunities and challenges.

Setting objectives and benefits

From the outset, BelleVie set out to redefine care work, creating a model that values autonomy, equitable pay and purpose while ensuring financial sustainability and community impact.

- **Elevating the role of care professionals** – BelleVie aimed to challenge sector norms by recognising care workers as skilled professionals deserving respect, fair compensation and meaningful roles beyond time-and-task measures.
- **Creating an environment for thriving** – The organisation prioritised professional, emotional and financial wellbeing, attracting individuals aligned with its purpose to build a motivated, stable workforce delivering relationship-based care.
- **Financial sustainability through innovation** – Recognising limitations of traditional funding, especially local authority rates, BelleVie adopted a direct-to-consumer model. This was designed to move away from transactional care and towards a more personalised, outcome-focused experience that better reflected the true value of care.
- **Self-managing teams as a cultural cornerstone** – When setting up the service, traditional hierarchies were replaced with collaborative decision-making on scheduling, recruitment and care delivery, supported by coaching and technology for adaptability without compromising quality.
- **Impact across people and communities** – BelleVie's model aimed to empower front line colleagues, deliver consistent, person-centred care and strengthen local ties, creating a cycle where better work leads to better care and stronger communities.

Identifying and managing risks

BelleVie embedded risk management into its early planning to safeguard its mission, ensure operational resilience and adapt to unforeseen challenges while launching a radically different care model.

- **Guarding against mission drift** – BelleVie embedded its vision and values into recruitment, pricing and technology. It also selected investors aligned with its social mission, including clauses in agreements to protect core principles.
- **Managing operational uncertainty** – To mitigate risks of implementing self-managing teams in UK home care, BelleVie piloted the model with a small team, refined processes based on feedback, and invested in coaching roles and bespoke technology.
- **Addressing retention risks** – BelleVie fostered transparency, collaboration and purpose, involving teams in decision-making to build loyalty and reduce the risk of losing key personnel.

Assessing infrastructure needs

BelleVie adopted a decentralised infrastructure strategy focused on flexibility, cost-effectiveness and community integration, reinforcing its people-first, self-managing care model.

- **Strategic shift from office-based operations** – Having initially planned for office space, BelleVie pivoted during COVID-19 to a lean model without permanent premises, reducing overheads and increasing resilience.
- **Community-based meeting spaces** – Weekly team meetings take place in local venues such as church halls and village centres, embedding teams within the communities they serve while keeping costs low.
- **Strengthening local engagement** – Visible presence in shared spaces fosters informal connections with families and potential recruits, supported by promotional posters and casual conversations during community activities.
- **Infrastructure aligned with autonomy** – By avoiding centralised command structures, BelleVie empowers teams to manage their own logistics, supported by digital tools and a minimal but purposeful physical infrastructure.

> **"We didn't need physical infrastructure. We costed for an office, but when COVID hit we realised we could grow without one. We haven't missed the office. We've missed each other's company, but not the building – we're embedded in the community and that's more valuable."**
>
> **Trudie Fell,** Chief Executive Officer, BelleVie Care

Developing a realistic timeframe

BelleVie adopted a phased, adaptive growth strategy, prioritising learning and refinement over rapid expansion to protect quality and uphold its values.

- **Early testing through partnerships** – Incorporated in 2019, BelleVie generated initial revenue via a partnership arrangement, enabling live testing before securing Care Quality Commission registration and supporting people on their own from mid-2020.
- **Focused pilot for validation** – A year-long pilot in Oxfordshire explored practicalities of self-management, monthly membership acceptance, and support structures needed for autonomy and quality.
- **Technology development for scalability** – Insights from the pilot revealed existing systems were incompatible with UKRI Innovate UK grant funding to support future growth through their Healthy Ageing programme.
- **Strategic, values-led expansion** – Regional growth was tied to partnerships and funding, such as the North East Regional Development Fund and demand-driven expansion into Buckinghamshire, while forecasts were adjusted to maintain quality.
- **Organic replication model** – BelleVie grew teams to a set size before splitting them into smaller units, ensuring resilience and alignment with its mission while preparing to share tools and expertise through licensing and consultancy.
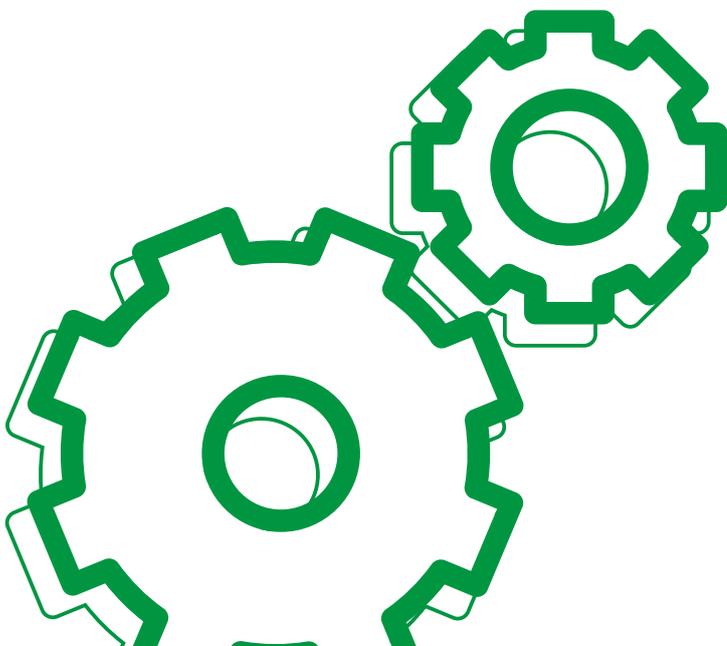
Engaging the right people

BelleVie built its teams with intention, prioritising individuals who shared its vision for empowerment, collaboration and purpose – across front line roles, leadership and strategic contributors.

- **Founding a team with complementary expertise** – BelleVie combined skills in care, organisational transformation and business operations, while redefining the registered manager role as 'wellbeing support leader' to focus on compliance and team support.
- **Values-based recruitment for care workers** – The organisation sought compassionate individuals open to self-management and shared responsibility, supported by a bespoke values-assessment tool later licensed to other providers.
- **Coaching model adapted from agile principles** – Coaches were recruited to guide teams without directing them, facilitating problem-solving and alignment with organisational goals while preserving autonomy.
- **Strategic contributors aligned with mission** – BelleVie engaged investors who prioritised social impact, advisors with care innovation expertise and developers skilled in behavioural psychology to support self-managing systems.
- **Commitment to a non-hierarchical culture** – Decisions to avoid traditional structures were informed by past success with peer-based teams and validated in practice, reinforcing the need for individuals who thrive in collaborative environments.
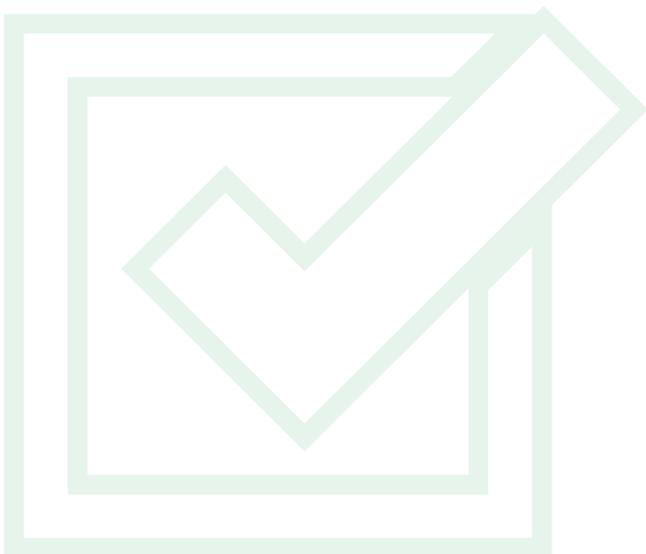
Key decisions

Here is a summary of the key decisions that made a difference in BelleVie's approach to planning:

- BelleVie rejected traditional time-and-task billing, introducing a fixed-price monthly membership to enable flexible, relationship-based care and reinforce its commitment to valuing care workers holistically.
- The organisation adopted small, autonomous self-managing teams inspired by the Buurtzorg model, empowering care professionals to make collective decisions on scheduling, recruitment and care delivery, supported by coaching and bespoke technology.
- BelleVie prioritised cultural change over incremental fixes, embedding values of trust, collaboration and autonomy into its structure to challenge low-status perceptions and systemic undervaluation of care work.
- Instead of investing in offices, BelleVie chose a decentralised infrastructure model, using community-based meeting spaces to reduce costs and embed teams within local communities for stronger engagement and visibility.
- Recognising that existing systems were incompatible with collaborative work flows, BelleVie developed bespoke technology to support rostering, decision-making and team autonomy, ensuring operational resilience and scalability.
- BelleVie designed a values-based recruitment process, including a bespoke personality assessment tool, to attract individuals aligned with its ethos of empowerment and collaboration, later licensing this tool to other organisations.

Key learning

BelleVie's experience shows that sector transformation requires cultural and structural change, supported by flexibility, values-driven decisions and continuous learning.

- **Validating assumptions through research and pilots** – Early testing was critical for refining BelleVie's model before scaling, ensuring operational feasibility and alignment with its mission.
- **Flexibility as a resilience factor** – The ability to adapt plans, infrastructure and technology in response to real-world challenges, such as the pandemic, helped BelleVie maintain continuity and quality.
- **Investing in tools and recruitment for autonomy** – Bespoke technology and values-based hiring reinforced self-management, collaboration and effectiveness across teams.
- **Phased growth to protect mission integrity** – BelleVie prioritised gradual expansion and iterative learning over rapid scaling, safeguarding quality and organisational values.
- **Embedding purpose into every decision** – From pricing to partnerships, BelleVie ensured alignment with its vision, creating trust and enabling innovation in a traditionally rigid sector.

Recommendations

You can download a checklist of practical recommendations inspired by BelleVie's approach.