

Empowering self-managing teams

How a self-management
model boosts recruitment,
retention, wellbeing and quality
in homecare



A practical approach toolkit
Based on BelleVue Care's approach



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Introduction



This toolkit provides a practical roadmap for community-based adult social care providers looking to implement self-managing team principles. It offers guidance for established services seeking to evolve their current model and for new entrants into the sector aiming to build innovative, person-centred care from the outset.

It offers an effective, scalable way to improve care quality, workforce stability and financial sustainability. Instead of focusing on counting hours or ticking off tasks, it promotes an outcomes focused approach that prioritises what genuinely matters to people drawing on care and support. This enables a shift from transactional, time and task models to flexible, relationship led care with meaningful, measurable results.

A core principle of the model is valuing everyone in the care ecosystem – people drawing on care, the workforce, families, community partners and leaders. While organisations may take different routes to achieve this, holding that principle as the north star strengthens relationships, empowers teams and drives better outcomes.

This toolkit helps re-imagine how care is delivered, placing people, relationships and community at the centre. It offers:

- a model for redesigning home care, ensuring every hour and every pound delivers genuine value to people's lives
- strategies to reduce vacancies, including equitable pay, longer shift blocks and self-managing teams that build trust and autonomy
- insight and advice to strengthen workforce development, such as values-led recruitment, coaching rather than supervision, and continuous learning opportunities
- guidance for assessing current practices and planning a phased transition towards sustainable, person-focused models.

Self-managing teams are small, locally based groups of care professionals who organise their own schedules, make collective decisions and share responsibility for care delivery. This model replaces traditional hierarchy with autonomy, collaboration and trust, improving flexibility and responsiveness.

Self-managing teams make operational decisions at the frontline, eliminating delays, reducing the administrative burden and ensuring care adapts quickly to client needs without hierarchical bottlenecks.

While examples of self-managing teams exist internationally, this approach has not yet been widely adopted across the UK home care sector. To illustrate how such a model can be applied in practice, this toolkit draws on the experience of a British-based provider that has implemented a model originally developed overseas.

The organisation is included solely as a case example to help readers understand how the approach was introduced, the decisions and challenges encountered, and the adaptations made along the way. The intention is to offer practical, real-world learning for organisations that may wish to adopt – and adapt – similar principles within their own services.

BelleVie Care's approach helps to deliver results – lower staff turnover significantly below the national average, strong continuity of care and improved wellbeing for both clients and care professionals. It's not the only solution, but it shows what's possible when care is truly person-centred and workforce wellbeing is prioritised.

BelleVie's operating model, including its use of a subscription approach and Real Living Wage commitment, has been implemented primarily within the self-funding home care market. As such, some of the decisions described in this toolkit reflect the greater flexibility and different financial constraints available in a self-funded context compared with services commissioned by local authorities.

The toolkit presents BelleVie's experience as a practice example, highlighting transferable principles rather than prescribing a model that can be replicated wholesale in every funding environment.

“If you're doing a job and feel valued and appreciated, you'll do an even better job and stay longer. Recognition and celebrating achievements really create that ripple effect across teams. Feeling valued makes people happier, more committed and more likely to deliver exceptional care.”

Gemma Woollard, Practice Coach, BelleVie Care

Key terms and explanation

This section clarifies key terms used throughout the BelleVie Care toolkit. It supports reader understanding by explaining terminology related to self-managing teams, values-led recruitment and outcome-focused care in a concise and accessible way.

The context

The toolkit explores the urgent workforce challenges facing adult social care – particularly high staff turnover, fragile home care markets and rigid task-based commissioning. It highlights how these issues threaten care quality and sustainability, and why innovative, relationship-led models such as BelleVie’s self-managing teams are needed to address these systemic problems.

About the organisation

This section introduces BelleVie Care, an award-winning home care provider founded in 2019 with a vision to create a care environment where both those giving and receiving support are valued and supported. It outlines BelleVie’s history and its commitment to helping people live life well and stay connected to their community. It also describes how the service challenges the status quo, highlighting its subscription based care model and its strategic direction to scale a sustainable, person centred approach across communities.

The approach

This section explains how BelleVie Care identified the challenges in traditional home care and developed its self-managing team model to improve retention, wellbeing and care quality. It details the cultural shifts, key decisions and technology investments that enabled success – such as values-led recruitment, coaching-based leadership and embedding the Adult Social Care Outcomes Toolkit (ASCOT) into care planning. It offers practical insights for other providers seeking to adopt similar strategies for sustainable, relationship-led care.

Presentation

This interactive presentation is designed for care providers interested in learning from BelleVie Care’s experience. It summarises the approach, highlights what made a difference and shares actionable recommendations for those wishing to adapt and embed a self-managing team approach in their own organisations.

Key terms and explanation

To support clarity and shared understanding, this section offers concise explanations of key terms used throughout the resource – helping readers navigate the content with confidence as they progress.

- **Wellbeing support workers** – BelleVie’s frontline care professionals who provide personalised support in people’s homes. Their role goes beyond basic tasks, emphasising emotional connection, autonomy and flexibility to deliver compassionate, relationship-based care tailored to each person’s unique situation.
- **Agile development** – a flexible way of creating technology through short, iterative cycles based on real user feedback. Instead of long delays, updates are released quickly, ensuring tools remain relevant, intuitive and responsive to changing care needs.
- **Confirmation practices** – a structured peer-review process where team members reflect on decisions and share feedback. It promotes learning, accountability and continuous improvement, ensuring care remains aligned with BelleVie’s values and responsive to real-world challenges.
- **Adult Social Care Outcomes Toolkit (ASCOT)** – a recognised framework for measuring quality of life in social care. BelleVie uses ASCOT to link care plans to wellbeing goals, track progress and demonstrate the impact of its person-centred approach.
- **Social impact investors** – individuals or organisations that provide funding with the expectation of both financial return and measurable social benefit. BelleVie chose these partners to ensure its growth supports care quality and workforce wellbeing.
- **Subscription pricing** – a transparent payment model where families pay a fixed monthly fee based on agreed support levels. It removes time pressure, allows flexible visits and ensures care focuses on outcomes rather than rigid time slots.
- **Servant leadership** – this means leading by putting other people’s needs first, focusing on helping them to grow, feel supported and succeed, rather than using authority or power, and creating a culture where everyone feels valued and able to do their best work.



Adult social care in England is under severe strain, with pressures affecting providers, staff and those who depend on these services. Recruitment and retention remain critical challenges, driven by low wages, insecure employment and limited career pathways.

Home care provision is particularly vulnerable, often shaped by rigid, task-focused models that prioritise speed over personalised support. Tight budgets and structural weaknesses leave many providers at risk of exiting the market. These realities directly affect people's experience of care – high turnover, inadequate training and rushed visits compromise safety, dignity and wellbeing.

The challenge for adult social care providers

Adult social care in England faces deep-rooted structural and workforce challenges that threaten service sustainability, quality of care and the ability to meet rising demand. Key issues include:

- **Severe workforce instability** – Vacancy rates in adult social care are nearly three times higher than vacancies in the wider economy, and annual turnover exceeds 28%, meaning almost 400,000 workers leave each year ([The King's Fund – The adult social care workforce in a nutshell](#)). This churn imposes significant financial strain on providers and disrupts continuity of care for vulnerable individuals.
- **Reduced reliance on overseas recruitment** – Recent government policy changes make explicit the aim to increase domestic recruitment and retention and have restricted international recruitment, increasing the need to recruit and retain workers locally.
- **Low pay and poor employment conditions** – Persistent issues such as low wages and limited career progression exacerbate retention challenges. Without a Fair Pay Agreement and urgent investment, the sector cannot meet projected demand for 470,000 additional roles by 2040 ([Skills for Care – The size and structure of the adult social care sector and workforce in England](#)).
- **Fragmented service models and hierarchical structures** – Traditional hierarchical models create layers of management and fragmented accountability, slowing decision-making and inflating administrative costs.
- **Escalating demand and increasing complexity of needs** – Local authorities received 2.08 million requests for support in 2023–24, up 8% since 2019–20 ([Skills for Care – The state of the adult social care sector and workforce in England 2024/25](#)). Growth among working-age adults is sharper, driven by rising disability rates and post-pandemic health impacts, leaving councils under severe strain and struggling to meet increasingly complex care needs.
- **Systemic barriers to innovation and reform** – Dispersed levers for change across government, local authorities and regulators, combined with the absence of a long-term strategy, stifle innovation. These constraints prevent scaling of successful pilots and limit progress toward personalised, integrated care, leaving service users with restricted choice and flexibility.

The challenge for frontline care

Frontline adult social care staff in England face significant challenges that undermine job satisfaction, wellbeing and retention, creating systemic risks for workforce stability and care quality.

- **Undervalued and poorly compensated roles** – Care work is physically and emotionally demanding yet remains undervalued, with experienced staff often earning only pennies more per hour than new recruits.
- **Limited training and inconsistent qualifications** – Only 38% of staff hold Level 2 qualifications, down from 48% in 2018–19. This lack of structured development contributes to poor morale and makes social care unattractive compared to retail or hospitality roles offering similar pay with less emotional strain.
- **Low wellbeing and high anxiety among staff** – Skills for Care reports that 54% of staff feel undervalued, with a government survey finding 26% of them rate life satisfaction as low, while 42% report high anxiety ([Department of Health and Social Care – Executive summary: adult social care workforce and work-related quality of life](#)). Autonomy and feeling valued scored lowest in work-related quality of life measures.
- **Rigid models and excessive case loads** – Task-based commissioning and time pressures erode staff’s sense of purpose. Chronic under staffing forces excessive case loads, compromising care quality and increasing stress. Turnover among dissatisfied staff is markedly higher, with many leaving the sector entirely for better pay and flexibility.

The challenge for the people who draw on care and support

Quality of care in adult social care remains a critical concern, with systemic issues undermining safety, continuity and dignity for people needing support.

- **Poor service ratings and systemic weaknesses** – Nearly one in three services falls below expected standards ([Skills for Care – The state of the adult social care sector and workforce in England 2024/25](#)). Shortages and high turnover drive rushed visits and compromised safety, while fragmentation between health and social care creates delays and gaps in post-discharge support.
- **Continuity of care undermined by high turnover** – Frequent staff changes disrupt care planning and increase risks for people with complex needs. For individuals with dementia or learning disabilities, repeated introductions to new carers can increase feelings of distress and anxiety, eroding trust and reducing overall wellbeing.
- **Rushed home care visits and compromised dignity** – Despite NICE guidance recommending at least 30 minutes per visit, 74% of councils still commission 15-minute slots ([Unison – Suffering alone at home](#)). These compressed visits force carers to prioritise urgent tasks, often neglecting essential activities.
- **Cycle of poor care and systemic strain** – Combined effects of high turnover, inadequate training and rushed visits create a cycle of poor care that erodes trust, increases health risks and diminishes quality of life. Addressing these issues requires investment in workforce stability, comprehensive training and commissioning practices that prioritise person-centred care.

Further support

Skills for Care publishes [national reports](#) around the adult social care sector workforce, including size, structure, turnover rates, etc., as well as insight into [Economic value of the adult social care sector](#).



About the organisation

BelleVie was founded to create a care environment where everyone in the care ecosystem feels valued and supported.

Since 2019, BelleVie has delivered home care through a subscription-based model that replaces traditional hourly billing. The model is underpinned by a highly ethical approach to securing investment, ensuring alignment with BelleVie's values and long-term vision.

“Every investor we spoke to had to share our belief that care work should be valued and that social impact matters. That meant turning down offers that didn't fit, even if the financial terms looked attractive. It shaped our funding strategy completely – we built it around people who understood that improving lives isn't a side effect, it's the goal.”

Trudie Fell, Chief Executive Officer, BelleVie Care

The organisational design draws on self-managing team frameworks and agile practices, prioritising autonomy, adaptability and responsiveness. Leadership provides resources and support while empowering teams to manage their own work.

BelleVie's frontline wellbeing support workers span all age groups, with the largest proportion aged 55–64 (18 workers). Mid-career groups, aged 25–54, are also well represented (28 workers, combined), while younger groups, aged 18–24, and older groups, aged 65+, are smaller at 10 and 5 workers respectively

Key services include:

- **personal care** – washing, dressing, medication and continence care
- **companionship and social engagement**
- **household support** – meals, cleaning and shopping
- **specialist care** – dementia, Parkinson's, stroke recovery, cancer and mental health
- **end-of-life care in partnership with NHS teams.**

Scale and recognition

By the end of 2025, BelleVie employed around 120 staff, including 100 frontline wellbeing support workers, supporting hundreds of clients across Northumberland, Oxfordshire and Buckinghamshire.

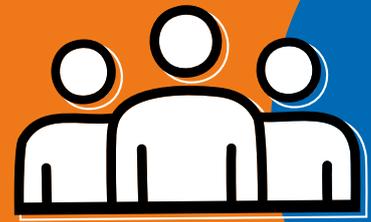
“We don’t just hire care workers – we invite people to join a movement. Everyone who comes on board is part of shaping a better future for care, and that starts with finding those who truly believe in what we’re doing.”

Trudie Fell, Chief Executive Officer, BelleVie Care

“We share work evenly. Nobody’s higher up or better than anyone else. We all bring different skills and personalities, and clients benefit from that mix across the whole circle.”

Kelly Towns, Wellbeing Support Worker, BelleVie Care

The approach



Self-managing teams

BelleVie Care is transforming home care with a bold, values-driven approach. By combining self-managing teams, flexible pricing, technology and a coaching culture, BelleVie delivers person-centred care while building a motivated workforce rooted in autonomy, fairness and human connection. Further detail is provided in the building blocks section of this toolkit.

The catalyst for change

BelleVie Care was founded on the belief that home care required a complete redesign, not incremental change. This belief was informed by:

- **Frontline insights** – The CEO's early care experience of working in care had revealed the role offers emotional rewards but is impacted by systemic flaws: low pay, limited respect and rigid structures that undervalue workers and reduce care to transactional tasks.
- **Organisational expertise** – Years of applying agile principles in another industry demonstrated how autonomy, collaboration and small but empowered teams improve motivation, accountability and outcomes in complex environments.
- **Sector research** – Engagement with care professionals confirmed widespread disillusionment with systems that prioritised speed and compliance over relationships, wellbeing and flexibility.
- **Global inspiration** – Discovery of Buurtzorg's self-managing team model validated the potential of trust, shared responsibility and empowerment to transform home care in the UK.
- **A clear mission** – BelleVie aims to dismantle transactional approaches and create a care system that values professionals and clients equally, fostering fairness, flexibility and human connection.



How BelleVie Care operates

BelleVie Care introduced a series of innovations designed to transform home care, from flexible pricing and equitable pay to technology that strengthens family connections.

- **Subscription-based pricing** – Those needing care and support pay a fixed monthly fee instead of hourly rates, eliminating fluctuating costs and reducing the transactional nature of care.
- **Flexible visit lengths** – Care visits can be longer or shorter based on need and outcomes, rather than dictated by the clock, supporting personalised and relationship-focused care.
- **Equitable pay commitment** – The model ensures full-shift pay for care professionals and underpins BelleVie's pledge to be a Real Living Wage employer.
- **Market entry strategy** – With limited local authority appetite for radical models, BelleVie focused on self-funding individuals or families seeking flexible, person-centred care.
- **Funding for growth** – Early fundraising enabled development of BelleVie's operating model and technology, and ongoing investment remains key to scaling sustainably while continuing to innovate.
- **Technology-enabled teams** – Small, locally based, self-managing teams use bespoke rostering tools and the BelleVie Way Family App for real-time updates, wellness notes and direct messaging with families.



Self-managing teams

“The purpose of self-management isn’t to make everyone equally powerful, but to ensure each person is fully empowered. This means that they are able to take ownership, make decisions and contribute meaningfully, regardless of role or hierarchy.”

Trudie Fell, Chief Executive Officer, BelleVue Care

BelleVue operates through self-managing teams that emphasise collaboration, autonomy and creativity to deliver relationship-focused, person-centred care. A small central leadership team supports this through a coaching culture, providing guidance and resources rather than directives to empower frontline decision-making.

- **Local team structure** – Each frontline team consists of 6–12 wellbeing support workers operating within a defined geographic area, ensuring continuity of care, stronger community connections and faster responsiveness to local needs.
- **Shared responsibility** – Teams collectively manage recruitment, onboarding, scheduling and client care planning, giving members ownership of outcomes and encouraging collaborative problem-solving rather than top-down directives.
- **Empowerment does not mean ‘working alone’** – Wellbeing support workers make decisions confidently in their self-managing teams, but they can always turn to their peers and their coach for help, advice, or reassurance – ensuring they are supported even when ‘lone working’.
- **Weekly meetings** – Non-negotiable team sessions provide dedicated time for rota planning, resolving issues and reviewing priorities, ensuring consistent communication and preventing scheduling conflicts that could disrupt care.
- **Role allocation** – Responsibilities such as rota champion, family liaison and meeting co-ordinator are distributed based on individual strengths, promoting engagement, effectiveness and a sense of personal contribution to team success.
- **Confirmation practices** – Wellbeing support workers reflect on and score their own performance on a monthly basis, identifying areas for improvement, including care safety, providing feedback to colleagues, personal growth and development, shaping care around people’s needs, productivity, etc.
- **Peer-to-peer supervision** – Buddy meetings replace traditional oversight, creating space for reflection, constructive challenge and feedback in a supportive environment that strengthens accountability and professional growth.
- **Coaching support** – Practice coaches and wellbeing leads guide teams through challenges, remove obstacles and maintain accountability without eroding autonomy, ensuring teams feel supported yet empowered to lead.
- **Empowered decision-making** – Teams adapt care in real time, lengthening or shortening visits based on client needs without waiting for managerial approval, ensuring flexibility and responsiveness to individual circumstances.

- **Outcome-focused care** – Teams embed Adult Social Care Outcomes Toolkit (ASCOT) principles into planning, ensuring visits deliver meaningful impact beyond routine tasks, with measurable improvements in wellbeing and independence.
- **Technology-enabled autonomy** – Bespoke systems support rostering, communication and care documentation, allowing BelleVue to monitor patterns and intervene when necessary, without undermining team independence or flexibility.



How self-managing teams help BelleVie to recruit and retain

“We aim for a 50/50 mix of experienced staff and those new to the sector – experienced staff bring practical knowledge, while newcomers offer a fresh, human perspective that asks, ‘What would I want for my own family?’ Together, that balance creates the best environment for self-managing teams.”

Trudie Fell, Chief Executive Officer, BelleVie Care

BelleVie’s workforce strategy combines values-driven recruitment, structured onboarding, continuous development and equitable pay to build a resilient, motivated team aligned with its self-managing care model.

- **Balanced workforce composition** – Teams blend approximately 50% experienced professionals with 50% new to care, with no previous experience. This creates diversity, reducing hierarchical behaviours and fostering innovation while maintaining confidence in complex situations.
- **Values-led recruitment** – Hiring prioritises empathy, adaptability, collaboration and integrity over formal qualifications, ensuring cultural alignment with BelleVie’s principles of autonomy and person-centred care. There are opportunities to build skills and attain qualifications once employed.
- **Structured assessment process** – Candidates complete a Team Fit personality and values survey, which helps identify how well they align with BelleVie’s culture and ways of working. This is followed by scenario-based workshops that reveal problem-solving and teamwork skills often missed in conventional interviews.
- **Realistic job previews** – Pre-offer shadow shifts allow candidates to experience BelleVie’s model first hand, reducing early attrition and ensuring readiness for self-management.
- **Collaborative hiring decisions** – Frontline teams, not managers, make final recruitment decisions, reinforcing empowerment and shared accountability from the outset.
- **Comprehensive, blended induction** – BelleVie’s onboarding combines cultural immersion with practical exercises like rota planning, alongside mandatory training in safeguarding and first aid, as well as moving and handling. Delivery is flexible, using monthly online sessions, eLearning and shadowing to embed BelleVie’s ethos and practical skills.
- **Frameworks for autonomy** – Weekly team meetings, buddy systems and role distribution act as safeguards, enabling recruits to thrive without hierarchical oversight.

- **Effectiveness through local decision-making** – Self-managing teams make operational decisions at the frontline, eliminating delays, reducing the administrative burden and ensuring care adapts quickly to client needs without hierarchical bottlenecks.
- **Career development and adapted apprenticeships** – BelleVie offers clear progression through diplomas, apprenticeships and specialist training in areas like dementia and Parkinson’s care. Apprenticeship frameworks are tailored for BelleVie’s non-hierarchical model, using coaching and peer support instead of traditional managerial oversight to build confidence and autonomy.
- **Retention through equitable pay** – Full-shift pay, competitive hourly rates, mileage reimbursement and predictable monthly payroll reduce financial stress and foster loyalty.
- **Real Living Wage commitment** – Accreditation signals BelleVie’s ethical approach and reinforces its reputation for valuing staff contributions.
- **Wellbeing and recognition** – A culture of respect, flexibility, and peer support, combined with mental health initiatives, strengthens engagement and long-term retention.

“Retention comes from getting the right people in the first place – those who want to make a difference and thrive in an empowered culture, not just do a job and go home.”

Emma Pithers, Wellbeing Lead, BelleVie Care



What success looks like so far

BelleVie's model and multi-regional growth shows strong indicators that a self managing team model can improve recruitment, retention and quality of care. Key results include:

- A highly selective recruitment process, with only one in five workshop candidates progressing to employment, helping to build strong cultural alignment.
- Turnover rates of 18%, significantly below the national average of 29% for home care.
- A marked reduction in post offer drop outs, falling from 38% (2023) to 21% (2025) as recruitment became more transparent and values led.
- High colleague engagement, including a Net Promoter Score of 83%, well above typical health and care benchmarks.
- Strong outcomes for people and families, with a 5.7/6 impact rating, high continuity of care and feedback emphasising trust, emotional connection and responsiveness.
- Mature teams exceeding productivity targets and achieving profitability within 6–8 months.

While arising from a self funded context, these metrics demonstrate that self managing teams can strengthen recruitment, retention, colleague wellbeing and overall care quality.



Key decisions that secured success

“Our flatter structure means leaders serve the teams; if we’re not helping them deliver great care, we shouldn’t be here.”

Trudie Fell, Chief Executive Officer, BelleVie Care

- **Building around self-managing teams from day one** – Rather than retrofitting autonomy later, BelleVie designed its operating model around small, locally based teams empowered to make decisions. This shaped recruitment, training and technology, supported by a coaching culture instead of traditional management.
- **Investing in bespoke technology to enable autonomy** – Off-the-shelf systems didn’t meet its needs, so BelleVie secured Innovate UK funding to develop Team Hub and the BelleVie Way app. These tools support rota planning, care documentation and real-time family communication, reinforcing self-management and outcomes-focused care.
- **Embedding values-led workforce strategies** – Recruitment prioritises mindset over experience, using personality surveys, scenario-based workshops and shadow shifts. Teams, not managers, make final hiring decisions. Structured induction, buddy systems and training in compassionate communication sustain culture and accountability.
- **Securing mission-aligned investment and future-proofing governance** – BelleVie turned down funding offers that conflicted with its principles, choosing social impact investors to protect commitments like Real Living Wage accreditation. Plans for an Employee Beneficiary Trust will give staff a stake in the organisation and a voice at board level.

“Every package is bespoke – our calculator factors in travel, care complexity and even parking, so pricing reflects real-world delivery. The teams know the people better than anyone else in the business. They know what they can do within the confines of the model to make the most efficient rota.”

Dan Formby, Operations Lead, BelleVie Care

Key learning

“At BelleVie, we’ve never believed that spreadsheets alone can tell the full story. The real measure of success is in the lived experiences of the people we support and the teams who care for them. It’s in the story of a care worker who finally feels respected and empowered in their role. It’s in the smile of an older adult who feels seen, heard and cared for with dignity. Those moments – those stories – are our true impact. They remind us why we exist and guide every decision we make.”

Trudie Fell, Chief Executive Officer, BelleVie Care

Building effective, self-managing teams starts with recruiting people who embrace autonomy and accountability, supported by structures that reinforce collaboration and continuous learning. From its experience so far, BelleVie has learned:

- **Test readiness for autonomy** – Self-management sounds appealing, but not everyone thrives in it. Use multi-stage onboarding, scenario-based workshops and shadow shifts to confirm adaptability and accountability before full integration. In 2025, BelleVie reported that for every five candidates who attended a workshop, only one was recruited.
- **Maintain cultural integrity under pressure** – Induction sets expectations, but ongoing coaching, buddy systems and team retrospectives help prevent drift, especially during times of stress or rapid change.
- **Recognition and wellbeing drive retention** – Initiatives such as mental health first aiders, seasonal perks and peer-nominated awards helps to strengthen belonging and resilience in emotionally demanding roles.
- **Career pathways sustain engagement** – Apprenticeships, diplomas and specialist training create progression opportunities, attracting younger candidates and supporting long-term retention.
- **Local recruitment builds trust and resilience** – Hiring within communities strengthens cultural alignment, reduces reliance on agency staff and enables responsive care delivery.
- **Continuous feedback sustains improvement** – Regular loops with staff and families embed adaptability and enhance care quality over time, ensuring the model evolves with real-world needs.
- **Flexibility safeguards continuity** – Over-recruitment in isolated areas and cross-team collaboration reduce operational risk and maintain service quality when demand fluctuates.

“Self-management isn’t static. It needs constant work because people naturally default to expecting a manager as a safety net. We have to check and challenge that every day to keep the model strong.”

Dan Formby, Operations Lead, BelleVie Care

“We’re a tight team. We help each other constantly – sharing ideas, picking up things if someone’s struggling, stepping in for visits. There’s no competition or friction; we just work together.”

Ann-Marie Allan, Wellbeing Support Worker, BelleVie Care



Timeline

Year	Key activity
2019	<ul style="list-style-type: none">■ BelleVie Care founded with a mission to redesign home care using self-managing teams and agile principles. Joined Zinc VC social impact programme.
2020	<ul style="list-style-type: none">■ Launched controlled pilot in Oxfordshire to validate core principles – monthly subscription pricing, full-shift pay and self-managing ‘circle’ teams.
2021	<ul style="list-style-type: none">■ Transitioned from informal hiring to structured recruitment using personality surveys, scenario-based workshops and shadow shifts. Secured Innovate UK Healthy Ageing grant to fund bespoke technology development.
2022	<ul style="list-style-type: none">■ Expanded into Northumberland with regional development funding. Embedded ASCOT framework for outcome measurement in reviews.
2023	<ul style="list-style-type: none">■ Enhanced induction with modules on self-management and compassionate communication.
2024	<ul style="list-style-type: none">■ Achieved national recognition, including the National Care Awards Domiciliary Care Provider of the Year. Introduced apprenticeships and career pathways to strengthen retention. Expanded to Buckinghamshire.
2025	<ul style="list-style-type: none">■ Workforce reached 120 staff across three regions. Continued licensing of recruitment and rostering tools to other providers.
2026	<ul style="list-style-type: none">■ Preparing to launch the Employee Beneficiary Trust to give staff ownership and board representation.

Building blocks, recommendations and resources

The building blocks are available to download individually from Skills for Care. Each one offers a deeper look into a key step of the process, highlighting important decisions and lessons for those looking to replicate the approach. Every building block is supported by a practical checklist of recommendations and advice around resources that could help you to adopt and adapt a similar approach.

The eight building blocks are:

1. **Planning and preparing** – How BelleVie defined the case for change, set goals, managed risks, assessed infrastructure and planned realistic time frames for successful, sustainable implementation.
2. **Digital and technology** – How BelleVie strengthened leadership digital expertise, assessed current infrastructure, selected the right solutions, adopted agile development, built digital confidence, delivered technology-driven efficiencies and set out the next steps on its roadmap for sustainable progress.
3. **Financing and investment** – How BelleVie financed a values-led care model, developed an ethical investment strategy, kept operations lean while unlocking efficiencies, designed needs-based subscription pricing and progressed towards profitability.
4. **Involving key stakeholders** – How BelleVie engaged internal stakeholders to harness organisational insight and collaboration, and partnered with external stakeholders to bring in expertise, resources and shared values for sustainable success.
5. **Governance and implementation** – How BelleVie established shared accountability, leveraged the board's role and leadership oversight, set clear targets and tracked progress, measured productivity and outcomes, and maintained quality throughout implementation.
6. **Workforce** – How BelleVie recruited new talent, used local channels, applied a values-based process, delivered onboarding, grew skills and careers, supported teams, structured the frontline and drove retention through equitable pay and wellbeing.
7. **Pilot, refinement and embedding** – How BelleVie tested what works through pilot initiatives, refined its approach based on real-world feedback, and expanded and embedded successful practices to ensure long-term sustainability.
8. **Outcomes, impact and learning** – What BelleVie has achieved, how it measures what matters and the ways it delivers lasting change through continuous learning and improvement.

