From National to Neighbourhood

Can large organisations deliver neighbourhood care?

A DISCUSSION PAPER FROM CITIZEN NETWORK

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Foreword

Thirty years ago, when developing the first models of personalised support in the UK our assumption was that small was beautiful. However commissioning practices have continued to promote larger organisations. As this important paper describes, this is highly problematic.

Today, as Citizen Network focuses increasingly on how to combine personalised support with neighbourhoods of care, the challenge remains: can support providers become agents of citizenship and community development?

It is encouraging to hear of Catalyst Care Group's work to create very small units of support with a high degree of autonomy. Hopefully this paper will encourage commissioners and support providers that it is time to think differently. We need to end the era of bigger is better but also create these kinds of pragmatic solutions to support the small to be beautiful.

Dr Simon Duffy

Director of Citizen Network

1. The Human Cost of Scaling Care

At the heart of care is an essential truth: every person is unique, and so their care and support should be, too.

This straightforward principle can sometimes present a profound challenge to larger organisations, whose scale often necessitates a level of standardisation that can clash with the deeply personal nature of supportive and relational care. While larger care providers can offer broad, efficient services, their methods often fall short of creating the personal connection and individualisation that people in need of support—and their families—seek.

Do we face a dilemma between scale and soul, between economies of scale and personalisation? Can larger organisations, designed to deliver care at scale, genuinely cater to the nuanced needs and individual personalities of the people they support? The very structures that give large organisations their reach—standardisation, centralised management, regulatory compliance—may also undermine the fundamental purpose of care and support itself: to help people live lives that are rich, connected, and personally meaningful.

True care must go beyond mere support to affirm and enable each person's dignity, autonomy, and identity. But when large organisations may struggle to offer anything more than uniform, regulated service delivery, they may risk reducing people to mere numbers in a system that feels designed primarily to deliver private profit. This essay questions the ability of large organisations to meet these fundamental needs and examines whether they can be restructured to create a more responsive, human-centred approach.

2. The Pitfalls of Standardisation

At the core of large-scale care is an inherent tension between efficiency and personalisation.

Standardisation, which allows for scalable processes and cost-effective service delivery, is fundamentally misaligned with the ideal of personalised care. Standardisation aims to create consistency, predictability, and reliability, but these benefits often come at the cost of individual autonomy. Care and support become a product to be delivered on schedule, rather than a partnership that grows organically from the person's needs and desires.

In practice, services that prioritise staff routines and shift patterns over the evolving needs of the individuals they support can inadvertently create micro institution conditions where behaviour that challenges can emerge as a form of communication. This is not because of the person themselves but is often as a reaction to a care model that is inflexible and often at odds with personal preferences. For individuals with support requirements that are more complex, rigidly scheduled, shift-based care often limits opportunities for spontaneity or meaningful engagement, confining interactions to brief, task-oriented exchanges that fit within designated time slots. The outcome is a system that prioritises what works for staff and organisational efficiency rather than what works for those being supported.

This approach leaves people feeling as though their needs are inconvenient, secondary to the structures and schedules imposed by an organisational model designed around operational convenience. People become passive recipients of tasks performed according to a timetable, not partners in a meaningful, dynamic process of support. Such impersonal treatment diminishes a person's sense of dignity and autonomy, leaving them feeling more like passive recipients of services that perhaps feel arranged more for the benefit of staffing arrangements. Ultimately, standardisation in care delivery can strip away the spirit of personalised care, reducing it to a series of transactions and depriving people of the daily choice and control that is essential for a fulfilling life.

Staff Turnover

In any relationship, trust is built over time. In care, trust is especially sacred, forming the foundation for stability, emotional safety, and growth. However, large organisations often face high turnover rates due to systemic issues such as repetitive tasks, limited personal autonomy, and high workloads. This often creates the conditions whereby care staff frequently leave, and with each departure, the fragile threads of trust between caregiver and person are severed.

For people who depend on familiar care and support workers, each turnover represents a potential emotional setback. They must adapt to a new face, often one that is yet to fully understand their preferences, routines, and rituals. The use of agency staff—brought in to cover gaps left by departing employees or fluctuating schedules—only exacerbates this problem. While agency staff can provide essential coverage, they often arrive with minimal knowledge of the individual they are supporting, turning interactions into transactional exchanges rather than meaningful relationships. People receiving care may find themselves continuously re-explaining their needs and preferences, losing the familiarity and comfort that comes from a caregiver who truly knows them.

This cycle of instability undermines the possibility of forming deep, trusting relationships, which are essential for true care to flourish. Consistency and skilled support are critical to effective, compassionate care. When these elements are lacking, the quality of support declines, leading to preventable crises and a diminished experience for those receiving care. Each new, unfamiliar caregiver represents a loss of continuity, forcing the person supported to adapt to what can feel like a revolving door of staff with varying levels of experience and insight.

Families, too, bear the burden of this turnover and reliance on agency staff. They are compelled to continually reintroduce their loved one to new staff, reassert preferences, and hope, each time, that this new caregiver will stay long enough to make a difference. This cycle imposes a silent emotional labour on families, adding to their existing responsibilities. Over time, it can breed a form of collective exhaustion—a weariness that extends from the person supported to their family, leaving all parties disheartened and disillusioned with the care system

Community Isolation

Humans are inherently social beings, thriving not in isolation but in connection with others. Large organisations, however, often operate as isolated entities, or even micro institutions, within communities, effectively segregating the individuals they support from the rich fabric of local life. Their detached physical structures and systemic barriers to community integration limit people's opportunities to form natural, meaningful relationships outside of formal care settings.

Maintaining local connections is especially crucial for individuals who may otherwise feel isolated or detached from the larger social world. When people are placed by agencies far from home or cut off from the rhythms of ordinary community life, their sense of belonging an of purpose can wither. Local, community-based services provide individuals with chances to build social networks and engage in shared activities that can reduce loneliness, foster friendships, and deepen their sense of personal identity.

For the people within these isolated structures, life often becomes a series of interactions with paid staff, with little room for genuine social connection. Social isolation can compound over time, leading to feelings of loneliness, diminished self-worth, and even mental health challenges. Without the opportunity to build a local network of genuine, not paid, friendships and informal support, people may experience a pervasive sense of disconnection, as though they are spectators rather than participants in their own communities.

Bureaucracy

Care and support is not static; it must continuously evolve in response to each individual's changing circumstances. However, large organisations are more frequently constrained by bureaucratic decision making layers that can delay responsiveness. When an individual's needs shift, be it in response to a health issue or a change in personal circumstances, they are often met with a system that values procedure over immediacy and responsiveness.

This reactive approach to care delivery, in which services are slow to adjust to changing needs, is inherently flawed. Without capacity for flexibility or investment in early intervention, service delivery often remains stagnant until a crisis occurs. The ideal care system would operate proactively, adapting support as people's needs change, and acting early to prevent issues before they escalate.

These delays can also create an additional layer of frustration for families, who may feel compelled to advocate repeatedly for changes that should be routine. They are often left feeling as though they must "fight the system" rather than simply engage with a supportive partner. For commissioners, this bureaucratic inefficiency complicates efforts to ensure that care is adaptive and responsive, often necessitating increased oversight and follow-up to ensure that basic responsiveness is maintained – essentially failure demand.

Power Imbalance

The hierarchical structure of large organisations often results in significant power imbalances, where individuals have limited control over decisions that directly impact their lives. Rather than being consulted on their preferences, routines, and goals, they frequently find that decisions about their care are made by managers or administrators far removed from the day-to-day realities of support. This top-down approach can strip individuals of their sense of agency, making them feel more like passive recipients of services rather than active participants in shaping their lives. The care process becomes something "done to" them rather than something they help shape, often resulting in care that feels impersonal and disconnected from their actual needs.

This power imbalance is further reinforced by policies and procedures designed to fit operational efficiency rather than the individual's preferences. For example, care plans may be drawn up with limited input from the individual, focusing instead on standardised outcomes or efficiency metrics that may not align with the person's unique goals or desires. As a result, people may feel confined to a rigid, pre-determined model of care, unable to express or realise their personal preferences in how they are supported day-to-day.

For families, this imbalance often manifests as a lack of voice and influence. Families typically have a deep, intuitive understanding of their loved one's needs, informed by years of shared experience and close connection. Yet, in larger organisations, these insights may sometimes be dismissed in favour of standard protocols, policy constraints, or resource limitations. Families may find themselves advocating repeatedly for changes, adjustments, or simply for their loved one's preferences to be acknowledged, only to encounter bureaucratic resistance or disregard. This can lead to feelings of frustration, helplessness, and even distrust, as families feel sidelined and powerless to effect meaningful change.

Over time, this lack of influence can erode the relationship between families and care providers. Instead of viewing care as a collaborative partnership, families may come to see it as a struggle to have their loved one's voice heard amidst a backdrop of institutional indifference. This disempowerment can breed a sense of disillusionment, as families are forced to navigate a system that seems more focused on maintaining control than on fostering genuine, individualised support.

Ultimately, this power imbalance not only affects the individual receiving care but also strains the entire support network, distancing families and making the individual feel like an outsider in decisions about their own life. For organisations, the consequence of this imbalance is a gradual erosion of trust and respect from those they are meant to serve, undermining the very foundation of compassionate, person-centred care.

Quality and Accountability: Metrics over Meaning

In larger organisations, quality is often measured through compliance metrics, regulatory standards, and efficiency targets. These metrics, designed to ensure safety, consistency, and accountability, can be valuable tools for maintaining basic standards. However, they frequently fall short of capturing the essence of compassionate, person-centred care. The focus on quantifiable indicators—such as staff-to-client ratios, incident reports, and task completion times—creates a framework that is efficient and compliant on paper but may lack the deeper qualities that make care truly meaningful. An organisation can meet every regulatory requirement and still fail to provide a level of support that feels nurturing, empowering, or personalised to those receiving it.

This reliance on standard metrics can result in a distorted picture of quality. For instance, a service may score highly in terms of operational efficiency, yet people receiving support may feel isolated, misunderstood, or even neglected. The person's lived experience—their sense of well-being, their connection to their community, their feelings of autonomy and respect—may be overlooked if it doesn't align with the metrics used to define "quality." Such an approach prioritises outputs over outcomes, emphasising compliance with rules rather than the quality of relationships, responsiveness, or the individual's subjective experience of care.

Families are often the first to notice these discrepancies between quantitative assessments and the real impact of care. They may raise concerns about issues that are harder to measure, such as a lack of warmth, connection, or attentiveness from staff, only to find that these concerns are overshadowed by quantitative assessments that reflect technical compliance. For families, this can be deeply frustrating and alienating. They can feel as though their insights, based on their close understanding of their loved one's needs and emotional state, are dismissed in favour of data that fails to capture the true quality of care.

For commissioners, who rely on these metrics to evaluate providers, the challenge lies in ensuring that regulatory standards translate into genuinely beneficial outcomes for individuals. Commissioners may find themselves preoccupied with compliance checks, paperwork, and audits, with less time to engage directly with the people receiving care or to evaluate the provider's impact on well-being in a holistic sense. This focus on quantifiable compliance often leads to a narrow understanding of quality, where care may be technically sufficient but lacks the depth, empathy, and personalisation that make it truly effective.

Over time, this emphasis on metrics over meaning can erode trust and satisfaction among those receiving support and their families. People become acutely aware that their lived experience is secondary to an organisational focus on meeting targets. For families, this realisation can create a profound sense of disconnection, as they witness their loved one's care reduced to numbers and checkboxes rather than compassion and understanding. This disconnect ultimately undermines the relationship between families and providers, leaving families feeling that the system values its own performance metrics more than the well-being of those it serves.

To create a genuinely person-centred approach to quality, large organisations would need to look beyond mere compliance metrics, developing assessment frameworks that value individual experiences and holistic outcomes. This would require a shift from standardised, efficiency-driven models to ones that prioritise listening to people's stories, understanding their daily lives, and responding to their emotional, social, and psychological needs as central indicators of quality. Only by placing meaning at the heart of accountability can large organisations hope to foster a care environment that truly supports individuals in a way that is dignified, compassionate, and fulfilling.

A Better Way

Small, community-based providers offer a vision of care that prioritises human connection, flexibility, and local integration. These providers, often embedded within neighbourhoods or close-knit communities, are free from the bureaucratic layers that may encumber larger organisations. This lack of rigid hierarchy and standardised protocols enables them to respond rapidly to the needs, preferences, and changes in the lives of those they support. Without the structural delays of a large-scale system, small providers are better positioned to act in real-time, adapting care to fit the person's evolving circumstances, desires, and goals.

In smaller support models, care is not designed around shift patterns, efficiency targets, or pre-defined procedures, but rather around the rhythm of the individual's life and the local community. By operating within the local environment, small providers are able to foster relationships that feel natural and rooted in mutual respect. Staff and individuals are given the time and freedom to build real bonds that go beyond task completion, facilitating deeper connections that benefit both parties. This model is not merely transactional; it's relational, aiming to create genuine friendships, supportive networks, and a sense of belonging that extends beyond paid interactions.

Community-based providers also integrate people into the fabric of local life in ways that large organisations often cannot. By staying within the community, individuals can access local resources, participate in neighbourhood activities, and engage with a social circle that includes both staff and other community members. This kind of social integration nurtures informal support networks, offering people a sense of place and belonging. It fosters independence and helps reduce the isolation and loneliness that are often by-products of more institutional forms of care. Individuals are not just cared for—they are included, respected, and recognised as valuable members of the community.

The approach also supports continuity, a critical factor for trust and stability in care. With less reliance on agency staff or high-turnover environments, small providers are more likely to retain stable staff who form long-term, meaningful relationships with those they support. These relationships are built over time, allowing staff to gain a nuanced understanding of the individual's preferences, strengths, and unique personality. For the individual, this consistency provides a sense of security and familiarity that fosters emotional well-being and a true partnership in care.

For families, smaller providers may offer reassurance that their loved one is seen, known, and valued by the people supporting them. Unlike in larger systems, where families may feel like outsiders advocating for their loved one's preferences, families in smaller support settings often experience a collaborative relationship with staff. Their insights and knowledge of their loved one are respected and actively integrated into the care process. Families find that they are working alongside a community that genuinely cares for their loved one's happiness, dignity, and personal growth, rather than engaging with a distant system focused primarily on procedural compliance.

Furthermore, smaller providers offer flexibility that is often unattainable in large organisations. Care and support can be adjusted as needed without bureaucratic hurdles, allowing for spontaneous changes that reflect the individual's day-to-day life, preferences, or mood. This flexibility empowers individuals to live more freely, with the autonomy to make real choices and the confidence that their support team will adapt accordingly. For example, if a person decides they want to attend a community event or simply take a walk in the park, the staff can accommodate this choice with ease. This dynamic approach to care makes individuals feel valued, respected, and in control of their lives—qualities that lie at the heart of dignified support.

In smaller support providers, quality is often less about meeting efficiency targets and more about fostering individual growth, autonomy, and happiness. Success is measured not by how closely staff follow procedures but by the positive changes in people's lives: stronger social bonds, increased independence, and a richer experience of life within their community. Families often find great satisfaction with small providers, as they see their loved one supported not by a distant system but by a community that values their individuality and actively contributes to their quality of life. This personalised, human-centred approach represents a fundamental shift from the institutionalised care model, one that redefines care as a journey of shared experience and mutual respect.

3. Can Larger Organisations Operate at Neighbourhood Level?

Could large organisations emulate the values and flexibility of small providers, offering truly personalised and community-integrated care? There are already examples of large-scale providers successfully operating with the principles of person-centred, neighbourhood-level support. These organisations have demonstrated that, with the right approach, it is possible for large organisations to deliver care that is responsive, localised, and rooted in the individual needs of those they support.

To achieve this, large organisations need to shift away from traditional, centralised models and adopt a radically decentralised structure, creating small, autonomous teams that operate within specific neighbourhoods. These community-based teams would have the independence to make day-to-day decisions tailored to the individuals they support, allowing them to adjust care based on real-time needs rather than predefined schedules or rigid policies. By operating at this local level, teams can build closer relationships with the individuals and families they serve, fostering a sense of trust and mutual understanding that is often difficult to achieve in large, centralised systems.

Such a hybrid model combines the best of both worlds: the responsiveness, flexibility, and personal touch of a small provider with the resources, stability, and oversight that a larger organisation can offer. Local teams would still benefit from the organisation's wider resources, such as training, specialised expertise, and infrastructure, ensuring that they have the support needed to deliver high-quality, sustainable care. This approach allows for both scalability and individualisation, enabling large organisations to meet diverse needs while maintaining consistent standards across different neighbourhoods.

Implementing this model, however, often requires significant cultural and structural shifts within the organisation. Empowering local teams to make decisions means fostering a culture of trust and autonomy, where support staff are valued for their expertise and encouraged to exercise judgement based on the specific circumstances of each individual. This involves moving away from top-down management styles and embracing a more collaborative, decentralised approach where local teams are seen not just as employees but as key partners in delivering high-quality, person-centred care.

An essential element of this transformation is fostering strong community connections. Large organisations would need to prioritise local engagement, supporting their teams in building relationships with neighbourhood resources, community centres, local businesses, and social networks. By integrating into the local community, these teams can create a more holistic support environment, connecting people with informal networks and opportunities that go beyond the formal care system. Such integration not only benefits individuals but also reinforces the organisation's role as a positive, contributing member of the community.

Examples of large organisations already achieving this include providers that have reorganised into smaller neighbourhood hubs, each with its own leadership and dedicated teams. These hubs operate semi-independently, allowing for tailored approaches within each community while still adhering to the organisation's overarching mission and values. By devolving authority to these regional or neighbourhood teams, these organisations have been able to foster a sense of ownership and accountability among staff, empowering them to take proactive, creative approaches to care that align closely with the needs of those they support.

Commissioners can also play a vital role in facilitating this transformation, as their priorities and expectations influence how care is delivered. By supporting large providers in adopting person-led quality standards—rather than solely focusing on regulatory compliance—commissioners can help foster a shift toward more individualised, neighbourhood-level care. This requires a collaborative approach, with commissioners working alongside care and support providers to encourage flexibility, innovation, and community-focused outcomes. Commissioners can incentivise large organisations to decentralise by prioritising contracts that value community integration, individual empowerment, and person-centred quality metrics.

In summary, while there are undeniable challenges in achieving this transformation, it is by no means impossible at scale. With intentional restructuring, cultural change, and a commitment to community engagement, large organisations can indeed operate at a neighbourhood level, delivering personalised, compassionate care that mirrors the best aspects of small-scale providers. When large organisations embrace this hybrid model, they have the potential to offer the stability and resources that come with scale while ensuring that the individuals they support are seen, valued, and genuinely included in the fabric of their communities. This balanced approach highlights that, with the right mindset and structural adaptations, size need not be a barrier to delivering truly person-centred, localised care.

As we reflect on the capacity of large organisations to deliver true, person-centred care, a call to action emerges. If we are to build a system that honours dignity, autonomy, and individuality, we must challenge the notion that scale equates to better value for money. Large organisations must either transform or give way to approaches that put the person, not the institution, at the centre of care.

The future of our social care lies in smallness, in community, in flexibility. Only by adopting a structure that values human connection over efficiency, community over isolation, and personhood over procedure can we create a care system that empowers each individual to live a life of meaning, value, and purpose.

4. Case Study: Catalyst Care Group's Reorganistiation through the Spider Plant Principle

Background

Catalyst Care Group has recently undergone a transformative reorganisation aimed at elevating the standards of personalised support by embracing the Small Supports model's core values.

This restructuring focuses on reshaping Catalyst's care delivery to be more community-rooted, person-led, and resilient. Central to this transformation is the adoption of the "Spider Plant Principle"—a structural approach inspired by organisational metaphors that emphasizes self-sustaining, adaptable care through smaller, independent organisations. By applying this principle, Catalyst has not only deepened its commitment to personalised care but has also created a model that prioritises quality, autonomy, and community involvement over traditional large-scale approaches.

The following case study, written by Ashleigh Fox, highlights how Catalyst has brought this vision to life through its reorganisation.

The Spider Plant Principle: Independent, Community-Based Organisations

The Spider Plant Principle at Catalyst centres on creating self-sustaining, adaptable micro-organisations capped at just 10 individuals—an intentional limit even lower than that recommended by the NDTI's Small Supports model (www.ndti.org.uk). This cap helps ensure that each person receives the attention and customised support they need, fostering high-quality care that can only be achieved in smaller, close-knit settings. Each micro-organisation operates independently with its own management structure, distinct identity, and unique location within the community. This independence allows each unit to form its own identity while remaining aligned with Catalyst's central mission and values.

By creating a series of autonomous, community-embedded organisations, Catalyst enables a system where care is localised, responsive, and closely attuned to the specific needs of the people it supports. This structural choice allows Catalyst to strike a balance between the scalability of a larger organisation and the flexibility of small providers, making quality care accessible without compromising on the individualisation that lies at the heart of meaningful support.

Core Values: Person-Led Care, Human Rights, and Empowerment

Catalyst's reorganisation is grounded in a strong commitment to person-led care, human rights, and empowerment. By setting a cap of 10 people per organisation, Catalyst ensures that each individual's preferences, goals, and dignity are prioritised. This smaller, localised setting fosters a deeply personalised environment where individuals can shape their own care journeys, from co-creating health action plans to developing tailored end-of-life plans and hospital passports that reflect their unique needs and values.

This commitment to person-led care is further strengthened by Catalyst's dedication to extensive staff training, which includes instruction in the history of human rights and disability rights. Staff members are thus equipped to confidently advocate for those they support, creating an environment that champions equality and upholds each person's right to lead an autonomous, fulfilling life. Catalyst's approach is rooted in the belief that individuals should be active participants in their care, not passive recipients, and every organisational choice is designed to support this philosophy.

Community Integration: Building Genuine Connections

One of the primary goals of Catalyst's reorganisation is to foster genuine community connections that go beyond formal interactions. Each micro-organisation functions as an independent hub within its community, making it easier to establish natural relationships that help individuals feel embedded in their local surroundings.

By creating these small, locally rooted units, Catalyst provides a supportive environment for cultivating friendships, participating in social activities, and building a true sense of belonging.

Catalyst's support plans are tailored to each person's unique goals and interests, providing opportunities for social engagement, volunteering, or skill-building that align with their preferences. Staff actively seek out local resources, events, and venues where individuals can meet others, share their talents, and become valued members of their communities. This approach ensures that individuals are not only present in their communities but actively participating in them, leading to enriched lives and stronger social connections.

Empowered Leadership and Localised Culture

Catalyst's reorganisation also champions a culture that balances local autonomy with shared values. Each micro-organisation operates with its own management team, allowing it to respond swiftly to the specific needs of the individuals they support. This decentralised structure fosters a culture of accountability, transparency, and respect, with leaders empowered to make person-centred decisions that reflect Catalyst's overarching mission while being tailored to their community's needs.

Catalyst's leadership style embraces a "no blame" culture that values kindness, honesty, and a commitment to learning. Managers work directly alongside staff, modelling best practices in person-centred care and creating an environment that encourages trust, openness, and collaboration. This approach ensures that every team member feels valued, empowered, and motivated to provide exceptional care. By creating a flat hierarchy, Catalyst supports a collaborative environment where individuals feel comfortable advocating for their needs, knowing they will be met with respect and attentiveness.

Courageous Voices and Continuous Improvement

The capped size of each micro-organisation allows Catalyst to maintain a continuous improvement model that is both flexible and responsive. By keeping each unit small, Catalyst enables the people it supports to provide direct feedback that drives service improvements. This approach fosters an atmosphere where individuals feel comfortable sharing their thoughts, and staff members are encouraged to adjust support plans in real-time based on ongoing conversations with the people they serve and their families.

This cycle of feedback and adaptation is further reinforced by Catalyst's dedication to mentoring and training, ensuring that all staff members feel equipped to champion the rights and aspirations of those they support. This commitment to continuous learning and growth creates a culture of transparency and accountability that permeates every level of the organisation.

Putting the Spider Plant Principle into Practice: A Model for Responsive, Localised Care

Catalyst's reorganisation through the Spider Plant Principle represents more than a shift in structure—it's a fundamental philosophy that underscores every aspect of the care model. By creating small, interconnected organisations, Catalyst fosters an environment where autonomy, individualisation, and community integration are prioritised. This model ensures that each micro-organisation has the flexibility to make decisions based on the specific needs of those they support, while still benefiting from the resources and shared expertise of a larger network.

The Spider Plant Principle is a resilient, adaptable model that allows Catalyst to respond quickly to changes, overcome challenges, and promote growth at both the organisational and individual levels. This approach enables Catalyst to redefine quality care as one built on the strength of relationships, community integration, and continuous learning, proving that true care goes beyond traditional metrics and is instead defined by the richness of the connections formed and the lives empowered.

5. Conclusion

Catalyst Care Group's reorganisation is a pioneering example of how a large organisation can embrace the values of the Small Supports model by decentralising operations, creating autonomous, community-based units, and fostering an approach to care that is both locally responsive and person-centred. By capping each micro-organisation at 10 individuals, Catalyst has committed to a level of personalisation and quality that transcends traditional care models, ensuring that each person is not only seen but genuinely valued.

This model provides a blueprint for other large organisations seeking to achieve similar levels of flexibility, compassion, and community-rooted support.

Catalyst's approach underscores that quality care is not a function of scale but of depth—depth of connection, commitment, and responsiveness. By reorganising through the Spider Plant Principle, Catalyst has set a new standard for community-embedded, values-driven care that places the individual at the heart of every decision.

ABOUT THE AUTHORS

Chris Watson is the founder of Self Directed Futures, a consultancy working with councils, providers, families and citizens to advance self-directed support and community-based living. With over 25 years' experience across public, voluntary and grassroots services, Chris has been instrumental in developing national strategies to close Assessment and Treatment Units (ATUs) and strengthen personalised support for people with learning disabilities and autism.

Chris began his career as a support worker and later managed supported living services before moving into commissioning and policy roles within local government. He has led programmes to embed personal budgets, develop inclusive commissioning models, and shift power to individuals and families.

Chris also co-leads the LDA Commissioners Network, a national peer forum helping senior commissioners improve practice through collaboration, innovation, and system reform. He is also the convener of the SDS Network England, a national community of practice promoting effective self-directed support across adult social care.

Chris is a Fellow of the Royal Society of Arts (RSA) and a long-standing advocate for citizen-led change in social care.

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Ashleigh Fox is a Registered Nurse for Learning Disabilities (RNLD) and the Transforming Care Director at Catalyst Care Group, where she leads initiatives to support safe and successful transitions from long-stay hospital placements to community-based support.

With over two decades of frontline and leadership experience, Ashleigh is known for her work on crisis prevention, workforce transformation, and reducing restrictive practices. She was the whistleblower who exposed the abuse at Winterbourne View, playing a key role in launching the national Transforming Care programme.

Ashleigh pioneered the Bridging Support model through her work with the LD Network, helping to demonstrate the power of flexible, relationship-based support in achieving timely discharges from ATUs. She was appointed to the Social Care Nurse Advisory Council (SCNAC) in 2024 and is a Clinical Advisor to Care and Support West.

She also co-founded the LDA Commissioners Network, working alongside system leaders to embed best practice and person-centred support across the country.

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SELF-DIRECTED SUPPORT NETWORK

The SDS Network England brings together commissioners, providers, people and families working to improve self-directed support. The network shares practical solutions, supports local change, and advocates for reforms to make personal budgets and individual service funds work for people. SDS Network England is part of the global Self-Directed Support Network hosted by Citizen Network.

Discover more at: www.selfdirectedsupport.org

CITIZEN NETWORK

Citizen Network works to connect and support global efforts to build communities that welcome, support and activate full and meaningful citizenship for everyone.

Our community is built around three core ideas:

- **Equality** – We are all equal and worthy of respect
- **Diversity** – We are all different and our differences are good
- **Community** – We can combine our different gifts by working together as equal citizens

Citizenship is the goal and the spirit of our work together. Citizenship is not about having the right passport – we treat someone as a fellow citizen when we welcome them into our community in a spirit of equality. Everyone can be an equal citizen.

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