

Building
Capacity
in communities

– Its links with Self-directed Support

September 2016

The self-directed support strategy calls for greater collaboration, choice and control for people who require support.

Executive summary

Building capacity in our communities is at the heart of many of Scotland's current policy areas. One of the key national outcomes is that we have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others.

Evidence which demonstrates the impact of non-traditional approaches to supporting people achieve their personal outcomes needs to be highlighted and strengthened in order that local and national leaders can make the case for investing in growing and nurturing social capital at a time of budget constraints.

Social Work Scotland were asked to identify some of the critical factors which support the growth of community initiatives and highlight how investment in communities can have a positive impact on Self-directed Support implementation.

By investing differently in our communities we support a shift in culture, one that enables people to develop new solutions for themselves. This should not be viewed as a replacement for statutory support where needed, but should aim to complement and sit alongside the support the state can provide.

The Self-directed Support strategy calls for greater collaboration, choice and control for people who require support. To ensure a wide range of support is available a key duty has been placed on local authorities to promote a variety of providers and a variety of support provided by themselves and other providers. This provides a real opportunity to support the development of a whole range of community responses alongside statutory services.

This report offers a snapshot into a range of initiatives which are growing in communities up and down the country. The report helps illustrate some of the critical factors for building capacity within communities and how building stronger communities is directly linked to

the aspirations of the Self-directed Support agenda.

Key Findings – Critical Factors for successful community capacity building

Passion and commitment

Successful community capacity would not succeed without the passion and determination of the individuals and communities involved. This commitment often comes from the shared sense of ownership and having a vested interest in success for those people and their community.

Shared vision and understanding

There is a need for a shared understanding of the contributions that different community activities make to building community capacity. Clear understanding is required, in policy and practice, of the role community capacity building plays in growing social capital to enable the development of sustainable solutions to community needs.

Investment in community infrastructure

Community responses do not just happen. There are important roles for both national and local government, the NHS and community and voluntary sectors in creating the conditions, which enable individuals and communities to take more control of their lives and collectively develop community led solutions.

A focus on sustainability

Many community initiatives grow out of small scale pilots with initial short term funding which carry risks of projects not being sustainable. Whilst this funding is often a crucial catalyst there needs to be longer term planning to consider how pilots will evolve and crucially how it will be resourced.

Local intelligence and local people are key

We know that what helps make a real difference in successful community projects is ensuring local people and local intelligence is harnessed. Professional

organisations cannot provide support or develop services without understanding the needs of the community and harnessing the skills and knowledge of local people.

Empower people and communities

Whilst initial investment and resource in growing community capacity may be required from statutory and 3rd sector providers, preventing unnecessary dependency means that investment needs to focus on empowering people and groups and developing the confidence and skills to become leaders.

Building relationships with existing community groups is integral to success

Successful community initiatives work hard to develop positive links with other local groups and key stakeholders including statutory bodies to ensure that they can co-exist and are mutually supportive.

Growing community capacity takes time

Developing community initiatives that can help respond to the needs of communities often takes significant time. We should not underestimate the pace of the desired change.

This report offers a snapshot into a range of initiatives which are growing in communities up and down the country.

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Introduction

In 2010 the Scottish Government launched a 10 year national strategy for Self-directed Support which is underpinned by the introduction of the Social Care (Self-directed) (Scotland) Act 2013 which placed it into statute. Self-directed Support as an approach offers significant opportunity for creating flexible, responsive and alternative ways of responding to the needs of those who require social care support to help lead the life they choose. Promoting greater choice and control to those who require support remains at the heart of the strategy.

To support greater understanding of Self-directed Support in its widest context and how growing capacity within communities is integral to the success of Self-directed Support, Social Work Scotland were commissioned by Scottish Government to explore some of the critical factors which support successful community initiatives.

The desire to support community asset approaches and design local services through co-production still has some way to go, but evidence is showing that community led responses continue to grow and are making a real contribution to the wider policy agenda in both health and social care which strives to empower people and communities by placing them at the heart of decision-making.

This report describes the background, explores the policy drivers and sets the context for Self-directed Support and its role in strengthening communities. It aims to clarify what is meant by community capacity building, describe the links with Self-directed Support and identify the critical factors for success.

The examples in the report offer a snapshot of a range of initiatives which are growing in communities up and down the country and help to illustrate the critical factors for building capacity within communities and how building stronger communities is directly linked to the aspirations of Self-directed Support.

Community led responses continue to grow and are making a real contribution to the wider policy agenda in both health and social care.

Background/policy context

Over recent years there have been significant legislative and policy developments which focus on the principles of empowerment and self-determination and recognise the need to build strong and resilient communities. One of the key national outcomes set down by Scottish Government is that: *"We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others."* (The National Performance Framework)

In 2011 Campbell Christie offered a number of key recommendations for the future delivery of public services in Scotland. Christie highlighted the importance of *"working closely with individuals and communities to understand their needs, maximise talents and resources, support self-reliance and build resilience."*

The report also acknowledged a *"key goal would be to nurture and encourage new approaches which are already harnessing and utilising the resources and energies of a significant number of communities across Scotland."* Commission of the future Delivery of Public Services (2011)

This thinking is further strengthened by the recommendations of the 'Changing Lives' Report of the 21st Century Social Work Review – which suggests that: *"Social work services must build individual, family and community capacity to meet their own needs and argued that social work services must play their part in informing and being informed by regeneration and community development activity."*

The Changing Lives report also acknowledges that community social work had, in the past, been delivered as a discrete activity, often sitting separate from mainstream social work practice. It suggested a new approach is needed to position social work services at the heart of communities, delivering a combination of individual and community based support alongside education, housing, health and police services. (Report

of the 21st Century Social Work Review (2006))

The Community Empowerment (Scotland) Act 2015 (CE(S) Act gives communities more opportunities to make a difference on their own terms. By creating new rights for community bodies and new duties on public authorities, the CE(S) Act strengthens the voice of communities in decisions that matter most. It strengthens the role of Community Planning Partnerships (CPP) to work collaboratively with communities with a strong focus on disadvantaged neighbourhoods.

The Public Bodies (Joint Working) (Scotland) Act 2014 is underpinned by a set of principles which should guide all our engagement with people who require care and support. The principles focus on ensuring activity is planned and led locally, there is strong community engagement and all available assets are used to best effect, including facilities, people and other resources. One of the key duties placed on local authorities under the Social Care (Self-directed) Support Act 2013 is to take active steps to promote a variety of types of support and range of providers of support. Importantly, statutory guidance encourages commissioners to consider 'providers' in the widest context to include, in-house, voluntary and private sector, social enterprises, small and micro providers, user-led, co-operatives etc.

This current focus on reshaping public services to meet the needs of individuals and communities in the context of budget constraints, means increasing attention is being given to the importance of building the capacity of communities as essential partners.

The value of empowering communities cannot be underestimated but there needs to be acknowledgement that the pace of the change and the desired investment will take time to grow and will not address the immediate challenges faced by diminishing public resources.

Self-directed Support is therefore one of a number of policy developments which strives for greater empowerment for individuals and recognises the potential for communities to be part of the solution on how we reshape public services to meet the needs of individuals and communities.

Community capacity building activity is already making significant contributions to a range of both national and local outcomes, including those relating to health and well-being, economic development, addressing inequalities and involving communities in the planning and delivery of public services.

In order for communities to continue to respond, greater understanding and investment in the community infrastructure is vital.

Community capacity building activity is already making significant contributions to a range of both national and local outcomes.

Understanding community capacity building

Community capacity, community development, asset based approaches, developing social capital or real wealth are just some terms used to describe community capacity building. They are all similar terms, but are often used and understood differently by different people and groups to describe the same thing.

Similar to Self-directed Support the language used to describe both concepts often have multiple interpretations and are interchangeable depending on the context.

It is important that a shared narrative and understanding of what is meant by building community capacity is developed in the context of public service reform.

One widely used short definition of community capacity building is:

“Activities, resources and support that strengthen the skills, abilities and confidence of people and community groups to take effective action and leading roles in the development of communities.” (Skinner: Strengthening Communities 2006)

Community capacity building is focused on working directly with people in their own communities so that they can become more confident and effective in addressing community needs and issues, this requires building on existing community strengths.

Investment in community capacity building is vital if we are to achieve the vision set out by Christie and others. It is a key way in which communities can work with others to improve their quality of life by engaging with issues and developing opportunities that matter to them and plays an important role in shifting from a passive, dependant, blaming culture to a culture of collaboration and shared ownership of the solutions.

In reality not all communities are rich in resources and

many communities experience multiple social and economic challenges. These communities will require support to develop stronger foundations.

There is danger that we look to the community to respond to increasing demands, that we champion community solutions as the way forward, without understanding or investing in the infrastructure of communities. Many communities are blighted by poverty, substance misuse, and lack of resources and risk becoming disengaged, social work often have a strong presence within these communities.

Some key leaders in the field of community development suggest that one of the challenges to building stronger communities is that we have created a culture interested in individuality and independence rather than interdependence.

By investing differently in our communities we support a shift in culture, one that empowers and enables people to develop new solutions for themselves. This should not be viewed as a replacement for statutory support where needed, but should aim to complement and sit alongside the support the state can provide.

The success of Self-directed Support depends on a cultural shift which encourages and supports people and communities to develop new and innovative approaches to achieve their desired outcomes.

The Self-directed Support strategy 2010-2020 recognises the importance of growing a wide range of support options for people who may require support. The accompanying legislation requires that local authorities in so far as is reasonably practicable, promote both a variety of providers and the variety of support by themselves and other providers.

Statutory guidance explicitly describes how this promotion of ‘providers’ should include a wide range, including social enterprises, small and micro providers,

private, voluntary and user led providers.

There is growing evidence of where local partnerships are already responding to that challenge. In Fife for example, Change Fund monies have been used to support community capacity building, and a range of initiatives have been developed to support older people to live and thrive at home in ways that are safe and sustainable. Fife have harnessed existing community resources such as businesses and care cooperatives, and have developed micro-enterprises in this process.

Social enterprises such as Benarty Regeneration Action Group (BRAG Enterprises) and Community Catalysts are working in partnership with a number of people and organisations to help grow the number of community and micro enterprises, with the intention of offering greater choice and control for people who require support.

Falkirk have developed a strong partnership with Falkirk Community Trust to help grow and identify community opportunities for individuals who may require support to help them lead the lives they wish.

East Renfrewshire, Scottish Borders and South Ayrshire with support from the National Development Team for Inclusion (NDTi) are developing community led support models which focus on community hubs and mapping existing community assets to explore alternative ways of people getting the right support at the right time.

There is growing interest in the emergence of participatory budget models which has similarities with Self-directed Support. These budget models are described as a way for local people to have influence over what happens to them, their families and their communities by having direct influence in how public funds are used to respond to local need.

As part of Edinburgh City Council's 'Reshaping Care for Older People – Change Fund' Edinburgh

Voluntary Organisations' Council (EVOC) ran a unique Participatory Budgeting (PB) project where older people have directly influenced how small grants have been used to support older people.

This creative and innovative PB project called 'Canny wi' Cash' – used a participatory budgeting model, with facilitators going to where older people were, lunch clubs, day centres, etc. Community members were encouraged to consider a number of requests for funding a range of community supports that would benefit their local communities. The votes were tallied and results calculated. Altogether, almost 350 older people across the city engaged with the project, voting at 37 venues over a fortnight, to make decisions on the distribution of £60,000 of Edinburgh's Reshaping Care for Older People Change Fund.

This model is being developed further in Scotland with over 20 local authority areas signed up to the concept with further investment from Scottish Government being provided through the Community Choices Fund.

Practice examples from across Scotland

There are many examples of successful community initiatives across Scotland that are making a real difference in people's lives. Some are supported by statutory or 3rd sector partners, some grow from grass roots to respond to a problem or a need and some develop into micro or social enterprises.

The following examples provide only a snapshot of the range of community led responses to local need. They aim to demonstrate the important role community initiatives can play and how the growth of alternative approaches care and support are ultimately supporting the aspirations of Self-directed Support by increasing greater choice and control.

Silver Age Personal Assistants – Dumfries & Galloway

Silver Age Personal Assistants in Dumfries & Galloway was set up in 2013 by Helen and Elaine who had many years' experience in working in care and managing homecare service. They identified a gap in their community for a service which helped older people stay at home longer and maintain their independence.

Many older people in the community don't need full time care or support with personal care, but having help with a range of domestic tasks can significantly prolong the time they are able to stay independent in their own homes.

They recognised people wanted assistance with a number of things that were important to them, from cleaning, laundry, shopping, and companionship, to walking the dog or help to attend appointment or stay in touch with friends and family.

Sometimes what matters most is the company, a friendly, familiar face and time for a chat can mean the world to someone who lives alone and supports their health and well-being.

Most of the people who use Silver Age are self-funding, or use their direct payment from the council to purchase

the service. Helen advises that what's important to them as an organisation is that they remain person centred and are not limited to time and task. The person decides what they need help with at any given point and personal assistants can respond to that desired flexibility.

They currently provide assistance to around 70 people in the area and employ eight personal assistants who are recruited locally to provide flexible and responsive assistance at a time and in a way that suits the person. Silver Age do not provide help with personal care or medication and are not registered with the Care Inspectorate.

The impact on the people who use the service is demonstrated in feedback from one family who use the service.

"Thank you Silver Age PA for helping my mum and dad. Both my parents do not keep good health, and you are a lifeline for them. We take everyday tasks for granted like hoovering, dusting and even cleaning the inside of the windows.

As we all get older, these once simple tasks become harder to do. Elaine, you do a fantastic job helping my Mum and Dad with these daily tasks. Even the chat and the cup of tea after you have finished is great for them. Thank you very much and I would definitely recommend you to anyone who needs that wee bit help at home."
(Family member)

Helen and Elaine advise that the critical factors that have helped the organisation to flourish are:

- A commitment to stay small and responsive
- Previous experience and knowledge of care sector
- Establishing good relationships with key partner in health and social care
- Recruiting within the local community
- Growth through targeted advertising and word of mouth
- Time, energy, passion and common sense approach to things.

The Recovery Café – East Dunbartonshire

The Recovery Café is an example of how pilot work around building capacity and a small investment can help a community in need find their own solutions to a problem they have identified.

The café has been running in Kirkintilloch since 2013. The initiative began in response to a consultation by the Scottish Recovery consortium to find out what was needed in the local area. Initially the café was facilitated by the Alcohol and Drugs Partnership (ADP) and whilst it remains a key supporter, the café is now run by members of the service users steering group.

Initially East Dunbartonshire ADP provided funding, funding was also made available through the local councils Self-directed Support transformation funding which saw the opportunity to invest in an early intervention community response.

The Café offers people who have experience of living with substance misuse, the opportunity to come together with family and other community members on a Saturday evening. It provides a supportive and alcohol free environment, with the option to engage with recovery services at the same time.

A number of partner agencies provide support in kind and offer access to information and advice on an informal basis to members who may not wish to contact more formal services. However, it is the members themselves who plan meals, shop, prepare and cook food and co-ordinate the events.

The café runs on a Saturday evening and offers healthy nutritious homemade food, companionship and entertainment, information on local services or support and informal discussion to support recovery. The café provides a safe venue for individuals in recovery to enjoy an evening out with family and friends in a supportive alcohol free environment.

It not only provides a supportive place to meet people and opportunities for early intervention but it is helping build the capacity of members and volunteers by providing opportunities to develop skills in budgeting, cooking, planning and management, resulting in increased confidence and self-esteem and improved family dynamics for many of its members.

The steering group undertake numerous public relation and networking activities and advertise within the local community. This helps to reduce stigma and develop relationships with many local businesses' who now advertise and advocate on behalf of the café.

The community led management committee meet regularly and work hard to ensure they can respond effectively to the needs of the members.

The Café won the Strengthening Community Engagement and Resilience Category at the Safer Communities Awards in 2015 and continues to go from strength to strength. The impact of the café for the people who use it is self-evident.

"The recovery café has made a big difference in my life and others I know. I am a volunteer, it fills my days and nights, especially as I find it hard at weekends, being an ex-addict." (Café volunteer)

"It's the only chance I get to spend quality time with my sister and my niece and build bridges with family." (Café member)

Café members identify some of the critical factors which help make this project successful include:

- Commitment and dedication from its founders and volunteers, who have lived experience of addiction and recovery
- Strong connections with 3rd sector partners
- Community led management committee which listens and responds to needs of participants
- Based in the heart of the community

- Longer term planning around sustainability in place
- Open door welcoming environment with no limiting criteria.

Tea in the Pot – Glasgow

The Tea in the Pot Project in Govan, Glasgow, is another example of a pilot project evolving into a strong community resource through the dedication and commitment of a few key individuals with a passion and determination to make a difference in their community.

Tea in the Pot is a drop-in and support service run by women for women in the Greater Govan area and beyond. The group grew from a pilot project in 2004. The pilot was originally supported by Govan social inclusion partnership and Oxfam UKPP which involved finding out about local regeneration issues, why gender matters and what woman wanted to see in their community. The result was that women wanted a resource centre for women. Four women who had participated in the pilot got together and Tea in the Pot was born.

Tea in the Pot opens two days per week and is run totally by volunteers. The group encourages ethnic and generational integration. Many women, a lot of whom have health issues of varying degrees, attend and meet new friends. Some join local classes running in the area and the project also signposts women to other local organisations.

The project encourages volunteering and run health issues classes, together with classes on positive parenting and gender issues. They are involved in holistic therapy and some of the women are now qualified in massage, reiki, and reflexology.

Statutory services often sign post women to Tea in the Pot and the group clearly offers a support to vulnerable women who may not be eligible for formal support. They play a vital role in prevention, providing support early which means members are less likely to need

statutory support. Some women who already link into formal services attend with their support workers, sometimes, after a few visits, people are confident enough to come back in by themselves.

For the future, Tea in the Pot want to run more health issues classes, gender issues, positive parenting classes, child protection workshops, holistic therapy, healthy eating and exercise classes among others, as well as get more training for their volunteers. The challenge for the vital community organisation is how to secure the funding and support to ensure it is sustainable.

"Without Tea in the Pot, Govan would be a poorer community, as it's the only place where women can go and feel good about themselves and feel safe." (Anne)

As one member highlighted *"you come to tea in the pot for yourself, but after a while you're involved with people and have the sense that ... it's not all about you. You want to be helping others."*

The projects members point to a number of factors which contribute to the success of the group including:

- It's led by local women with lived experiences of isolation and health issues
- Passion and commitment from its key founders
- Its located in the heart of the community
- Good knowledge and with other local groups and partners
- Open door policy and drop in approach encourages people to attend when they can
- It provides opportunities to develop skills, confidence and self-esteem and contribute to the running the group.

Shed Therapy – Dumfries & Galloway

Shed Therapy is a developing micro enterprise in Dalbeattie which offers people the opportunity to develop their skills and passion for woodworking.

The founder Gavin Phillips teaches and popularises

green woodworking and started his journey very much as a hobby and interest. Over the years he gained a wide range of skills and knowledge and had tremendous enjoyment from carving and turning fresh-felled wood.

Gavin decided to share his passion for woodworking and set up classes for people with a range of needs so that they might experience the benefits and joy of simple human-powered handcraft which he firmly believes is good for both the individual and society.

He offers courses, tuition, and demonstrations of green woodworking and since people generally come out of his shed happier than when they went, he calls these activities shed therapy.

Interested in developing his services for the local community he attended an event with the public health partnership and with support from a micro enterprise coordinator and some funding from the health improvement team shed therapy now provides a bread-baking skills course on wood-fired ovens alongside the woodworking skills, both activities which he believes are good-for-the-soul.

The Health Improvement team recognised the benefits of shed therapy as a way of bringing older people together, reducing social isolation and loneliness, improving health and wellbeing and developing skills, lifting self-esteem and having lots of fun. They were supportive of a new, creative and innovative service which had the potential to meet the needs of many isolated adults. The impact is clear for one of the group's members.

"I was encouraged to attend shed therapy as part of my rehabilitation after a stroke – the benefits have been amazing, I was at real risk of becoming depressed and isolated and likely to need a bit of support but here I have met new friends, developed new skills and even offer others my knowledge and experience." (Shed Therapy member)

Shed therapy is a wonderful example of a creative and alternative service with community building at its core. There are similar groups up and down the country and research to evidence the benefits for the people involved. Gavin hopes to continue to develop his shed therapy and believes it's a welcome addition to the local community infrastructure.

Critical Factors for its ongoing success

- Passion and commitment from its founders
- Good links with local health and social care partners
- Inclusive supportive environment
- Ability to diversify and remain sustainable.

Boleskine Community Care – NHS Highland

In October 2014 a small group of people were determined to look at local solutions to how best support its aging population. They held an open day in the village hall and received much support from the community. From that initial meeting Boleskine Community Care was established as a local charity to deliver voluntary care and support to enable older people to remain within their own community.

The group provides services such as lunch clubs, soup drop-ins, social activities and a handyman service. They identified the need for a care at home service as both the independent providers and the in-house NHS provider had found it challenging to be able to deliver such a service due to its rurality. Boleskine Community Care were able to identify local people prepared to offer a few hours a week to support their elderly neighbours and train as care workers, but Boleskine did not have the experience or capacity to register with the Care Inspectorate as a provider. In partnership with NHS Highland and Highland Home Carers (HHC) they have, however, developed a creative solution to the challenges of providing care at home provision within remote and rural locations.

The model works by identifying local people who are keen to help older and more vulnerable people in

their local community. Initially four people volunteered to train as care workers. HHC recruited them as full employees of the company (including becoming partners in the employee-owned company), conducted the necessary background checks, liaised with the Care Inspectorate and provide appropriate support and supervision.

With the support of NHS Highland, HHC Boleskine Community Care now delivers a care at home service using Individual Service Fund model (SDS Option 2). This enables the local community to organise local care flexibly in partnership with individuals and families who require care and support but with the experience and support of a larger provider behind them. The impact on people is clear with one community member commenting:

"Without this service, I would definitely be in a care home, I am supported to live independently in my own home and I can't thank the service enough."

Critical factors for its success

- It was developed in partnership with the local community
- Workers are local and can be very flexible in the way they provide support, fitting in with each person's needs
- It remains small and responsive
- Strong partnerships exist between community members, statutory and 3rd sector services
- Highland Home Carers hold individual service fund for each individual
- A willingness to try a new way of working.

I was encouraged to attend shed therapy as part of my rehabilitation after a stroke.

Community capacity and Self-directed Support

Self-directed Support is about ensuring people who require support have greater choice and control over their support to help achieve a good quality of life. It requires a shift in thinking around traditional responses to support needs which recognises that people are unique and existing services and support will not be right for everyone.

Local authorities have a duty to ensure they “take active steps to promote a variety of types of support and range of providers of support.” Having greater choice is important but there needs to be a range of choices to choose from. Increasingly that will include a choice of services and supports offered through the growth of community groups, small micro providers or social enterprises and user led co-operatives.

The original goal of personalisation, which is fundamental within public sector reform, always recognised the significant role that strong communities play in supporting health and wellbeing and envisaged the development of community capacity as a major contributory factor towards wholesale transformation of public sector services.

There is growing evidence to suggest that many support solutions will not come from traditional models of support and that some solutions can be better met by community initiatives. Some of the examples used in this report illustrate how this can work in practice.

Developing capacity in communities can provide greater choice for people who require support. Investing in communities will have a direct impact on Self-directed Support by providing a wider range of support options not only for people wishing to purchase support but more importantly as a preventative response. By enabling people to engage in community supports that promotes their health and wellbeing the need for more formal statutory intervention is minimised. Whilst statutory services and support will continue to play a key role in the lives of some, a good quality

of life is not dependent on services alone, but will also be determined by the quality of the connections and opportunities we have within our families and communities.

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Critical factors for success

The practice examples illustrated in this report are different in their origins and focus but have a number of key factors in common which help make them successful. It is important that we understand the enabling conditions required for community initiatives to take root and flourish and recognise what are some of the barriers that may impact negatively on the growth of these community responses.

Passion and commitment

Successful community capacity would not succeed without the passion and determination of the individuals and communities involved. This commitment often comes from the shared sense of ownership and having a vested interest in the success for those people and their community.

Shared vision and understanding

There is a need for a shared understanding of the contributions that different community activities make to building community capacity. We need to create new perspectives and challenge existing perspectives of what and how non-traditional community responses can contribute to social care.

Clear understanding is required, in both policy and practice terms, on the role of community capacity building to grow social capital that enables the development of sustainable solutions that respond to community needs.

The development of a common language is also important to help everyone understand what building community capacity is and how it fits with key national policy priorities.

Investment in community infrastructure

Community responses do not just happen. There are important roles for both national and local government, the NHS and community and voluntary sectors in creating the conditions which enable individuals and

communities to take more control of their lives and collectively develop community led solutions.

There will be a key role for Community Planning Partnerships (CCP) and their partners to work with community bodies to ensure that all bodies which can contribute to community planning are able to do so in an effective way and to the extent that they wish to.

Securing participation from communities requires commitment from the CPP and partners to strengthen the capacity of community bodies, wherever this is needed to build effective community involvement in decision making, policy development and service provision.

It is especially important to secure the participation of those sections of the community which are otherwise less engaged. Community planning partners should seek to maximise the impact of community learning and development by focusing activity on the most disadvantaged communities.

There will be a key role for community planning partnerships and community planning partners to work with community bodies to ensure that all bodies which can contribute to community planning are able to do so in an effective way and to the extent that they wish to. Securing participation from communities requires commitment from the CPP and partners to strengthen the capacity of community bodies. It is especially important to secure the participation of those sections of the community which are otherwise less engaged.

A focus on sustainability

Many community initiatives grow out of small scale pilots with initial short term funding which carry risks of projects not being sustainable. Whilst this funding is often a crucial catalyst there needs to be longer term planning to consider how pilots will evolve and crucially how it will be resourced.

If we are to recognise the role many voluntary and community organisations play in responding to ever increasing demands for preventative approaches to care and support we need to explore with them how they can remain financially viable.

Local intelligence and local people are key

We know that what helps make a real difference in successful community projects is ensuring local people and local intelligence is harnessed. Professionals and organisations cannot provide support or develop services without understanding the community and harnessing the skills and knowledge of local people.

Whilst support and investment in communities may be required to act as a catalyst there is strong evidence that what helps is working with local people to help them achieve their goals, rather than delivering predetermined services or solutions.

This is evident in the success of Tea in the Pot and the Recovery Café projects. They both originated from short term pilot work supported by outside agencies but their ongoing success has been the result of community members taking a lead role in the projects future development. There is a sense of ownership and existing relationships within the communities as well as their passion and commitment to its success which cannot be underestimated.

Empower people and communities

Whilst initial investment and resource in growing community capacity may be required from statutory and 3rd sector providers in order to prevent unnecessary dependency that investment needs to focus on empowering people and groups, developing the confidence and skills to become leaders.

The challenge is to work with communities not to find out what they want and provide it but how to enable the community to take control and find their own solutions. Supporting people to think about different

possibilities for their communities and what would make the difference can be a real catalyst for change.

Build relationships with existing community groups is integral to success

Successful community initiatives work hard to develop positive links with other local groups and key stakeholders including statutory bodies to ensure that they can co-exist and are mutually supportive. This resonates strongly with the desire for greater collaboration and will strengthen not only the individual projects but will contribute to stronger communities.

Aligning community participation activities helps to pool expertise and resources; reduce engagement fatigue and provides a more efficient use of community, public partner and third sector resource; and maximise the impact of community initiatives.

Growing community capacity takes time

Developing community initiatives that can help respond to the needs of communities and support wider public sector reform will take time. We should not underestimate the pace of the desired change. Whilst investing in community capacity is undeniably a good thing and in the longer term will be part of the solution as to how we provide and support people and communities, we need to recognise that it will not be the answer to the current financial challenges being experienced by local government.

Conclusion

As this report highlights, building capacity in communities is at the heart of many of Scotland's current policies. It also resonates strongly with best social work practice which has always recognised the need to build on the strengths of people and communities.

The introduction of Self-directed Support has provided greater choice and control but it has also provided new opportunities to refocus on what matters to people and to explore with them what kind of solutions would best work for individuals and families. These conversations should start with a focus on existing individual and community strengths and assets.

This is not to diminish the essential role statutory support can play in people's lives but in recognition that many communities already have some of the solutions. There is a risk we have unintentionally created a society which has become dependent on services and professionals to come in and fix the problem. If we shift the conversations to focus on what strengths and assets are available in people and communities instead of focusing on the deficits or what is wrong we have the potential to open a whole range of new possibilities.

The care system is not purely about statutory services provided by social work, NHS and providers, the real care system is delivered by individual people, their families and communities.

The original goal of personalisation always recognised the significant role that strong communities play in supporting health and wellbeing and envisaged the development of community capacity as a major contributing factor towards wholesale transformation.

Being connected with others, getting out and about, being part of community life and being able to contribute are important things in their own right but they also help to promote individuals' health and wellbeing and can reduce people's need to use,

or become too dependent on health and social care services.

To deliver this approach there needs to be investment in building capacity in communities. Not all communities are rich in resources, it would be naive to promote this approach without recognising that support for further growth in community responses will be required.

Using a community capacity building approach requires us all to fundamentally rethink how people, communities and services can more effectively and efficiently work together to co-produce outcomes. The critical factors identified in this report help us better understand what will support partnerships and communities to do this well.

Finally, we need to be open to the possibilities which innovative community responses can offer and embrace them as a one of the ways forward to how we better support people in their communities.

Personalisation always recognised the significant role that strong communities play.

References

- Catherine Wilton, on behalf of Think Local Act Personal. (2012). *Building Community Capacity Evidence, efficiency and cost-effectiveness*. www.thinklocalactpersonal.org.uk/Browse/Building-Community-Capacity
- Changing Lives: Report of the 21st Century Social Work Review*. www.gov.scot/Publications/2006/02/02094408/16
- Commission on the Future Delivery of Public Services*. www.gov.scot/Publications/2011/06/27154527/18
- Foot J, Hopkins T. (2010). *A glass half full: how an asset approach can improve community health and wellbeing*. London: Improvement and Development Agency. www.ndti.org.uk/news/latest-press-releases/12-march-2015-three-more-local-authorities-to-introduce-community-led-social/
- Gilchrist, A. (2004) *'The Well-connected community: a networking approach to community development'*. Bristol: The Policy Press.
- Scottish Community Development Centre. *SCDC guide to community-led action research. ARC Action Research by with and for Communities. A Practical Guide to*. www.safercommunitiesscotland.org/wp-content/uploads/safe-highlanders.pdf
- Scottish Community Development Centre. *Community development and co-production: Issues for policy and practice*. (2011/12). SCDC Discussion Paper. Glasgow. www.silveragepa.com
- SCDC: (2011). *Strengthening Scotland's Communities Community capacity building practice development programme report, June 2008*. [www.gov.scot/Topics/Government/PublicService Reform/CP/communityplanningreview](http://www.gov.scot/Topics/Government/PublicService%20Reform/CP/communityplanningreview)
- www.gcph.co.uk/assets/0000/4200/BPCS13_Towards_asset-based_health_and_care_services_FINAL.pdf
- <http://academy.alliance-scotland.org.uk/wp-content/uploads/2016/01/Buurtzorg-Report.pdf>
- www.scdc.org.uk/
- www.chex.org.uk/
- www.scie.org.uk/publications/reports/report71-community-led-care-and-support-a-new-paradigm.asp
- <http://whatworksscotland.ac.uk/publications/review-of-first-generation-participatory-budgeting-in-scotland/>

Projects referenced in this report:

www.shedtherapy.com

www.davideyre.co.uk/teainthepot

www.safercommunitiesscotland.org/wp-content/uploads/safe-highlanders.pdf

www.silveragepa.com

The challenge is to work with communities not to find out what they want and provide it but how to enable the community to take control and find their own solutions.

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