



Melanie Henwood Associates
Health & Social Care Consultancy

Empowering Communities

Community skills development and neighbourhood
workforce planning

Melanie Henwood

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evaluation

An evaluation of the Early Adopter programme for Skills for Care

by Melanie Henwood Associates



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Foreword

Workforce innovation has always been central to the work of Skills for Care. The origins of our work programme on neighbourhood workforce planning and community skills development lie in a whole series of small-scale innovative social care projects. Through these, gradually we gained the evidence which showed that the acquisition of new skills, and the enhancement of people's existing skills, could and did have a significant impact on the quality of individuals' lives and on their wellbeing.

We learned from the innovation projects that making an impact and achieving success did not necessarily require major on-going cash funding. Rather, success was conditional on long-term investment in terms of time, coaching and mentoring to help people better understand how they could use their own skills to support and empower themselves and others.

So the development of the neighbourhood workforce planning and community skills project was a natural progression. At the same time that we were developing these ideas, we also published our *Principles of Workforce Redesign*¹, in which the seventh principle identifies the importance of linking workforce planning to an understanding of a local community or neighbourhood. Building on this, we commissioned a review of the literature on community capacity building – asking the question: is there a place for a skills-led approach to enabling the production of social capital? The resulting publication, *Only a Footstep Away*,² led us to conclude that community skills *do* have a vital part to play.

Whilst it is one thing to propose a theoretical model with a workforce focus that supports the utilisation and development of community assets, it is another matter entirely to be prepared to test that theory in action, to create the space for early adopters to identify what is right and what is wrong with the model, and adapt and change it through real lived experience. But in doing so, we were able to demonstrate that there is no single template or blueprint for success, but that looking at communities through a skills and assets lens can produce multiple innovative models.

This evaluation demonstrates that in a range of different environments and neighbourhoods, a skills-led approach to community capacity building *does* indeed have something powerful to offer to both policy and practice. These are uncharted waters, and at times, as we found in many of the sites, the journey is neither a simple nor easy one, and there is much work and learning still to be done. What we have shown in this evaluation is that an explicit focus on people's knowledge, experience and skills in the context of neighbourhoods, communities and local people's assets, can open eyes, create opportunities, and have an impact on individuals and their communities in positive – and sometimes life changing - ways that are completely unexpected. At a time when increasing attention is being directed towards developing community capacity, harnessing the contribution it can make to social care and support and to improving local health and wellbeing, it is fascinating to examine the successes and challenges of local people using their skills, knowledge and experience to make their neighbourhoods great places to live and thrive. I think you will find this report thought provoking and inspiring.



Professor David Croisdale-Appleby OBE

Independent Chair of Skills for Care

November 2012

¹ <http://www.skillsforcare.org.uk/workforceredesign/>

²

http://www.skillsforcare.org.uk/workforce_strategy/neighbourhood_and_community_skills/only_a_footstep_away.aspx

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Executive Summary

1. In 2011, Skills for Care established a pilot programme supporting 15 projects across England to explore the practical development of community skills and neighbourhood workforce planning. The programme grew out of a background paper commissioned by Skills for Care the previous year, and examining the meaning and understanding of neighbours and neighbourhoods.
2. This independent evaluation was commissioned to examine in detail the experiences and outcomes of local initiatives. This involved documentary analysis of progress reports, telephone interviews with key project personnel in 11 of the sites, and in-depth site visits to four of the projects.
3. The programme was intended to understand and audit the nature of skills within communities, and to endeavour to enhance and develop those skills in ways that can support and empower people needing care and support to live independently. Since Skills for Care first began to examine neighbourhoods and social capital in 2010, such matters have become increasingly prominent in government policy. During the writing of this report the White Paper on adult social care was published (in July 2012) and further emphasised the central importance of strong and inclusive communities, while supporting the growth and development of time banking and similar initiatives sharing skills and talent. The findings from the programme are therefore particularly pertinent to the care and support agenda, and the experience of the fifteen projects provides some invaluable reflection on factors that are likely to be associated with success, while also highlighting potential pitfalls and challenges.
4. The fifteen project sites were highly diverse in scope, scale and experience. They were located across a wide area of England from the North East to the South West and included a range of types of locality including urban and rural. While all projects were defined geographically (a 'community of place'), many were also concerned with a particular group or groups within that locality (a 'community of interest'). This included skills development and social inclusion for people with learning disabilities; for people with mental health needs; and for older and disabled people. The wide variety of projects was a deliberate objective of the programme and it was recognised from the outset that there is no single model of practice that should be advocated, but rather a range of approaches to developing skills and community assets need to be tested and applied.
5. Virtually all of the projects identified some generic objectives around improving the sense of community and neighbourhood, and in developing people's skills. Some 80 per cent of projects were also concerned with empowering people to live independently, while 60 per cent were aspiring to improve residents' health and wellbeing. More than half were aiming to achieve savings in mainstream services, while 40 per cent saw their role as filling the gaps left by mainstream support.
6. Whether the programme made a difference to participants is probably the most important dimension of outcomes to address, but the evaluation looked at outcomes and achievements across four main dimensions: for individuals (those who use care and support and those who have participated in skills development); for communities; for organisations and partners, and for strategy, policy and practice.
7. It was evident across all the projects that the terminology of 'skills' and 'workforce' was contested. For many, the notion of 'skills' was equated with qualifications and considerable work was often required to raise consciousness and understanding to recognise that skills were also to do with life experience.

8. While improving people's skills was approached as intrinsically worthwhile and of value, it was apparent that for some there were wider related benefits in improving people's self-esteem and raising the prospect of them being able to move into new roles and responsibilities, including – for some – paid employment. Case studies from the experiences of particular projects are included throughout the report.
9. Social inclusion, or enabling community participation, is an often cited objective of health and wellbeing initiatives, and it was a central theme for this programme. Enabling people to engage in the community where they live involved new skills development both for people using care and support services, but also for other citizens who they might interact with in using mainstream community services such as shops, banks or leisure facilities.
10. The fact that there could be multiple beneficiaries of projects at different levels was seen as a particular strength for many. Ideas of mutuality and co-production were recurrent features of projects – particularly those engaging with volunteers, and this was also a distinguishing feature of the Timebank project.
11. What is meant by 'community' is in many ways subjective, but trying to build a sense of community was a strong motivator across several projects. Some of the projects had a considerable history of development prior to their work with Skills for Care and could point to the ways in which they had nurtured the community (and often, how long it had taken to achieve a real sense of togetherness).
12. People's understanding of 'their' community can be based around a very small area, but attempts by policy makers or development workers to widen that focus to be more inclusive can be counter-productive without local buy-in and support. One corollary of this is that the pace of change has to be driven by the community and many projects overestimated the rate at which progress could be achieved. There are rarely 'quick fixes' that can be secured, but lasting change can be delivered given the right investment and continued support.
13. Many of the projects could be seen as work in progress, and to this extent it was often difficult to identify outcomes or significant changes. Nonetheless, there was considerable qualitative evidence attesting to the transformations taking place in people's lives on a very personal level, and the likely wider impact on health and wellbeing. Some of the projects were beginning to think about developing methodologies to address cost effectiveness, but this was at a very early stage of development.
14. Joint working and partnership development was evident on many levels. In addition to formal joint working between organisations that were involved as partners in developing projects, other partnerships evolved in the course of the projects. The emerging agenda around Health and Wellbeing Boards and the requirements for developing Joint Health and Wellbeing Strategies were being widely seen as creating opportunities for establishing new partnerships and addressing community assets. Some initiatives have taken organisations into new territory and forged alliances with community businesses that they would not otherwise have had contact with.
15. The sustainability of projects and what would happen at the end of the pilot programme were concerns across most of the projects, despite Skills for Care having deliberately kept funding to modest levels to avoid over-reliance on funding. However, most were continuing to evolve and had ambitions for future development and expansion. In particular, the participants in programmes were enthusiastic about what they had achieved and what might be possible, and despite some initial apathy in some localities, experience had generally been highly positive (and in some cases, undoubtedly life changing).

16. The report concludes by highlighting some key reflections for policy and practice. The current interest and support for strengthening the role of communities is to be welcomed, but it is also important that this is informed by practice, and recognises the challenges that are inherent in developing a strategic approach to social capital for the mutual benefit of all citizens.

1 Introduction

- 1.1 In 2011 Skills for Care (the Sector Skills Council for adult social care in England) established a pilot programme supporting 15 diverse projects across England to explore the practical development of community skills and neighbourhood workforce planning. A related programme was established later in the year across the remaining three nations of the UK (Scotland, Wales and Northern Ireland), and is being separately evaluated (Wilkins, 2012).
- 1.2 The programme grew out of a background paper commissioned by Skills for Care in 2010 (Only a footstep away?), which explored community development and concepts of neighbourhoods. Drawing on a range of literature, the paper explored the meaning and understanding of neighbours and neighbourhoods and considered how this knowledge might inform strategic development around neighbourhood workforce planning and skills development. Building on the paper, Skills for Care developed a further resource providing practical support, guidance and templates to enable people to apply the model in local contexts – to audit local skills and develop action plans to offer learning and development opportunities to benefit local neighbourhoods.
- 1.3 All the projects were monitored and supported by a team based at Skills for Care, and required to submit evidence of reaching agreed milestones. In addition, this independent evaluation was commissioned to examine in greater detail the experiences and outcomes of local application. The focus of the evaluation is not to be judgmental about the projects, so much as it is to analyse and understand the experiences of testing new models of community skills development and applying them in practice. The evaluation is independent of the routine monitoring, but the outputs generated by the monitoring process were available and informed the analysis.
- 1.4 Appendix 1 describes each of the projects. Evaluation involved analysis of documents and reports from all the sites and interviews with key personnel. Just over a quarter of the sites were selected for in-depth field visits (Timebank, Somersham; MacIntyre, Oxford; Gentoo Living, Sunderland; and Turning Point, Swindon). These were chosen against a number of criteria, including geographical spread; and inclusion of projects addressing care and support for older and disabled people; people with learning disabilities; and people with complex needs and mental health needs. Interviews with the remaining 11 sites were conducted by telephone. All interviews were digitally recorded with the consent of participants, and fully transcribed. In total the evaluation involved discussions and meetings with 45 people (11 via telephone; 4 with Skills for Care personnel; and 30 people

across the 4 fieldwork sites). Interviews were semi-structured in order to explore some key themes and questions. The resulting discussions generated a considerable resource of detailed and very rich qualitative information. The analysis in the report reflects on the experiences and achievements of the individual projects, as well as identifying some wider conclusions for Skills for Care, and in relation to skill and asset development in the context of social capital and neighbourhoods.

- 1.5 The budget for individual projects was deliberately modest (with funding of up to £10,000 per site). It was not intended that sites should set up new projects specifically to test out the Skills for Care materials; rather it was hoped that existing projects could be adapted. As well as allowing work to proceed with minimum delay it was believed that this would also avoid some of the difficulties that pilots often face in securing ongoing support following reliance on short-term grants and funding.
- 1.6 The aim of the programme was both to understand and audit the existing skills within communities, and also to explore how those skills could be enhanced and developed in ways that can support and empower people in need of care and support. This approach to neighbourhood skills and workforce development goes much wider than conventional models of understanding and developing the workforce, and looks beyond people employed in care and support and includes the multiple resources of neighbourhoods and communities, and the (often hidden) skills of citizens.
- 1.7 The projects were variously referred to in the course of the programme as 'vanguard' schemes, or 'early adopters'. There was a strong sense across the projects that they were engaged in innovative developments. While this was stimulating and - at times - groundbreaking, it was also often highly challenging, not least because of the lack of a clear model or established practise for people to follow. To facilitate shared learning and support across the programme, Skills for Care hosted periodic meetings in London of the project leads, and also established on-line resources and a web-based learning community.

Objectives of the programme

- 1.8 Neighbourhood workforce planning was described in the Skills for Care practical guide as:

"A process by which the skills that exist in a particular locality are audited and an action plan is put together to offer learning and development opportunities that will benefit that neighbourhood." (Skills for Care, 2011, P. 9)

- 1.9 The guide addressed a number of stages involved in neighbourhood workforce planning, in particular:
- Defining the locality.
 - Understanding local skills and assets.
 - Developing a neighbourhood workforce plan.
 - Community skills development plan.
- 1.10 Templates for addressing each of these components were included in the guide. It was also suggested that the role of ‘community workforce skills facilitators’ might be explored:
- “A community workforce skills facilitator can be described as a person with a clear and specific knowledge of a given locality and the autonomy to use that knowledge to prepare and deliver opportunities that broaden and enhance local skills.” (P.23)*
- 1.11 It was recognised that similar roles already exist within many voluntary sector organisations, but the difference is the particular emphasis on skills development.
- 1.12 The guide underlined the opportunities for linking neighbourhood workforce planning and community skills development to other local and national policy initiatives. In the course of the programme the potential linkages with local commissioning strategies became increasingly evident following the passage of the Health and Social Care Act 2012, and the change in health care commissioning arrangements. We will explore this in greater detail later in the report.
- 1.13 Before turning to examine the programme in greater depth, we begin by exploring the background and context in terms of wider public policy.

2. Background and Context

- 2.1 In recent years there has been renewed emphasis and focus on issues of neighbourhood and 'place' across a range of central and local government policies initiatives. This has been reflected, for example, in national initiatives such as Neighbourhood Renewal, and the New Deal for Communities Programme, and in local initiatives such as Local Area Coordination, Connected Care, and Time Banking. As noted in Section 1, in 2010 Skills for Care commissioned a discussion paper (*Only a Footstep Away?*) which reviewed the evidence on neighbourhood working and the development of social capital. The interest of Skills for Care in this topic reflects the recognition that in supporting the implementation of personalisation, prevention and partnership in social care, there are considerable implications for skill requirements and capacity building beyond the mainstream social care workforce. The wider 'workforce' includes volunteers, citizen advocates, and people who use services and carers, as well as care and support staff.
- 2.2 We do not repeat the analysis from the earlier paper here; however, it is important to highlight some of the key features. There are multiple theoretical, conceptual and empirical definitions attached to 'neighbours' and 'neighbourhood'; however, people's understandings of their own neighbourhood is typically expressed in terms of social networks and relationships. Some other central conclusions can be identified:
- Neighbouring exists as a continuum from practical activity through to emotional support, or from latent to manifest neighbourliness.
 - The neighbourhood does not automatically offer a rich source of social capital or supportive social networks.
 - The development of co-production initiatives such as time banks, pledge banks and lifetime neighbourhoods have been in existence for more than four decades and have largely originated in the USA. Concepts of reciprocity and mutuality are at the heart of such initiatives.
 - There is not a single blueprint for developing social capital or harnessing the capacity of the 'neighbourhood workforce', however, strategies need to recognise the complexity of this territory particularly in integrating formal and informal components, and in identifying and developing core skills.
- 2.3 Both the previous Labour administration and the present Coalition government have paid increasing attention to the importance of neighbours and neighbourhood, and this is evident

in developments such as localism, the idea of the 'Big Society' and the emphasis on the role and contribution of volunteers, and in the new public health agenda that identifies the importance of individual and community assets in supporting health and wellbeing (Foot, 2012).

- 2.4 The relevance and contribution of social capital to the vision for care and support was underlined by the White Paper published in July 2012 (HM Government, 2012). The Ministerial Foreword highlighted the principle that

"We should do everything we can – as individuals, as communities and as a Government – to prevent, postpone and minimise people's need for formal care and support. The system should be built around the simple notion of promoting people's independence and wellbeing."

In addressing such objectives the White Paper identified the first key action that government and partners will take in terms of:

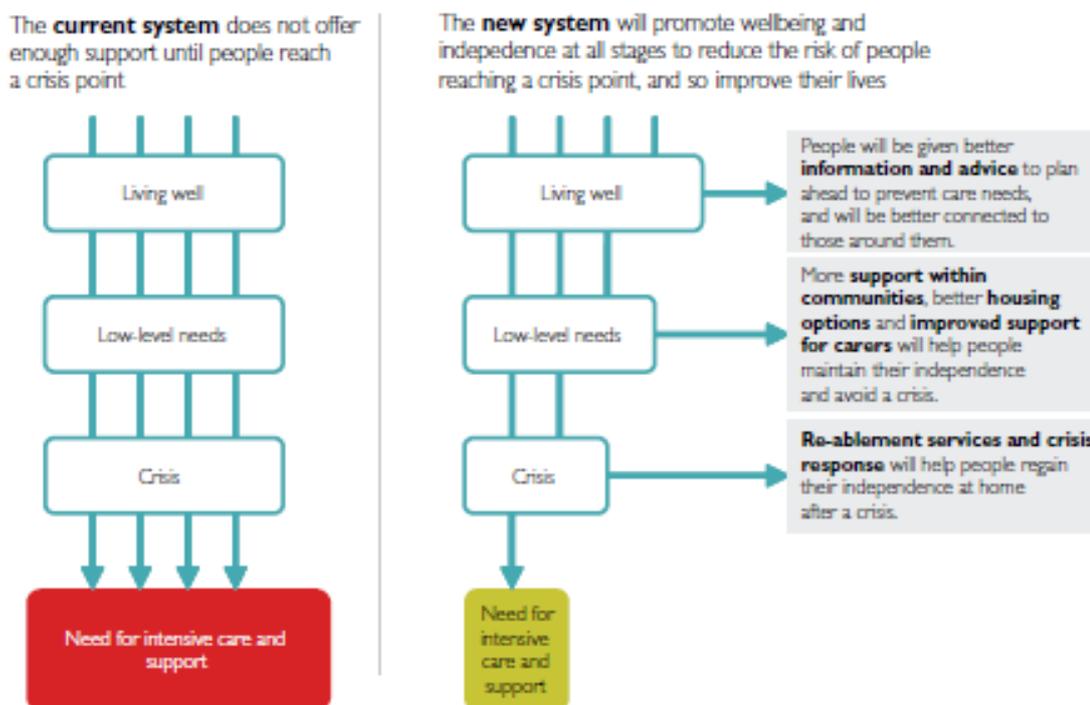
"Stimulating the development of initiatives that help people share their time, talents and skills with others in the community."

- 2.5 Recognising that more needs to be done to support people to remain independent in the community (see Figure 1 below), the White Paper also highlighted the contribution of active and inclusive communities, particularly in addressing matters of loneliness and isolation, and the value of such activity to all concerned:

"Support within communities can benefit everyone: volunteering can keep people active, promote physical and mental health and wellbeing, and strengthen local connections. Community support can also generate economic benefits; for example, by supporting people back into employment." (HM Government, 2012, P.15)

- 2.6 The 'skills and networks in a community' can also contribute towards improving local health and wellbeing, and the Think Local, Act Personal partnership (TLAP) will "establish a collaborative network to support and spread the adoption of community-based approaches" (P.23)

Figure 1: The White Paper Vision for Care and Support



Source: HM Government (2012), *Caring for our future: reforming care and support*, Cm 8378, London: TSO, P.8.

2.7 Encouraging the sharing of enthusiasm, ideas, experience, time, skills, talents and leadership is further underlined by a commitment that:

“We will support the growth and development of time banking, time credit and other approaches that help people to give their time and skills (...). These initiatives create supportive and reciprocal networks and help build relations and connections between people in local communities.” (P.25)

2.8 A particular ‘boost’ for such initiatives is to be provided by the Department of Health allocating start-up funding through the Health and Social Care Volunteering Fund “to support the development of locally owned and sustainable giving schemes.”

2.9 The Think Local Act Personal partnership agreement published in January 2011 identified the need for continued reform, building on the achievements of Putting People First and:

“..harnessing of the sector’s long tradition of voluntary and community action, so that people and their communities can play a bigger role in supporting themselves and others.”
(TLAP, 2011a, P.1)

- 2.10 The ‘Making it real’ document (TLAP, 2011b) subsequently set down some markers for what people should expect to find and experience if personalisation is working well, and addressed six dimensions: information and advice; active and supportive communities; flexible integrated care and support; workforce; risk enablement; personal budgets and self-funding. Box 1 below highlights the relevance to voluntarism and community.

Box 1: Voluntarism and Community in Personalisation

Information and Advice – *‘I know where to get information about what is going on in my community.’*

Organisations doing well in this area are investing in initiatives such as community navigator schemes and independent advice and brokerage. They recognise that inclusive local groups, involving volunteers drawn from the local community, are often better placed than statutory services to know what’s going on and to let others know about it.

Flexible, integrated care and support – *‘I have care and support that is directed by me and responsive to my needs.’*

Commissioners demonstrating progress against this statement understand that shaping the social care market to encourage community and voluntary organisations and micro-social enterprise is vital. Providers working towards this goal are embracing the benefits of co-producing with people and their families and are linking people to community supports.

Risk enablement – *‘I feel that my community is a safe place to live and local people look out for me and each other.’*

An essential element here involves creating the conditions to enable good neighbourliness to flourish – through community development, supporting reciprocal schemes such as timebanking and by adding conditions like participation and inclusion to commissioning and grant-giving criteria.

Source: Wilton C (2012), *Volunteering: unlocking the real wealth of people and communities*, TLAP, P.4.

- 2.11 The latest TLAP contribution (Wilton, 2012) focuses on the ‘wealth of people and communities’ but cautions:

“It is certainly not about leaving people and communities to fend for themselves or getting volunteers to do the work of paid staff in order to save money (although there is strong evidence that building social capital is worth the financial investment). Volunteering should not be about replacing professional staff or services or ‘making’ people do unpaid jobs they are not ready or able to do.” (P.4)

2.12 The TLAP work around building community capacity has focused on encouraging providers and commissioners to address four areas:

- **Building social support networks:** social networks are associated with reduced illness and mortality and can contribute to good mental health (Fisher, 2011).
- **Encouraging membership of groups:** Putnam (2000) found that participation in a group cuts a person’s chance of dying in the next year by half, and joining two groups cuts the risk by 75 per cent; peer support also offers a huge return on social investment.
- **Nurturing an inclusive community:** a whole community focus can improve things for everyone.
- **Enabling everyone to make a contribution:** ‘giving’ is associated with positive health and wellbeing, reduced mortality and a good rate of social return.

2.13 The New Economics Foundation has developed the methodology of Social Return on Investment (SROI), enabling organisations to understand and manage the social, environmental and economic value that they are creating and expressing this as a ratio (NEF, 2010). While much community development work is evaluated by reference to outputs (level of activity, numbers of people involved etc), SROI looks at the outcomes or changes occurring in people’s lives as a result of these activities. The relationship between activities, outputs and outcomes is encapsulated in the concept of the theory of change.

2.14 In applying the SROI methodology to four community development initiatives in diverse communities in England, NEF found a return of £2.16 of social and economic value for every £1 invested (and SROI of 2.16:1), and highlighted:

- 36% of the value created by community development work is in improvements to the supportive relationships enjoyed by volunteers, participants in community activities, and the wider community.
- 28% of the value created is in improvement to feelings of trust and belonging fostered among volunteers, participants in community activities and the wider community.

- The greatest changes in well-being are for those who volunteer to deliver community projects.
- For those delivering or participating in community development projects and activities, the biggest impact on well being is in relation to positive functioning: feeling competent, engaged and living life with meaning and purpose.
- The element of well being most impacted for those in the wider community is around personal resilience, optimism and self-esteem (NEF, 2010, P.5).

2.15 The Building Community Capacity learning network collects and shares case studies of successful initiatives. Many of these are beyond the territory of traditional voluntary activity, and focus particularly on asset-based approaches that recognise people's skills, experience and potential, as well as their needs. Increasingly, the focus of care and support is not just on personalisation, but also to "help people find new ways to shape communities in which they feel they are valued and belong" (Fox, 2012). The evidence on the interconnectedness of health and social capital similarly underlines that:

"People with stronger social networks are healthier and happier. Participation in activity which improves overall life skills improves self-confidence and self-esteem." (Foot, 2012, P.14).

2.16 A planning tool – 'Are we there yet?' (TLAP ,2011c), and a checklist 'Does it work?' (TLAP, 2011d) have also been developed by TLAP to assist local developments. Stakeholders are encouraged by TLAP to use the tools to identify: achievements (what has been achieved?); what worked (what was done to achieve it?), and future priorities (what should now be tackled to further improve things?). Both for local people and for organisations, this analysis should examine social networks; membership of groups; what it's like to live here; being able to contribute.

2.17 In looking at the Skills for Care programme we have not explicitly adopted this methodology since it would be difficult to impose it on the projects retrospectively. Nonetheless, it is apparent in the analysis of experience and outcomes that follows that there is considerable common ground here and that many of the projects – in utilising the tools and templates developed by Skills for Care – were also addressing these dimensions. However, the Skills for Care programme was also offering a distinctive perspective and a new approach starting from the premise that skills (of all types and levels) are both inherent in the community, and that latent capacity can be considerably developed to the mutual benefit of all citizens.

3. Experience and Outcomes

Introduction to the projects

- 3.1 Fifteen projects have been funded in England. These were selected from a larger number of proposals, and were judged against the following criteria:
- Capacity to engage effectively with the community and to have communication tools and strategies in place.
 - Understanding of the policy drivers underpinning the Big Society vision.
 - Identification of priorities for their community.
 - Inclusiveness of diverse people and groups.
 - Readiness to engage with Skills for Care in undertaking impact assessment.
- 3.2 The sites are diverse in many respects, including their scope and scale as organisations and the objectives of their project. The projects were distributed across a wide area of the country, from the North East to the South West; they feature a range of types of locality including urban and rural.
- 3.3 Some of the projects were concerned with a particular part of the community (or what can be termed a 'community of interest'). Keyring, MacIntyre and Dimensions were all concerned with skills development and social inclusion for people with learning disabilities. SOS Global; Somersham, and Calderdale were all focused primarily on older people. One project (Turning Point) has a primary focus on mental health. The remaining projects (Access Dorset; Community Council Shropshire; Ulnes Walton; Gentoo; Luton Borough Council; N-Compass; Eston Residents; and Herefordshire) had a community-wide focus, embracing all groups of people within an area or 'community of place'.
- 3.4 The wide variety of projects was a deliberate objective of the programme. Skills for Care recognised from the outset that there was no single model of practice to promote, but rather the programme was an attempt to change ways of thinking about skills and community assets, and there would be multiple ways in which this might be addressed. All the projects shared broad generic objectives in terms of building community capacity, but the specific objectives between the projects covered a wide range, as the comments in Box 2 below illustrate.

Box 2
Project Objectives

“It’s linking the older and the younger generations (...) to see how we can get the generations to actually communicate.”

“We’re trying to get some sort of integration of all the different levels of the community (...) we really want to try and turn this into a village – a proper community. It wasn’t before.”

“We’re a grassroots voluntary organisation (...) it’s about ordinary people in the communities (...) it’s about being involved so you get mentally healthy and get physically healthy and have a better attitude to life and everything.”

“We’ve gone in a few different directions (...) we’ve been asking the community what they need, what they see is being a good neighbour.”

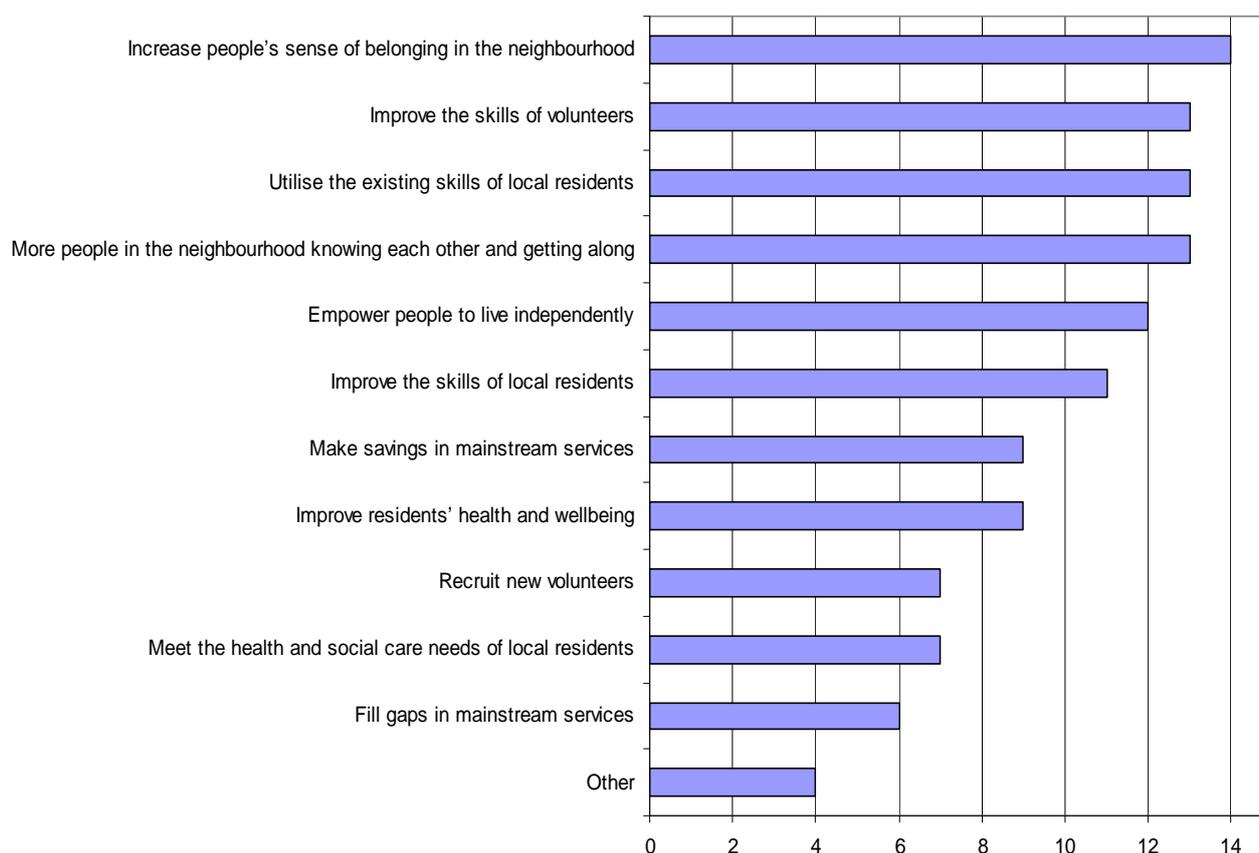
“It’s our model of involving local communities in our health and care services, and building up people’s capacity to deliver as well as design those services.”

“It was an opportunity we couldn’t miss (...) for all the different organisations in the village.”

- 3.5 The comments of interviewees begin to demonstrate some of the cross-cutting themes that were evident between the projects, and which will be explored in greater depth in subsequent sections of the report. They also convey something of the enthusiasm and drive that characterised the programme. Given the relatively modest funding that was on offer, the major motivation for organisations to become involved with the programme was unlikely to be financial (albeit that for some of the smaller community-based organisations the funding was highly valued). Rather, organisations were keen to have the opportunity to explore concepts and innovations that fitted well with the direction they were trying to pursue in any event.
- 3.6 Figure 2 below summarises the key objectives that the sites identified for themselves. This is derived from an evaluative survey that the sites were required to complete as part of the routine monitoring process. Virtually all of the projects identified some generic objectives around improving the sense of community and neighbourhood, and developing people’s skills. Empowering people to live independently within the community was a concern of 80% of the sites, and 60% were intending to improve residents’ overall health and wellbeing. More than half were aiming to make savings in mainstream services, and 40% were seeking to fill gaps left by mainstream services. Almost half of the project managers

had a background in community development, while only one third had a background in social care.

Figure 2
Objectives of Early Adopter sites



N = 15. Respondents could tick all responses that apply.

3.7 The evaluation explored outcomes and achievements across four main dimensions:

- Individuals (both those who use care and support, and those who have taken part in the skills development activities).
- Communities (i.e. communities both of interest and of place).

- Organisations and partners (shared learning; working together; partnerships; cost savings etc).
- Strategy, policy and practice (local and national; increased awareness of skills development; sustainability; change in strategies etc).

3.8 These dimensions formed the basis for the design of the semi-structured interview schedule. In practice, project participants often had different frames of reference in the way they conceptualised or described the work, but on close analysis were often using different ways of describing similar experiences and outcomes.

Understanding and development

3.9 Whether the programme made a difference to participants is probably the most important dimension of outcomes. However, we begin by exploring some of the earlier stages and the experience of sites in delivering their projects. Despite the enthusiasm and general engagement of the project leads in the programme, it was evident that many of them were also somewhat bewildered – at least in the early stages – about the approach and objectives of Skills for Care. In part this indicated some difference of interpretation about terminology that implied more than mere semantics. For example, an early version of the practical guide had referred to the role of ‘neighbourhood apprentices’ as part of the discussion around Community Skills Facilitators:

“Neighbourhood Apprenticeships can be described as a model for empowering citizens to engage with supporting people with care and support needs in their local community. Developing a range of broadened and enhanced skills and offering a way into a new career or work by opening people to the opportunities, challenges and rewards of active citizenship. Dynamically empowering the whole neighbourhood to be engaged participants in their community.”

3.10 In practice, some of the project leads struggled to adopt this model, as these respondents described:

“The thing about terming people as ‘apprentices’ – we didn’t even raise it with people, to be honest with you, because I just knew it would end up with people saying, you know – ‘what on earth is he talking about?’ –“

“There were two bits of language that I found very difficult to get my head around at the beginning (...) the person in the community who might be developing their skills on a sort of apprenticeship – I really struggled with that (...) and with the community workforce skills facilitator.”

And

“I think the terminology probably wouldn’t make much sense to the people you were trying to ask to become a neighbourhood skills facilitator (...) so we never used those terms.”

- 3.11 Another interviewee similarly described difficulties in trying to apply a concept to the local context:

“I don’t know whether it’s just a stage in our process, but I couldn’t see how any of the people in the community could be that person [community skills facilitator]. And we’re sort of loath to bring in a sort of community organiser type model that sort of bounces in and shakes everything up – that doesn’t really appeal!”

- 3.12 For some, the difficulties of terminology and conceptualisation meant that they reinterpreted the documentation:

“So, we’re following that approach if you like, without actually calling it that.”

“Once we steered away from some of the language (...) and just tried to pull out some of the kinds of concepts and principles and changed that into our own language. Then we made sense and we knew what we were doing and we developed our own kind of scheme.”

- 3.13 Some of the linguistic and conceptual challenges may have been largely indicative of the different backgrounds of project leads, but it was nonetheless apparent that the effort required to apply principles to local contexts was often demanding and time consuming. The concept was dropped from the later version of the practical guide, partly in response to feedback from the sites.

- 3.14 In fact, while the notion of a ‘neighbourhood apprenticeship’ may have been of questionable value for some, it was clear that developing people’s skills and helping them to enter or re-enter the labour market was a concern of several projects, for example:

“We think it’s right that there’s a limit to how far you can use people as volunteers before you start paying them. So we aspire to professionalise some of those people. I would

hope that some of those (...) who are keen to start off as volunteers (...) would become so well-trained that ultimately they would become paid posts.”

And in another project:

“The idea is that we’re trying to get not the ‘usual suspects’ (...) we get a mix (...) so, for some it’s an extension of what they already do – you get some people that are already really active in the local community, who like to do a lot, and then others who haven’t before but might be looking to get back into employment.”

3.15 Moreover, the model of ‘neighbourhood apprenticeships’ is not one that could (or should) be applied to all volunteers. Many people who were engaging with the projects as volunteers would either not want or be able to maintain a full time or employed role.

3.16 When considering the value of the Skills for Care materials and support more generally, many project leads indicated they had taken a pragmatic approach in deciding what use to make of templates and methodologies. When asked about this, several interviewees addressed the templates only in terms of contract monitoring requirements and the need to submit evidence of achievement against the project milestones. As this interviewee observed:

“We’ve used them [the materials], partly because it’s in our contract, but partly because we can find a place for them (...) so, we’re dipping in and out of the guide, we’re not reading the whole thing.”

3.17 Many respondents described adapting templates or doing their own versions, for example:

“We didn’t use it in its presented format (...) we didn’t show anybody that template. We knew the template, we knew the questions on it, but we developed our own way of getting that information.”

And

“We tried to pull out some of the kinds of concepts and principles and changed that into our own language. Then it made sense and we knew what we were doing and we developed our own kind of scheme.”

3.18 For some – particularly grassroots or community-based groups that were less experienced in dealing with contracts and paperwork - it was undoubtedly the case that both the project materials and the Skills for Care style were outside their usual experience, and they

struggled to work with both, and sometimes would have preferred more guidance or a more directed approach. As this person described:

“We’re very able at filling the forms in, but they could have been a bit simplified I think (...) because we’re just like a grassroots voluntary organisation.”

- 3.19 Where this was the case, the liaison officer at Skills for Care could be particularly important in supporting projects and enabling them to apply the materials, as this person described:

“She’s sort of fine tuning and putting a name to what we’re trying to do and encouraging us to focus a little bit more.”

- 3.20 However, project leads who had a closer involvement with community development were more familiar with the underlying concepts and thought that the materials might be of greater value for people coming to the ideas for the first time:

“[the materials] were moderately helpful (...) we are community development workers, so we use this stuff all the time (...) there may be people that don’t use those kinds of techniques and approaches and haven’t come across them at all (...) perhaps would find them more helpful than we found them.”

And

“When we first looked at it, it seemed quite daunting (...) but really, when it comes down to it – it’s what we’re doing; we’ve done it for 15 years.”

- 3.21 In some projects there was a risk that a sense of ‘knowing what they were doing’ impeded their engagement with the concepts and tools of community skills development. One person, for example remarked:

“I looked through [the document] and I said, well actually I’m familiar with all of this in a way, because that’s how we do things in the local area anyway.”

- 3.22 Some of the projects experienced tensions between trying to balance following the tools and techniques of community skills development, while also recognising the reality of working with communities that have their own dynamic, as these interviewees described:

“The work we’re doing goes at the pace of the community (...) which has been a real nightmare for us testing materials to support that.”

And

“But each group, especially like the WI, just bumbles along, they’re like little power bases, and we’ve had some struggles with them in the past. They do it their way, but – you know – they’re coming round to it now.”

- 3.23 Another project leader commented that it had been difficult to follow the templates, less for conceptual reasons than for the groups in the community having their own agenda:

“But what we find is that once we’ve done the research – which your papers were helpful for – after we get beyond that point, when we’ve had the initial public meetings to see whether there’s an appetite for things, from that point on the groups just go their own way, and although we have workers working with them, they very much define how they are going to operate.”

- 3.24 It was also evident that at the outset there was considerable uncertainty within projects about what they were signing up for, as this comment highlights:

“We weren’t really sure what we were expecting to get out of it. I think we thought that we were being asked to formally trial a toolkit. The fact that that wasn’t there might have been frustrating – but on the other hand, the response from Skills for Care is always very clear about, you know, making sure that whatever we did was useful for them and making sure it worked both ways.”

- 3.25 As this interviewee observed, across the projects people were approaching the concepts at different levels, and brought different resources. For those with greater resources (including additional sources of funding), and more experience and familiarity with community development models of working, it was considerably easier to engage than for some others. However, views differed and some of the projects coming to the issues and ideas for the first time *did* find the materials “really useful” in helping them to think through the implications for the community “focus our aims and who we were targeting.”

- 3.26 Overall, as Skills for Care respondents also acknowledged, most projects appeared to use the materials only to the extent that it was a requirement in demonstrating evidence of meeting contract milestones, as this comment highlights:

“A couple of mine have used the templates but again I think it was pretty much as a response to knowing I was coming (...) There hasn’t been one that has said to me ‘we’ve used this template and we’re going to carry on using it because it was really useful.’ It’s more been like – we’ve used it and it’s helped us think through a couple of issues, thanks very much, and that’s about it really.”

And

“I think they seemed a bit remote.”

- 3.27 In part this experience reflected the fact that the programme was also new ground for Skills for Care, and there was uncertainty about whether and how the materials should be used. Some of the lead officers recognised that projects came to understand the materials and templates at a later stage in the development of the project than they thought would be the case. For some, therefore, the requirements around contract milestones did not fit well with project development and the assumption that the materials would be used in a sequential or linear manner.

Individual and Community Outcomes

- 3.28 What difference did the projects make to the people involved? As always, making comparisons between the projects can be invidious since the objectives were multiple and diverse. However, we focus here on four main areas that all the projects were – in different ways – concerned with:

- Skills and knowledge.
- Improved quality of life and social inclusion.
- Voluntary activity.
- Sense of community

a) Skills and Knowledge

- 3.29 Identifying existing local assets of a community was a central feature of the Skills for Care model. The practical guide referred to a range of skill sets that could be important in enhancing local health and wellbeing and improving the independence of people requiring care and support.
- 3.30 Many of the projects had difficulties with the concept of ‘skills’, and were concerned about it being misunderstood – for example when undertaking a local skills audit. For many people the idea of ‘skills’ is synonymous with the existence of formal qualifications, and getting people to think more widely was challenging. As this project lead pointed out:

“I think sometimes when we say ‘do you have any skills you could pass on to anyone?’ People don’t realise what skills they actually have.”

And as another commented:

“I think everybody’s got a skill (...) but I think for the rest of our group and everybody, I think it [a skills audit] would be, you know, quite daunting.”

- 3.31 Another project lead similarly described trying to sit down with a group of people and identify their skills, only to find “everybody just scarpered off” apparently because of ‘some fear or embarrassment’ that they did not have skills. A revised approach to skill assessment was implemented:

“So we had a cup of tea with them, chatted to them, asked them about what they’d done in a previous life – what are their interests, what do they enjoy doing, to pull out skills in that way. And often there were no qualifications present, but they had strengths and strengths to me are just as valuable as skills, aren’t they?”

- 3.32 For people to realise that they already have skills and experiences that are valuable can be a revelation:

“The existing skills that we found – so for example, a willingness to get things done, practical skills, communication, negotiating, knowledge of the local area, and I think they found that quite powerful. Oh wow! Yeah, knowledge of the local area, of course I have that!”

- 3.33 The Timebank project in Somersham also encountered some conceptual difficulties in talking about skills and found people often reticent to identify their own skills if they didn’t have formal qualifications. In this situation there also tended to be an avoidance of the use of the term ‘skills’ for fear of it being off-putting, as this person described:

“I just say everybody has something that they can offer to somebody else. You know, it could be anything from reading a storybook to a bunch of children, or telling people about the history of their local area (...) or everyone can do something – pick up the phone and have a chat to somebody.”

- 3.34 And as a progress report on the Timebank for Skills for Care observed:

“One of the challenges we found initially was that people joining the Timebank didn’t feel they had many skills to exchange. It was important to put skills into a practical context to

show that whilst providing support to learn a new language is a useful skill, so is being able to take someone's dog for a walk!

- 3.35 Some skills reflect different understandings and assumptions across generations. For example, middle aged and older people who have had little or no contact with people with disabilities because of segregated education, may have very limited knowledge and awareness of the needs of a person with learning disabilities, as this interviewee pointed out:

"For, you know, folks of my age – it's just not something that they've had any experience with, and they may just want an opportunity for some really basic learning and reassurance."

- 3.36 Having identified skills gaps, some projects were then deliberately focusing on improving those. One organisation that supports people with learning disabilities, for example, set out to improve the understanding and awareness of learning disabilities among employees "in places that we know people we support go to" (such as High Street banks, supermarkets, the leisure centre etc). As the project leader remarked,

"The idea that we can have a part in developing the skills in the community is totally new to us."

- 3.37 Nonetheless, in working with such businesses in the community in an attempt to improve skills was seen as an exciting opportunity:

"[helping people] to be better equipped to support people with a learning disability to interact, to have a proper human relationship with them."

- 3.38 Another user-based organisation similarly described this type of skills development undertaken with a local ferry company:

"We train the staff on the ferry around working with disabled customers (...) walking around the boat with the staff. Now initially, a lot of the staff apparently were very sceptical and 'God, not looking forward to this'. It's actually very, very popular now (...) it's popular with our members as well because we've seen improvements to the way people are treated on the ferries."

- 3.39 Another project (MacIntyre) that was also working with people with learning disabilities was less concerned with the skills of people in external organisations, than with developing the

skills and experience of people with learning disabilities to enable them to participate more fully in society through work experiences (see Box 3 below):

“It’s about providing experiences within the community for the people we support, which will help them to develop new skills and build their confidence, self-esteem etcetera. By allowing them to go into a workplace, an organisation, charity, whatever, and kind of build relationships with the staff (...) and just have an experience that they may not ordinarily be able to achieve on their own, so giving them that helping hand.”

3.40 Some people had acquired new practical skills in the process too:

“There is X who has learned to do some really basic things with tools; when I went with him on one session he told me he had never even used a drill before and [the person there] taught him how to do it (...) that was something new that he’d never done before (...) And Y – she bakes cakes – she volunteers for another charity and she’s definitely kind of gained in her cooking skills and learning how to do things almost entirely on her own basically.”

3.41 This was unlikely to develop into paid employment for most, but was concerned with enabling “meaningful experiences.” People also developed new skills in using public transport and being able to travel to the workplace experience. Such benefits in improving people’s independence and social inclusion are explored more fully in a later section. For all the people that had participated in the project the multiple benefits were identified in these terms:

“Social skills I guess, you know – making friends, relationships, building networks that aren’t paid support (...) we’re not paying for any of these experiences and the people we support know that they’re going in to help with the organisation, and I think that distinction is really important.”

3.42 Although the Experience Tree was operating on a small scale (working with a few people with learning disabilities, and with 5 organisations on a regular basis), it has great potential to roll out more widely through MacIntyre.

Box 3



The 'Experience Tree' is the same of the initiative developed by MacIntyre in Oxford to offer life enhancing experiences for people with a learning disability. Participants have opportunities to develop new skills, gain greater confidence and independence by building sustainable links with their local community.

Building on person-centred approaches to planning, MacIntyre spend time getting to know the person in order to understand their particular interests and aspirations before matching them with local organisations able to offer just the right experience.

MacIntyre identifies the following wide range of benefits:

- Value for money tailored support.
- Access to new skills.
- Access to regular work environment.
- Access to community groups.
- Reduced dependence on paid support.
- Identification of job carving opportunities.
- Collaboration between community leaders and employers.
- Raised awareness of learning disabilities in the business community.
- Raised awareness of learning disabilities in local communities.
- Meeting corporate social responsibility pledges.

<http://www.MacIntyrecharity.org/Services/?/Oxford+Lifelong+Learning+Service/338/The+Experience+Tree/1122/>

<http://www.facebook.com/theexperiencetree>

- 3.43 For some projects that were working with volunteers, helping them to develop new skills could be as a crucial stepping stone to wider opportunities:

“We want to give these people something out of it that they can take along positively when they go for a job (...) to make sure they’re upskilled and that’s going to improve their chances of paid employment – that’s one of our main aims we want to get out of this for our volunteers.”

And in another:

“One of the women went on – because of her improved sense of confidence and self-esteem – to do a vocational course at college, which was basic literacy. And some of them sort of non-vocational courses, one of the services we offer is called Social Prescribing and that helps people with mild to moderate mental health issues, like emotional wellbeing issues really (...) and some of them have accessed those courses as well.”

- 3.44 Another of the projects (Connected Care, Swindon) also described training people to become community researchers, and the various outcomes in terms of their subsequent destinations:

“Of the 18 who did the training, I think 3 dropped out for some sort of reason, one had left the country. The rest had gone on either to employment or full time training, or had sort of evolved with us.”

- 3.45 The skills that the researchers had acquired through the project (being able to talk to people or ask them questions) were seen as highly transferable in terms of improving employability. This was particularly important in this project as the people who were recruited had previously been out of the labour market and some had personal experience of substance misuse and mental health problems. People recruited as Community Researchers (CRs) brought their local knowledge and experience, and a sense of wanting to draw on this to help their local neighbourhood, although they were often unsure how to go about it and the project provided a means of achieving this. The comments below were typical of many made by the CRs in describing the skills and benefit they acquired from participation in the project.

“Confidence.”

“Interpersonal – we can interact with people easily in a friendly manner.”

“I think when you’re out of work for a bit it can be quite daunting going back to work.”

“I hadn’t been to work for like three years (...) coming back was quite hard, but like it’s – I’ve got the confidence now to go on to other jobs.”

“I have just applied to Uni after this job.”

“This has given me the freedom to be able to go and do things (...) I couldn’t leave the house or anything.”

- 3.46 A report on the experience of Connected Care submitted to Skills for Care similarly identified the benefit derived by the CRs:

“Regardless of whether the CR has been involved much in their neighbourhood, the Connected Care process builds up their skills and confidence to take a more active role closely aligned to local needs. The research on which the Audit Report is based is a catalyst to develop these initial skills into defined ways the CRs can contribute to the needs in their neighbourhood, to become a Neighbourhood Apprentice in other words. What the CRs describe is a process through which going out and interviewing their peers – hearing people’s problems, learning the diversity and complexity of needs in an area – helps them realise that they and other residents have the skills to develop a solution.” (Keddie, 2011)

- 3.47 Many of the CRs had a history of community activism or voluntary work. This particular project was unique in the fact that the CRs recruited were paid for their time rather than working on a solely voluntary basis. The importance of money in enabling people to give their time, and recognising the value of their time and skills, was identified time and again, as these comments highlight:

“I think it’s really worked for us as well because we were doing the same thing voluntary without getting paid, and now we are getting paid.”

“I already do that, you know, voluntarily (...) but doing those things and getting paid for it and you’re helping the community – perfect.”

“It’s the only one you get paid for – but I’d still do as much as I can voluntarily.”

- 3.48 The Timebank project (which operates by enabling people to exchange their time and skills to support each other) observed:

“I think it’s a fantastic way for people to build their skills (...) you don’t have to be a solicitor, you know, or particularly skilled in anything that’s onerous; you just have to want to contribute really.”

- 3.49 When people sign up to join the timebank they are asked to complete a skills and needs questionnaire, to indicate both what they can offer and what they would like help with, it can take time for both areas to become apparent, and as other comments already included above indicate, people do not necessarily recognise their experiences as skills.

“I ask them questions about what they’ve done in their careers or what they’ve done in their lives; how long they’ve lived round here, you know – what their interest are, what other organisations they are members of within the community (...) and so that’s kind of the way I wheedle out of them what they might not really think of as skills as such.”

- 3.50 Certainly the timebank was seen to provide an important means of networking and enabled contact between “people that you wouldn’t normally meet in everyday life.” In addition, people were also passing on their skills to one another, for example:

“We’ve got a lady who’s an office manager (...) and she’s teaching one of our ladies audio and touch typing and as many office skills as she can, because this lady has never worked in an office and would like to get into part-time work when her youngest goes to nursery (...) so she’s passing those skills onto her and hopefully she’ll get a job out of it, which will be great.”

- 3.51 One of the projects (Gentoo) was explicitly focused on developing skills in the community by means of a model of ‘Adaptive Coaching’. Residents from two local communities were invited by Gentoo Living (a not for profit housing association) to participate in three workshops intended to help them in “looking at yourself, your skills, and raising your confidence to use your skills, for yourself, your family and your community.” The course was delivered by an expert external partner who had experience of working with Gentoo. The concept of coaching was a challenging one to communicate and certainly in the early stages of the project some people struggled to understand, as these comments underline:

“We were ringing them up, we were personally inviting them. But it was difficult to explain what we were inviting them to!”

- 3.52 For the housing association, undertaking such community engagement work necessitated overcoming some suspicions from tenants who did not immediately understand why their landlord would want to contact them. Changing the relationship with tenants has been an important outcome of the project and enabled a different dynamic to emerge. The intention of the life coaching was to support groups of residents to engage with their community, decide on the outcomes they would like to see, and support them to achieve them:

“It’s about – not telling them how to live their life, not telling them they’re right or wrong; it’s saying to them, right – we’ll give you a space to develop what it is you want to be, who do you want to be, what do you want to do, and let’s see how we can go on that journey with you.”

- 3.53 For the people who participated in the project, and who had gone on to meet in a regular coaching group, the personal outcomes were described in terms of the growth of confidence and self-esteem, for example:

"It gives me a break away from my two kids; I can meet new people, I just really enjoy it and I think I'm getting quite a lot out of it."

"I have more respect for myself (...) before I used to put myself down all the time."

"I wasn't very confident in myself before I came here."

"[The coaching] helped me loads."

"The first time we came, I was terrified (...) but taking that step, coming to a place like this makes us more confident to go to other groups and stuff, which I would never, ever have done before."

"I tell everybody about it."

"It's a breather, coming to something like this"

"Coming to this has learnt me how to deal with stress (...) I used to get really stressed but I've got such a calm head now."

"It's helped us all in different ways."

- 3.54 People had also been able to set challenging goals both personally and for their wider community:

"I want to be in work by 2014 [when my youngest is in nursery]. I'm going to go back to college and see what I can achieve."

"I've got a place to do Higher Education nursing and social care."

"We're doing a lot of things with 'Friends of Peat Carr' and we're trying to raise money so we can take the kids places and do stuff with them."

"We're doing a Food Hygiene certificate so we can sell hot dogs and pizza."

- 3.55 For the housing association the project represented an investment in developing community resilience, particularly by focusing on the role and contribution of local women. The aims of the Community Coaching intervention were described in a paper by the external facilitator in these terms:

"The concept behind the intervention was simply that in order for communities to work together, individuals had to be engaged and connected to their desire to make the

community work. In order to this to happen, the individual has to know what they offer, has to understand the causal impact of self on others, and others on self, and finally at best, has the confidence to participate.

The intervention was incredibly successful in 'waking' participants up to alternative ways of thinking and being, and to recognising the impact of others on them, and them on others."

- 3.56 Another project (Future for Fleetwood) was successful in helping participants to develop practical skills in cooking meals from food parcels supplied by a local food bank (see Box 4).

Box 4
Future for Fleetwood: Skills development

The Future for Fleetwood set out to demonstrate how even in a deprived community there is an array of assets. These include people skills and knowledge that can be developed, and impact positively on the community, improving the health and well being of citizens.

Work took place with an existing Cook and Eat group linked to a Food Bank where people had access to healthy food but had little knowledge of how to cook the vegetables supplied. The Cook and Eat sessions ran weekly over 6 weeks and the training was provided by a local person, Anji Mosher who ran the 'Hug from Mum Cookery School', and had been involved with the Hairy Bikers television cookery programme. Participants learnt new recipes and basic techniques to enable them to recreate dishes at home. Being involved enabled people to have a healthier diet and to develop self-esteem, a sense of achievement and to reduce their social isolation. The participants wanted to build on their experience and deliver their own Cook and Eat sessions to benefit the wider community.

The group was at risk of collapse as they faced losing their venue and people became less committed. The project was involved as community facilitators and worked with the group to identify their vision for development, match it to existing skills and identify areas for skills development. The group possessed a number of skills but found it difficult to acknowledge their strengths or have confidence in their abilities.

With support from the project the participants were able to develop wider partnerships in the community, and with the use of a kitchen the sessions continued. A range of health and wellbeing issues and needs of the participants were also apparent and partners provide support by coming to the sessions and helping participants address wider health and wellbeing needs.

As a result of newly acquired confidence, some group members went on to develop their skills further through voluntary activity and through signing up for NVQ qualifications.

- 3.57 The 'Cook and Eat Group' had existed prior to the Skills for Care funding, but was not sustainable without some additional support. However, the group faced a number of challenges, particularly in needing to secure a venue, and in responding to these challenges people were able to develop further skills, as this person described:

“We realised that they wanted us to do it for them – that was our biggest barrier. It was a case of – we don’t have a venue, we don’t have this, we don’t have that, we don’t have money – fix it! So we spent a long time kind of trying to change that thinking and encourage them to understand that you do have the capacity to do this, and we can support you through it. And in the end they did.”

“Because of that kind of intense work [with the group], they’re more patient, they understand the sort of red tape that happens in local authorities more, and that money can’t just be given to them, and they’re starting to think more for themselves in terms of solving their own problems rather than waiting for us to do it for them.”

- 3.58 As we have highlighted, all of the projects identified skills development and acquisition at a number of different levels. It was apparent that the language of ‘skills’ was not always an easy or perhaps appropriate one, and the Skills for Care team recognised the difficulties and tensions in trying to find the right approach. Some projects found it easier than others to grasp the concepts, as this Skills for Care project manager commented:

“[at the beginning] when I said to them what skills have you got in your community group? They had no idea, and they would now be able to say to you, well we’ve got planning, organisational, project management, because they’ve done the skills audit (...). But I think there’s a wrong assumption that we needed to develop their skills. I think the skills were there but we needed to capture them and share them.”

And another observed:

“Until we change the language it doesn’t necessarily fit very well, but when you start to change the language and you start to talk about what do people contribute, what do they bring, how do they understand their world and what do they bring to the communities they live in, then it starts to be about - that’s exactly what we’re talking about isn’t it? It’s the language that stops us getting that over.”

b) Improved Quality of Life and Social Inclusion

- 3.59 What difference the programme has made to the quality of life both of people volunteering or working in the projects, and those being supported by interventions, is an important and multi-dimensional issue. From the foregoing discussion around skills acquisition it is clear that in developing new skills people were often better equipped to participate more fully in

their community. For user-led organisations in particular, these dimensions were often closely intertwined, as this person remarked:

“...our whole approach, as a user-led organisation as well, is about empowering and skilling-up our members (...) it’s all about inclusion.”

3.60 Indeed, improving skills was typically described as a means to the end of better participation and inclusion. For example:

“We support people with learning disabilities in the community, and we are hoping that this piece of work will allow people to be better connected to their communities. And in particular, of course, into the places in the community that they already go to, and that is either contact with paid people who work in shops, banks, leisure centres, whatever, and unpaid people who might be at community centres, or churches, or the local green bowls club or whatever.”

3.61 This project (Dimensions) focused on trying to raise the understanding, awareness and skills of people in the community of the needs of people with learning disabilities in order to allow their inclusion to be easier. Such an approach is, as this interviewee commented, one that arguably *should* have been routine:

“We should, absolutely, be supporting people to be better connected and more independent – absolutely. And we should have been doing this for years, and you know, we’re only kind of now getting into it properly.”

3.62 This model of inclusion focused on mobilising natural support in the community rather than assuming that people would need support from a care service:

“Which means that people should be going to church supported by other churchgoers; people should be able to go to the community centre and play bingo you know, with a friend, or should get to Morrisons and the checkout assistant knows them and says ‘come over here, I’ll do this for you’.”

3.63 In addition to challenging organisations that are used to providing care and support for people to think differently about the community, this approach could also challenge some of the assumptions and approaches of the staff themselves. In supporting people with learning disabilities, for example, Dimensions recognised that their support staff needed to learn to step back to give people more space to acquire skills and independence:

“I think it is part of a wider picture of over-protecting people, over-supporting people (...) and a failure of people to shift from ‘I’m caring for you’ to ‘I’m supporting you to lead your life’.”

- 3.64 In addition to creating the skills that enable people to participate more fully in society, other projects were also focusing on some of the practical aspects of identifying and using community skills and assets. In a rural community (Community Council, Shropshire), for example, this could mean:

“issues such as a lot of old people living on their own (...) which if you want to do a community emergency plan so that in the event of a flood or adverse weather conditions, they can understand who lives in their community and what their needs are, but also what the skills and assets are within the community. Such as you know, a tractor or somebody with a 4X4 that sort of thing (...) understanding their existing assets and how that could best be developed to support people in need of care really in the community.”

“So the good neighbourhood scheme steps in and performs a range of tasks to help out a more vulnerable person so, again, they need to know who the vulnerable people are in the community and the good neighbourhood scheme coordinator needs to know who’s who in the community that may be able to offer help.”

- 3.65 Improving the health and wellbeing of people and of the communities in which they live was a recurrent theme across the projects. The increased profile of public health matters, and the requirements of the Health and Social Care Act 2012 introducing new duties for Health and Wellbeing Boards in preparing Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies, were frequently referenced by projects. It was recognised by many that the concepts of community skills development and neighbourhood workforce planning are potentially highly relevant to this agenda. The Neighbourhood Scheme in Calderdale is an example of a project with a broad focus on health and wellbeing, enabling people over 50 to participate in a wide range of local activities.

- 3.66 Sometimes attendance at an activity is the initial hook to get people more involved as part of the community:

“Some people don’t realise that they’re actually coming to a community group; they think they’re coming to a Tai Chi lesson or a water painting lesson. And we really have to try to get them beyond that stage and realise that they’re working together as a group.”

- 3.67 Box 5 summarises case studies of some people’s experience in participating in the groups.

Box 5

Some benefits of participating in neighbourhood group (Dimensions)

JP works part-time and is in her early sixties. She lost her husband last year, and said that the taster classes were just what she needed. "It came at just the right time for me" – she'd had a leaflet through the door and was looking for something to get her out and 'fill her time'. J also felt that, having worked in an all-male environment and having been married for many years, that she was lacking confidence in making new friends.

J felt that her involvement in Neighbourhood Schemes has had a good impact on her life, both physically and mentally. "I like coming to the classes very much – it's really lifted my spirits, and I've met some very nice people." J also commented that she knew her relatives were happy to see her getting out and doing more via this group.

PT was referred to the scheme by a friend and neighbour, who said that she was concerned he may be lonely after the death of his wife a few years ago. B was encouraged to come along to activities.

P has attended more or less every taster session and activity we have organised including art, exercise and computing (to which he is completely new.) He is reserved about discussing the benefits he has felt, but says it has made him 'a busy man'. "It's got me out of the house, where I might have got stuck in the same rut (and read more books!)" P says that through his local scheme he has met lots of new people and is enjoying himself.

Since coming along to initial taster sessions and meetings, P is now volunteering with the group regularly. He helps out at every activity he attends, as well as at meetings. He speaks highly of the group, saying that it is a "really good idea" that is helping lots of people and is good for the community. The neighbour who originally referred P has commented that the group was 'just what he needed'.

- 3.68 One community group established for local Asian women (Gup Shup) was particularly concerned that as a cohort these women could be very isolated from community activities and awareness:

"So they never get to hear what's going on in the community or at the police awareness meetings (...) We arrange for these people to come and talk to them at the women's activity meetings, and that has grown into doing other things like getting people from the NHS to come and talk about breast health awareness."

- 3.69 The women who participated in Gup Shup were getting together to knit or do embroidery, and were sharing their skills in such crafts. They were also using them to produce blankets for a local baby care unit, and the group was simultaneously being used as an opportunity to communicate with and reach a group that would otherwise be highly marginalised. It had

taken time both to establish the group, and to work with the women to understand their needs and aspirations:

“But now we’re getting a core of 10-15 people who are there every week, which means we’ve got a basis on which to develop an opinion of the group. And we’re not doing things for them; it’s them that are driving what they want.”

- 3.70 The women had identified a wish to establish a community allotment where they could grow their own vegetables, and it was hoped that this would act as a catalyst to bring the group together as a committee to organise themselves. The value of supporting the groups was believed by the local authority to lie in broad wellbeing and preventive dimensions. Enabling potentially vulnerable and isolated people to engage in their community potentially addresses some important mental health benefit, and “delay the onset of people needing home help or day care.”
- 3.71 It was recognised that in this community older men were another hard to reach group, and whereas women will get together “the men just stay at home and vegetate.” Focusing on local resources such as bowling clubs and cricket clubs was seen as one possible route for trying to engage with this part of the community and enable them to participate more fully.
- 3.72 Two of the projects (SOS Global, and Ulnes Walton) were explicitly addressing inter-generational dimensions and seeking to achieve better integration and understanding between young and old. As a social enterprise that develops training programmes “raising awareness of health and social issues and promoting positive and healthy lifestyles for youth and communities,” SOS Global had experience of working with young people. The move into connecting generations was a new venture.
- 3.73 Two initiatives (Safer Internet Day and a dementia awareness course) were developed in the course of the project. The Safer Internet Day was judged a success both in imparting skills and promoting intergenerational contact, as this interviewee commented:
- “It was absolutely brilliant, and these kids learned a bit from the older generation, and definitely the older generation learned so much – especially about computers.”*
- 3.74 The dementia project was focused on improving the understanding of volunteers about what dementia is and how it affects people. There were plans to visit to care homes to use the concept of ‘Memory Cafes’ and music to improve the engagement and quality of life for residents with dementia. However, this has proved challenging to achieve and care homes were reported to have reacted to the offer with suspicion and hostility.

- 3.75 Facilitating contact and social inclusion between people is surprisingly challenging even in small communities where it might be assumed that social capital is woven into the village fabric. The experience in Ulnes Walton is illuminating:

“I’ve lived in this village for 28 years now and it’s only recently when I’ve stopped working and I’ve started thinking about it. It’s not a village, it’s just a collection of houses, you know, it’s called a village – but it would be nice to have a village atmosphere where people know each other, and you can say ‘Hello Mrs Suchabody!’ And really, when you’re working, you don’t have time to think of things like that. You couldn’t care less – that’s where the apathy comes from.”

- 3.76 Indeed, apathy was seen as the major obstacle to improving social capital. In this particular village there had been little community activity or socialising until the last couple of years when attempts were made to organise a Christmas meal for older people and establish Bingo and Beetle-drives. The support from Skills for Care had provided the pump priming to move things along with the result that “no we’re trying to do [some activity] every couple of months. The transformation was apparent:

“People talk to each other. We just had an ‘over 65s’ meal last week (...) and there are people that come that never see each other from year to year, and yet they were schoolchildren here in the local school. And they love it; the old folks absolutely adore it. They talk to people they haven’t talked to for years.”

- 3.77 Overcoming social isolation was also a central theme in other projects. The associations between loneliness and increased risks of poor health and mortality, particularly among older people, are attracting growing attention (Bennett, 2002). The Campaign to End Loneliness is a coalition of organisations established in February 2011 and working together “to inspire individuals to keep connected in older age” (<http://www.campaigntoendloneliness.org.uk/>). Another of the projects also addressed such matters through organising community lunches particularly aimed at the older population:

“We laid on some community lunches and that was a case of getting people out of isolation really and getting them together and getting them to talk to us (...) we had about 60 people and we really did get some people that [never go out]; one lady actually said to me I’ve just met my neighbour I’ve not seen for 20 years, but they live 200 metres apart from each other!”

3.78 The work with the Cook and Eat project in Fleetwood has been mentioned previously in terms of the skills that participants developed, but the benefits went wider, as this person remarked:

“There’s definitely an increased sense of confidence and self-esteem, you know – some members have been saying ‘well, I feel really involved in something now, you know, and I don’t feel as isolated.’ Because they’re not just coming to pick up a parcel or learn how to cook, you know, they’re coming together to try and replicate that for other people.”

3.79 People also appeared to be more aware of and connected to the wider community:

“Because we’ve done this intensive work with them we started to see that they’re encouraging one another in the group to refer to us when they’ve got an issue. So to me, that tells me that they’re much more aware of what’s going on in the community, what’s available and how to access it.”

3.80 Involving people in the community and improving their quality of life is also a central feature of the approach of Eston Residents Association. The Eston group have involved a local residential home as part of their contribution to ‘Britain in Bloom’:

“They’ve been involved for the last two years and the older people there, they’re involved with our In Bloom. They’re growing their own plants and they’re growing some of their own fruit, which they’re cooking in the kitchen at the home. And, I mean, an elderly lady there, she told us she was so pleased she’d got involved with us and it gives her a reason to get out of bed on a morning.”

3.81 As we have already discussed, facilitating the social inclusion of all groups in the community has implications for the skills and understanding of people who can make such participation more or less difficult. The situation of people with learning disabilities was a particular concern, and the difficulties of people participating in society if they cannot use routine services such as banks or shops were highlighted. An interviewee from the Keyring project described the situation for people with learning disabilities trying to use bank facilities on their own:

“We’ve had people who’ve had issues at the counter and staff have said ‘can you just use the cash machine’. These are people who maybe are not very comfortable or familiar with cash machines, but they walk away because they’ve been told and then they’ll kind of stand about at the cash machine and think I don’t really know what to do here.”

- 3.82 The need for bank staff to be aware of how to respond to someone with a learning disability and how best to enable them to use the bank's services could make a great difference to such experiences. People who use facilities with the help of a support worker are likely to have better experiences than those on their own, but even in these situations there is a need for improved awareness and understanding, for example:

"I'm always a bit uncomfortable when people talk to me [the support worker] rather than the person. I've often gone into banks and things to support someone with an issue and [the member of staff] will often completely address me and ignore the person."

But some other staff are much better in their approach:

"Equally, I've been in that same situation in banks where they've completely ignored me and just talked, you know, directly to the person I'm with. And as long as they've not asked me for any help and advice I've just sat there and kept out of it; they've done the business and sorted it and it's done. So you do get completely different reactions."

- 3.83 The Timebank project in Somersham anticipated that it would be particularly focused on supporting older people and enabling them to better participate in the community, but in practice it became apparent that "it has to be a whole community thing." The scheme had reached out to sheltered accommodation to try to build better linkages with the wider community, although this had not been easy as the report on the project noted:

"[the coordinator] went to visit the local sheltered housing scheme to explain the Timebank and how people can get involved, additional leafleting has targeted the bungalows where many older people live. [She] has also worked with colleagues who support carers to encourage them to get involved with the Timebank. Despite significant effort it has been challenging to recruit members from these groups."

- 3.84 Experience from other Timebanks was believed to have been similar and that as groups become more established, people's trust and interest increases. The Somersham group was intending to continue to have contact with older and vulnerable people and to encourage their involvement.

- 3.85 The inclusiveness of the timebank concept is seen as one of its greatest strengths. As this person remarked:

"Anyone can contribute, and it actually gives you a really good sense of self wellbeing and stuff like that."

- 3.86 People who joined the Timebank were motivated by the opportunity to meet new people and to be better connected to their community. This had been encouraged by the organiser arranging regular ‘meet ups’ in a local café and pub:

“These have proved popular, not only is this helping to tackle social isolation, but it is also developing relationships and trust between members who are feeling more confident to do exchanges.”

- 3.87 Creative responses to address social isolation are emerging through the Timebank, including the formation of a local rock choir, monthly social gatherings and plans to establish a community orchard.

- 3.88 Being able to make a contribution was similarly seen by MacIntyre as a key feature of the success of The Experience Tree which simultaneously improved participants’ quality of life while also involving them more fully in their community:

“It’s more kind of moving away from always making them a service user. We don’t want them to be receiving a service when they go and have an experience, but for them to be part of something. So it’s not just this is another service that you can be on the receiving end of in your life; it’s that you are able to be part of something and be responsible and contribute.”

- 3.89 A Skills for Care project manager similarly acknowledged the difference that The Experience Tree could make to people’s lives:

“(…) the difference it’s actually making to people’s lives is very, very clear. And you know, you only have to have a conversation with somebody who now has a weekly interaction with the theatre and has learned how to use a drill, and to know the joy that that brings him in his life to think this is worth doing. (...) It gives me a good feeling because I think, oh well, that’s actually true evidence of a difference that somebody is making.”

- 3.90 We have highlighted some of the major experiences of participants in the ‘early adopter’ projects, and particularly in terms of the positive impact on individual quality of life and opportunities for social inclusion. The stories indicate the profound difference that developing and sharing skills can make in people’s lives, and also underline the fact that even small changes can take a considerable time to be realised. Who benefits from projects is also a multidimensional equation. In addition to the improved quality of life that was achieved by people using (or at risk of using) care and support services, there were

also intrinsic benefits and value for those participating as employees, volunteers or as part of the wider community. We turn now to explore some of these additional aspects.

c) Voluntary activity

3.91 In several of the projects there was not a clear division between volunteers and people being supported. Access Dorset, for example, was concerned with promoting independent living for disabled people. As a user-led organisation, the volunteers who were leading the project were themselves disabled or elderly people and a central focus of the project was on training volunteers to be peer supporters and advocates.

3.92 Other projects were reliant on volunteers to provide the main support to people using care and support services. Herefordshire (South Wye Regeneration), for example, made use of volunteers to support the older people's community lunch event. There was clearly significant value for the volunteers in their participation:

"We got lots of volunteers to take part in that event and support us, and they just felt good about it (...) you know, there's volunteering and there's volunteering for a reason, and the people that volunteered for this event really enjoyed it and felt they made a difference."

3.93 Some people who were involved in the 'Turkey and Tinsel' lunch subsequently became more involved in other voluntary activity and the opportunity to acquire new skills and experience was seen as a particular benefit:

"And what we're trying to promote really is this is improving their skills, particularly for people that are desperate to get back to work (...) So we want to get all the volunteers that take part in all of these projects to have a Volunteering Passport, and some of that will include – they took part in a course and got an OCN qualification, but it could be that you actually get signed up to say that they volunteered up in the volunteer centre and they led the signposting project (...) we want to give these people something out of it that they can take along positively when they go for a job."

3.94 Improving the skills of people to increase their chances of paid employment was an important objective. However, at the same time it was recognised in various projects that reliance on volunteers was a double-edged sword. When volunteers leave to get paid employment, community organisations can "really struggle" to keep going. The experience of Turning Point in recruiting paid Community Researchers has been highlighted previously,

and certainly paying people for their involvement was seen as “a huge motivating factor to keep people involved.”

- 3.95 Some projects had challenges in developing innovative approaches that were seen as ‘treading on toes’ of other organisations and their volunteers. The Timebank in Somersham, for example, described the need to get other organisations and community groups to understand the objectives of the Timebank model:

“That was quite a challenge – getting to speak to them and getting them on board, or at least understanding what the concept behind timebanking is and that we’re not out to kind of take over anything or tread on their path or anything like that.”

And

“And there were some individuals who had a very clear idea about volunteering, and couldn’t see how does this fit with volunteering?”

- 3.96 In fact, the flexibility of timebanking can make it easier for people to engage with than might be the case with other voluntary activity that might require a regular commitment of time:

“You don’t have to like very Tuesday at two o’clock go and do something for somebody – you know, it fits in around what you’re doing.”

- 3.97 The timebanking model differs from much other voluntary activity by deliberately emphasising mutual benefit and co-production (see Box 6).

Box 6

The appeal of Timebanking

“I went out and spoke to as many community groups as I could, and I think Timebanking speaks for itself really because it’s such a give and take; a take as well as a give. But – and I love this concept – people say to me ‘oh yeah, but I don’t need anything for myself’, and I say – even by taking something, so you know if you help somebody by doing their garden, you’re helping that person. You’re giving something to that person, but by taking something you’re enabling somebody else to feel really good about themselves and to feel wanted or needed within the community, and that’s really important. So Timebanking is like giving twice, not just the once.”

- 3.98 People who might not otherwise volunteer, or who feel they are already ‘doing their bit’ may be drawn in by the prospect of being able to benefit as well as give. This is particularly the

case when the focus is not only on getting help with 'menial jobs' around the house or garden, but with benefiting from the skills of others that might include "cooking workshops and djembe African drumming and singing lessons."

3.99 Using volunteers, or increasing voluntary activity were not explicit objectives across all of the projects, and indeed for many what was central was the concept of 'community' and of expanding the reach of community to involve more local people. We conclude this section of the report by exploring the sense of community and how it evolved in the course of the programme.

d) Sense of Community

3.100 Trying to 'build a sense of community' was a strong motivator across several projects. Whether in rural or urban areas it was evident that community was often difficult to achieve and fragile both in concept and practice. As we highlighted at the beginning of Section 3, the majority of the projects were focused on a 'community of place' and often on a particular small area within that community. In part this was about putting boundaries around what might be achieved by a project and what would be realistic. The experience of three of the projects is particularly illuminating.

3.101 Some of the projects had a considerable history that pre-dated their engagement with Skills for Care. Eston Residents Association, for example, was marking its 15th anniversary, and understanding how such grassroots organisations come into being is important in also understanding the significance of community within their ambit.

3.102 Eston Residents Association (ERA) has no 'centre' or main building, but operates through meeting in members' homes. This was something that was believed to have helped in gathering residents and served to 'glue us together'. Box 7 describes some of the features of Eston and how the ERA came to be established.

3.103 The powerful sense of civic pride which the residents group has been able to re-establish is reinforced by their success in Britain in Bloom (including representing the North East of England). The opportunity to engage with Skills for Care was seen as a chance to continue to build on work that had been ongoing for 15 years in developing and strengthening the community.

Box 7

The community of Eston

“Years ago, Eston was a little village. It was brought about with the birth of the ironstone in the area, and it was likened to the California Gold Rush in the late 1800s. So people came from all over Britain to live in Eston and it grew from a village into a town. And then we had all the industry and we were quite a rich area, right up to I’d say the 1970s, because we had ICI and the shipbuilding and everything. And Eston Urban District Council – well, you could eat off the streets! If you ask people, older people, that live in that area; I mean even myself – I can remember as a girl – I grew up in Eston. It was a beautiful village and it grew and grew, but then the fall came.

They took Eston Urban District away and brought us into Teeside, then Langbaugh and now Redcar and Cleveland – the local identity absolutely went. And the shipbuilding and the steelworks and ICI it all went, and back then if you lived in the area you either worked in the shipyard or you worked at the steelworks, or you worked on the industrial complex (...) whole families lost their jobs, in one fell swoop we lost everything. I would say from the beginning of the ‘80s we started to slide and we became categorised as one of the most deprived areas in the country.

And I think what it was, the residents association started because we went to the council and said can’t we do something about this if we work together? It was coming up to the 150th anniversary of the finding of the ironstone on Eston Hill, but there was nothing to show for it, nothing to mark it, you wouldn’t even know where Eston was. So we went to the council and we formed a group in the community (...) and we thought, right – we’ll start doing something ourselves. And we’ve worked from our homes (...) and we’ve got heritage trails throughout the community, we’ve created that; we’ve worked with the schools and other people, and people have a great sense of pride in it.”

3.104 The Timebank project in Somersham grew out of a wider concern with issues of localism. Initially, people were resistant to and suspicious of the concept (as will be explored in Section 4), and were particularly concerned that localism was more about cost-shunting than devolving power. In a ‘vibrant community’ that was already doing a great deal, there was concern about the council apparently asking people to do more. The Timebank offered a way of developing the community and promoting localism but through a more indirect approach:

“I think we soon learned that actually rather than trying to push localism we needed to raise the social capital in the community to allow localism to happen. And actually Timebanking seemed a really ideal way of raising that social capital.”

3.105 The Timebank was able to build on the foundation of existing community groups and initiatives rather than having to create a community from scratch. The fact that there was local political interest in localism and community-led planning created the preconditions for the Timebank to take root, as this person described:

“It was that leadership and that vision, and actually the buy-in and the enthusiasm about all the projects and all the ideas that we ever brought to this table that actually made it a reality. Because I think we could do exactly the same and pick it up in a parish exactly the same but without someone with that enthusiasm and motivation it wouldn’t have worked.”

3.106 The Gentoo housing association in Sunderland and its work with adaptive coaching has been previously discussed. However, its experience with understanding and working with local people and their definitions of ‘community’ was a major feature of the project’s development. The intention of the project was to focus on two adjacent communities of Peat Carr and Moorsley, but it was soon apparent that for the residents these were entirely separate:

“When we started getting into it – they’re two distinct communities (...) we [the housing association] operate it [as one] because to the service providers it’s one place, it’s one area. But for the residents – it’s perceived as two.”

3.107 There were boundaries between the communities that might be defined by particular features such as a road or a public house, but they were boundaries determined and understood by the local community which could not be ignored. This was challenging for the aspirations of the project and the hope, for example, to extend a neighbourhood agreement that existed with one part of the community to include the other, but residents did not want to lose their separate identity. As this interviewee remarked:

“So when I did the review [of the neighbourhood agreement] and it came back ‘No’, I basically turned around and said that’s fine, we have to accept that. It’s not for us to say that’s your neighbourhood; it’s the community – it’s them who decide.”

3.108 ‘Community’ is a term that is often used loosely and with little thought for its meaning or implications. The experience from the community skills development and neighbourhood workforce planning initiative is that whether in relation to a community of place, community of interest (or both), clarity is essential. Without ownership and commitment from the community in question, the chances of successful development are slim. Again, we will return to these themes in Section 4. It is also evident that the pace of change has to be driven by the community, and recurrent messages across the projects were that things take

time to deliver, and sustainability needs to be built in from the outset. As an interviewee commented in relation to the Timebank:

“You have to be in this for the long game. This isn’t going to be a one year project that you’re going to see fantastic results from after 12 months; it’s got to have time to grow. And unless you’re going to commit to that long process, then there’s no point in starting I don’t think.”

3.109 The report has looked in considerable detail at the outcomes of the projects for people and communities. For many of the projects, work was still in progress and it was too soon to judge final outcomes. However, it is clear that there were considerable subjective outcomes for participants in terms of skills and experiences; in behaviour and in social participation. For many participants these changes were profound and the difference they and others reported in their lives were substantial. If such changes are to be maintained and scaled up it is important also to understand outcomes achieved for organisations and partners, and strategic changes delivered in policy and practice. We turn now to explore these dimensions.

4. Organisational and Strategic Outcomes

- 4.1 The motivations for organisations to participate in the Skills for Care programme were various, but in various ways many of the projects anticipated that there would be benefits to people using – or likely in future to use – health and care support, and that reliance on formal services might be reduced through better use of social capital. Some cost savings might be expected to be generated but other benefits might also accrue including: increased preventative support and investment; improved joint working and partnerships; improved understanding of the community and the place of social capital; greater awareness of skills development and its contribution in the community. We explore these and other related issues below.

Reducing Reliance on Services

- 4.2 Interviewees were generally sceptical of crude approaches to substitute volunteers for paid staff, or to put greater demands on voluntary services as a means of managing austerity measures in public services. This was particularly the case where projects were based in organisations with a campaigning role. During the lifetime of the programme there had been considerable political discussion and rhetoric around the idea of the ‘Big Society’, and while welcoming the increased attention on community and social capital, many people expressed frustration at the current vogue for things they had been doing for years without any central exhortation, for example:

“A lot of us are a little bit sceptical about the Government’s meaning around it all anyway. Everything’s being driven by cuts and stuff at the moment (...) but we’ve always been volunteering; we’re very proud of the fact.”

And

“We sort of all rolled our eyes when the ‘Big Society’ agenda came out! We went, what? That’s been happening for years, come on (...) we’re getting on with this already.”

“We do have very, very good connections with our community and we know our community here very, very well, and we have delivered across the Big Society agenda really before the Big Society came into play.”

“We just wanted to tell our story because we think that (...) you don’t have to do a lot to make a difference or to be involved (...) But sometimes there’s too much talking and

meetings (...) and people in these highbrow meetings they don't understand really what's going on, they haven't got a clue."

- 4.3 For others the increased focus on community and social capital provided opportunities and leverage:

"I think the idea is sound, and in fact that's what we are really doing here (...) but we wouldn't have been doing it to the extent that we are without the funding to help us."

- 4.4 Another interviewee (from Turning Point) commented that it is not enough to assume that the community can simply substitute for service withdrawal because there is a lead-in time necessary to invest and develop capacity:

"Unless there's a method or something similar to Connected Care to work out what local skills are, helping people recognise those skills and then find out how they can fit in to local needs, then actually it's not going to happen; people aren't going to instinctively do it."

- 4.5 The concept of preventing the need for more intensive or formal care and support was referenced by several projects. Demonstrating evidence of achievement is difficult, as wider research on prevention in social care attests, and would really require a comparison of an intervention and control group. However, as the experience in Calderdale underlined some "remarkable transformations" were observed in people making use of activities and groups at a much lower cost than for traditional day care services.

- 4.6 Similarly, the work of N-Compass Northwest was that although the Cook & Eat project was not set up to substitute for statutory services, but:

"I think it could be argued that they're definitely meeting some statutory aims; so the fact that they're providing, you know, food to the vulnerable and teaching them how to cook, I know will meet some NHS objectives and local authority objectives in the sense of you know, they're not as isolated (...) and they work towards improving health and wellbeing."

- 4.7 The Timebank in Somersham had also attracted the interest of a nearby MIND branch that had recognised the potential of involvement for people with mental health needs who could make a contribution but also benefit in terms of wellbeing and social inclusion. More broadly, it was recognised that the Timebank model fitted well with objectives in health and social care, and had potential for wider roll-out as this interviewee remarked:

"I think that's why Somersham is such an important pilot (...) there is an appetite for this and it ranges from housing providers to public health consultants, to social care and community

engagement, it's kind of the whole spectrum (...) And within social care at the moment we are looking at our early intervention agenda, and social isolation is that key aspect that can tip someone from having good health to ill health."

- 4.8 Some projects (notably Ulnes Walton) had begun to explore value in terms of the savings they represented in providing services that might otherwise need to be provided by formal services. Such methodologies were at a very early stage of development of crude costings, but begin to demonstrate the added value of social capital and can be an important contribution to dialogue with local commissioners.
- 4.9 The Somersham Timebank had also explored Social Return On Investment (SROI) and value for money. SROI methodology examines the social, environmental and economic value and the social benefit to all stakeholders, rather than just looking at revenue or cost savings (NEF, 2010). Analysis undertaken for the Think Local Act Personal partnership (Knapp, Bauer, Perkins and Snell, 2011) on the economic case for developing community capacity explored the value of Time banks alongside that of befriending and community navigating schemes. The results of modelling suggest a cost per time bank member of less than £450 per year, and a potential economic value in excess of £1300. This was regarded by the evaluators as a conservative estimate "since time banks can achieve a wider range of impacts than those we have been able to quantify and value."
- 4.10 It was decided that a detailed SROI analysis for the Somersham Timebank would be too demanding and would change the nature of the coordinator role from being a 'doer' and focusing on community engagement to "someone who's kind of just trying to track what everyone's doing and reporting, and it felt that the balance wasn't right for this size of project." However, work was being undertaken to address questions of value for money, and considerable emphasis was also being attached to subjective measures and case studies of people's experiences.

Joint Working and Partnerships

- 4.11 Many of the projects referred to the benefits of 'stronger partnerships' developed both between individual participants, and at organisational levels. However, the programme was also taking place at a time when many organisations were experiencing considerable financial pressures alongside increasing demands. The significance of needing to focus on "personal and organisational survival" created particular challenges for some and created difficulties in delivering the project objectives within the timescale.

4.12 The use of buildings can be an important aspect of partnership, particularly in areas that have few resources available for community use. The experience in Ulmes Walton epitomises the difficulties which the loss of a meeting venue can have on a community. The community is geographically spread, with very limited public transport and limited opportunities for people to meet outside of formal group events “and following the closure of the social club on the estate this has been exacerbated.” The contribution of such facilities to supporting active and inclusive communities has been underlined by the White Paper on care and support (HM Government, 2012). Promoting innovative use of community venues, it is argued, “will help to reduce social isolation and increase connections” (P.24).

4.13 The work of Dimensions in supporting people with learning disabilities took them into a new territory of potentially engaging with the wider community rather than just with people using services. This was entirely new ground and was correspondingly challenging, as this person commented:

“The idea of creating a learning opportunity of some form for people for whom we are not directly responsible, for people who don’t bring us any income, for people who don’t have a formal relationship with us – that’s a total departure from our norm.”

4.14 While acknowledging that they had failed to appreciate at the outset the difficulties that engaging with this wider community might create, nonetheless embarking on such a journey was exciting and satisfying. There was also major potential to engage more widely with the community and general public, having focused in the project solely on raising awareness and understanding of learning disability in “places that we know people we support go to.” The Keyring project was aiming to achieve similar objectives, focusing particularly on local banks, but experienced difficulties in engaging or establishing partnerships with the banks.

4.15 The transfer of public health responsibilities to local authorities and the consequent requirements for joint working around health and wellbeing issues, were recognised by many of the projects to create new opportunities for partnership development as the following comments demonstrate:

“We’re working with public health because of course public health is coming into the local authority more and more, so we’re working as much as we can with that body.”

“There is a Health and Wellbeing Strategy being drafted, and I would hope that this would fit hand in glove with it.”

And

“A couple of months ago there was a workshop about asset based community development and anything that comes up like that I’m always very keen to get representation on because of our experience in doing this piece of work.”

- 4.16 The Turning Point project was also focused on identifying health and social care needs in the community and was working alongside public health commissioners:

“The response was really quite positive in that they’re very pleased with the work, they felt it was a lot of really useful information and they’re very keen to act on that.”

- 4.17 Nonetheless, there was a strong sense that the pace of progress had floundered not least because of major changes and structural reorganisation of the local health service and change of key personnel. The failure to see tangible action as a result of the needs audit was clearly a frustration for the Community Researchers who had worked on the project, although there was a hope that other initiatives would emerge as a consequence (notably a Timebank). Nonetheless, there was a confidence that the project had value and that health and care commissioners saw it as having a positive impact, and change was likely in the longer term. The agenda had also moved on during the lifetime of the project, and what started out focusing on community-led commissioning and identifying what local services existed and where there might be gaps, had evolved into a wider awareness of social capital and community based assets. As this interviewee described:

“I’m also looking at the social cohesion side and the neighbourly stuff and the befriending and the time bank – all that kind of stuff that’s a little bit different to community-led commissioning.”

- 4.18 MacIntyre’s Experience Tree initiative was arguably all about partnerships, and developing partnerships in order to facilitate experiences for people with learning disabilities. It was readily acknowledged that “we don’t engage enough with the local community”, and developing partnerships with local businesses had been key. In addition to people with learning disabilities being enabled to participate in work-related opportunities and to acquire new skills in the process, the project has benefitted partner organisations. One such company has had people contributing to simple office tasks (such as preparing meeting rooms; delivering post; preparing items for shredding; ensuring stationary supplies are adequate, and as an employer acknowledged the value of participating in the MacIntyre project:

“I think it’s really opened our eyes; we’ve just been pleased to be of use to you and it’s also proved a point to us because it saves us a lot of time doing a lot of jobs.”

And

“A long list of jobs that needed to be done and we never got round to doing and now they’re done regularly which is absolutely brilliant.”

- 4.19 A change in roles and relationships was also a feature of the experience of Gentoo and its Adaptive Coaching. Developing a different model of partnership with groups of residents transformed the perception of the housing provider from just being ‘the landlord’ to something more positive:

“We have areas where Housing staff are viewed very suspiciously (...) it’s always a negative connotation, and basically I think the breaking down of that perception is a big thing for us, and I think through interventions like this we’ve actually started that journey. Residents are seeing us in a different way, so when they see housing staff now out on the estate they’ll say hello to them (...) you know, there’s a different relationship, different dynamic.”

Timeliness and Sustainability

- 4.20 At various points in this analysis we have alluded to the pace at which the projects progressed and the fact that, almost without exception, developments were slower than the projects had anticipated at the outset. Given the nature of the concepts that were being introduced and the new models of working that were being tested, this is not surprising. While many of the project leaders expressed frustration that they had not been able to achieve more in the time available, or wished that they could start anew equipped with the knowledge and insights they had acquired, it was also recognised that hearts and minds cannot be changed overnight. As the Gentoo experience demonstrated:

“We’ve learned a lot from our intervention through this model around sustainability – not assuming too many things, giving people the space. You know, it’s okay for things to go wrong and I think we shouldn’t beat ourselves up about that.”

- 4.21 What would happen next and whether achievements could be sustained was also a central preoccupation. Skills for Care had deliberately kept the funding to individual projects on a modest scale for two reasons. First, because it was believed that change could be

achieved without major investment, and second because it did not wish to create dependency on one funding stream that could lead to organisational failure if it could not be replaced. The logic for this model was recognised by participants who had often experienced the consequences of funding withdrawal, for example:

“I’ve got quite a long background in community development work, and I’ve worked in the past for local authorities so I’ve experienced a number of occasions where a project is started for a two year or three year period – money is thrown into a local community, things are built up, and then of course at the end of the funding, there’s no exit strategy.”

4.22 The projects were also not intended to be especially created for the purpose of Skills for Care, so much as using existing projects or initiatives as opportunities to explore the community skills development concepts. While this was again intended to avoid over-reliance on Skills for Care resourcing, there was a risk (at least with some of the projects) that the focus became a little lost along the way or the project was subsumed by other activity and demands.

4.23 Given the short-term nature of funding it was also important that projects could ‘hit the ground running’, and this was a factor that certainly some of the projects had considered before applying for consideration, as the Timebank team explained:

“We were very aware that it was very short term funding, so we needed a community that was already warmed up to the idea of localism, rather than going in completely cold (...). And X highlighted the excellent work that was happening here and the fact that there was real community leadership and community buy-in as well. So it seemed like the perfect place to start the timebank really.”

4.24 Several interviewees referred to a sense of bewilderment or uncertainty, particularly in the early stages of the programme, and ‘not really knowing’ what they were doing or what was expected. However, having experienced the programme and seen it work, some of the project leaders felt better equipped to respond to the emerging agenda, for example:

“I feel this work has prepared us now; I sense some different projects coming along around asset-based community development (...) and I think it just equips our organisation to be able to apply for those kinds of projects because we’ve been involved here.”

Another similarly remarked that the skills that people had acquired through the programme would be of added value in other contexts, including in finding paid employment:

“It’s kept them involved; it’s kept them in employment, which they’re desperate for because they really struggled to find work (...). They’re also the sort of skills that are quite transferable in terms of employability.”

Understanding and adoption of models

- 4.25 At the beginning of Section 3 we explored some of the conceptual struggles that participants experienced in understanding terminology and applying the tools around community skills development and neighbourhood workforce planning. For some projects this was less of an issue, particularly if there was a history of community development activity. As we have discussed previously, the idea of ‘skills’ was by no means straightforward and there was widespread difficulty for projects in helping people to understand that their life experience represented a rich source of skills and assets. There were similar challenges around the terminology of the ‘workforce’, and some concerns that this could be misleading, as this person commented:

“In terms of ‘workforce’ – it’s a bit of a strange one to unpack. I mean you’re sort of talking about community members, volunteers that could be mobilised to support adults and vulnerable people in their own community. So, there needs to be some sort of snappy phrase, because that’s really [a long-winded description], but I’m not sure ‘workforce’ is quite right because it does imply – well, it does sort of lend itself to the Government’s agenda of getting people volunteering as a workforce.”

- 4.26 In this situation there had been an avoidance of the use of ‘workforce’ in favour of emphasising community skills:

“...saying it’s about the skills within the community, it’s about developing and building on those skills, supporting you to support each other. That goes down more easily.”

- 4.27 For some organisations the model of working – if not the detail of the content was a familiar one they could embrace, for example:

“I think from our own experience, we’ve kind of worked in a similar way for a number of years (...) we kind of read through and thought, oh year here’s something that we’re kind of involved with (...) In a sense we approached it in the same way that we would approach any piece of work with our members – getting together, document it, then pull it together in a sort of plan.”

4.28 Others acknowledged that they had found the use of templates or a toolkit ‘a bit of a struggle’ and would have welcomed more guidance. There was clearly a tension between wanting to test out some concepts in a range of settings while also giving freedom to interpret and apply as appropriate. Some projects had greater confidence than others to diverge from the templates and develop their own model. The experience of N-Compass Northwest, for example, was not to use the template to develop a neighbourhood workforce plan, but to use the underlying ideas to inform a visioning event using a ‘wish tree’:

“All the group members came together after we’d done the individually identifying skills, and we asked them ‘well what are your group aims, what is your vision?’ (...) so we had this big wooden tree made so it was very visual for them (...) that was used to input into what you could say is an amalgamation of your ‘auditing existing skills’ and your ‘neighbourhood workforce plan’ [templates], and we’ve called it the communication action plan/community skills development.”

4.29 Understanding the experience of practical application of the tools and concepts is clearly important for Skills for Care in taking forward work around community skills development. In particular, being able to adapt the language of knowledge and skills to suit different environments, people, organisations and structures is crucial. Recognising that there are multiple models of communities and that different contexts will be important mediating factors does not, however, mean that there is not something distinctive about skills in a neighbourhood context that needs to be better understood and disseminated. If the terminology of ‘skills’ and ‘workforce’ is too loaded or contested it may be worth developing consensus and shared understandings around a new lexicon in the context of care and support transformation.

5. Conclusions

- 5.1 The key findings and experiences of the early adopter sites have been examined throughout this report; in this final section we draw together some of the main conclusions. Since Skills for Care began to explore issues of neighbourhoods and community skills development in 2010, these issues have become increasingly central to the policy discourse, particularly around adult social care, and wider health and wellbeing. The emphasis on developing social capital and on nurturing active and supportive communities is also being recognised as offering added value by enhancing health and wellbeing both for people being supported by community-based support, *and* for those people providing their time and skills.
- 5.2 The diverse fifteen early adopter projects have demonstrated both unique and shared experiences. It is important to identify these dimensions if the programme is to be both more than the sum of the parts, and if it is to generate wider conclusions in taking forward similar work. There is much that Skills for Care will wish to reflect on in terms of the experience across the programme, and what in particular should inform future developments and how best to manage, resource and support programmes of this type. These messages are being addressed internally and are not detailed here.

Policy and Practice Messages

- 5.3 If the development and promotion of social and community capital is to go beyond the level of rhetoric, there are some practical issues around how best to stimulate and support innovation. As the experience of the Skills for Care Programme has demonstrated, conceptual issues and terminology can impede or facilitate practical developments depending on people's knowledge and experience. Similarly, tools and resources can offer useful support if they are user-friendly and flexible, but there are no 'quick fixes' in toolkits or templates that will automatically work in every context.
- 5.4 Adopting a skills-led approach to social and community capital development offers a distinctive perspective. Recognising the value of people's experience, knowledge, and individual and collective assets, can have a positive impact both on people and their communities in profound and sometimes life-changing ways. Identifying the outcomes of this work is at an early stage; the qualitative evidence we have drawn on in this report provides a rich account of change and of the value of social investment in people's lives, but is still a long way from quantifying impact. The evaluative framework developed by

TLAP (2011d) provides a potentially useful model for identifying what has been invested; what activities take place; what happens as a result that would not otherwise happen (in respect of social networks; membership of community groups and associations; what it's like to live here, and making a contribution). However, as we have described in this report, the reality of local initiatives and projects is often less structured and more organic than such a framework might require and untangling cause and effect is rarely straightforward.

- 5.5 The relevance of this programme of work to the wider care and health agenda has grown over its lifetime. The vision of the White Paper for care and support recognises the vital contribution of communities and the scope for both drawing on those skills and resources but also strengthening and developing them:

“Supporting active and inclusive communities and encouraging people to use their skills and talents to build new friendships and connections is central to our vision for care and support.” (HM Government, 2012, P.22)

- 5.6 The White Paper references examples of local area coordination, connected care or asset-based community development that can be built on “so that approaches that promote support within communities are strengthened and developed across the country.” The experience of the Skills for Care programme that has been explored in this report demonstrates there is much that the community *can* contribute, and that an asset or skills-based approach has particular value. However, it is also apparent that community initiatives of this nature take considerable time to establish and grow, and that the scale of development is often extremely small. It is not possible simply to scale up such initiatives without investing in the support and infrastructure that projects require. The start-up funding through the Health and Social Care Volunteering Fund may be helpful in stimulating and encouraging time sharing schemes, but the very nature of community-based social capital is such that it cannot be created overnight. These are particularly important caveats to consider in the context of promoting the use of Social Impact Bonds – over what timescale is it appropriate to look for a return on investment, and how can intermediate and qualitative outcomes (such as enhanced self-esteem) be recognised alongside more tangible outcomes such as a reduction in numbers of people being admitted to hospital or requiring long term care?
- 5.7 Community capital can also be extremely fragile and reliant on one or two charismatic individuals for its existence. A local or personal crisis can be hugely disruptive of community initiatives. This was evident in the course of the programme on a number of fronts; in local authority-based projects the impact of job demands, staff turnover and

managing local budgets at a time of increasing austerity was clear. Community-based groups were particularly vulnerable to factors outside their control – such as the loss of a building on which they had relied for meetings and as a shared facility, or the loss of a major funding stream, or the loss of a leading local organiser because of personal commitments or ill health. All of these variables can cause the collapse of local initiatives unless there has been investment in building resilience and developing the skills of a range of local partners who are then able to step up. Similarly, although a measure of success might be that local volunteers are equipped with skills and experience that enable them to become economically active, the impact on the local resource of available voluntary support can be significant.

- 5.8 Finally, the very features of communities that may be integral to the successful development of social capital, may also be the same ones that are most at risk from attempts to co-opt initiatives or formalise them through a government-led programme. The rich experience of local communities (often built over decades), and of community leaders often prompts scepticism of political fashion and policy jargon that take insufficient account of local skills and knowledge, or that is believed to exploit good will and altruism.
- 5.9 None of these considerations is offered as an argument against health and care policy and practice promoting social capital and supportive communities, but it *is* to make the point that such development cannot be treated as an optional add-on but that it needs to be embedded in a strategic vision for whole communities and supported to grow for the mutual benefit of all citizens.

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Appendix 1: The early adopter sites

The following summaries were written by the projects to describe their organisations and objectives.

ACCESS DORSET

Access Dorset is a charity, an umbrella organisation of User Led Organisations (ULO's) that is seen as key to the Reablement Strategy, the re-structuring of day care provision and the Transformation of Social Care in Dorset. Access Dorset works to enhance the lives of disabled people, older people and carers across Dorset, Bournemouth and Poole.

Collectively the partners in Access Dorset provide all the services expected of a Centre for Independent Living, including:

- Information and advice
- Advocacy and peer support
- Support in using individual budgets to meet needs
- Support to recruit and employ personal assistants
- Disability equality training
- Consumer audits of local services

Access Dorset and Dorset County Council are working co-productively to commence user-led management of 2 existing and 4 new Independent Living Centres in Dorset, bringing together the Voluntary sector, Social Care and Health. The first Centre for Independent Living is due to open in May in Weymouth, with the remainder rolled out over the course of a year. This will involve rapid expansion of the workforce, with the potential for TUPE or secondment.

The Centres for Independent Living will not apply FACS criteria and in partnership with the voluntary sector will in essence become 'Big Society Hubs'. They will provide OT assessment for adaptive equipment and assistive technology. They will be volunteering centres and hubs for information, advice, advocacy and peer support.

We are creating the first CIL in Weymouth as a community led hub, connecting community skills and assets, so as to build the capacity and self-determination of the community. The Centre will provide OT assessment for equipment and assistive technology. It will be a volunteering centre and a hub for information, advice, advocacy and peer support. It will host Access Dorset and the services provided by ULO partners, other civil society organisations (such as Age UK), Health and Social Care services.

Our key aims are to:

- Effectively engage with individuals and groups to ensure that the Centre is meaningfully led by disabled and older people, including those who are often left out.
- Identify particular priorities in this community
- Implement a skills development program and evaluate the Neighbourhood Workforce Plan.

We will demonstrate the effectiveness of the Neighbourhood Workforce through study of the emerging Weymouth CIL, building the skills of local people to run the centre.

We have formed a steering group of local disabled and older people and are carrying out an extensive consultation exercise in the neighbourhood. We will carry out a community audit and mapping the community assets. We will draw out the learning from the hub and in particular provide feedback on the neighbourhood apprentice potential.

1. CALDERDALE METROPOLITAN BOROUGH COUNCIL

In the setting of a Neighbourhood Schemes Team (NST). The specific objective of the team is to create self-sustaining community groups to help improve the health and wellbeing of those aged over 50 in Calderdale with particular focus on those who are vulnerable and isolated.

2. COMMUNITY COUNCIL, SHROPSHIRE

The Community Council of Shropshire is a registered charity which identifies and addresses rural issues by supporting local people to develop projects in their community and enables charities, clubs and enterprises to grow and flourish.

Our geographical reach is the county of Shropshire. Whilst our activities are delivered in both urban and rural settlements across the county, we particularly focus our work on the needs of rural communities which are isolated due to lack of access to services, distance from centres of population and an ageing population of the residents living within the community.

The 'group' of people involved in and benefiting from our work primarily focuses on those who are responsible for helping others. This includes people volunteering across a diverse range of community groups which support people in their community to live fulfilled and independent lives. Examples of volunteering could be coordinating a good neighbour scheme or running the village hall from which essential services and support is delivered. Another strong cohort of beneficiaries are people who voluntarily care for an older person, an adult with learning difficulties or a person who suffers from mental health difficulties. These carers are very often family members.

We will contribute to the Skills for Care work by testing the approaches developed in a rural setting. This setting is characterised by high levels of volunteering and self-help but often this activism is focused around a particular cause or theme (e.g. running the village hall or a community car scheme).

The project will identify how to build upon the existing skills and activism of these individuals to enable them to better support people who require care in isolated rural communities. The project will identify how these active individuals can be supported to lead others in their community to develop the skills needed to support people who require care in their communities.

Specific activities will include:

- Contact with 50 individuals willing to share their experience of how they are currently involved in their community.
- Identify up to 5 rural communities in which some of these individuals are active. We will use face-to-face interviews, focus groups and participation in community events to understand how the activity of these individuals links to other networks, groups, clubs and volunteers in their community.

- Recruit a 'core group' of up to 20 individuals willing to work through the Skills for Care tools provided.
- Organise 5 community-based events at which the Skills for Care tools can be tested (and where appropriate, initiate further self-directed learning with the individuals)
- Gather feedback from the 20 individuals about how their existing skills could be enhanced and the resources or materials suitable to facilitate this in a rural setting (e.g. online learning, social networks, written toolkits, facilitators).
- Develop training materials and course outlines to help active community members to increase their skills and understanding of:
 - Community leadership
 - Cascading learning to other people in the community (e.g. 'pass it on' or 'champion' models)
 - Working collectively with others to deliver learning across a community
- Test out these materials with volunteers from the core group of 20 individuals
- Use the learning and experience from the training activities put in place above to assist Skills for Care to develop practical tools.

4. DIMENSIONS

Dimensions (UK) Ltd is a national specialist provider of support to people with a learning disability and to people on the autistic spectrum. The pilot will be run by the Tyneside Region specifically in parts of the East End of Newcastle looking at a finite number of community facilities in two community hubs used by a group of 12 adults with a learning disability who live in that part of town.

We intend to use community maps to determine a set number of community resources used by the 12 people we are working with. We will then collect evidence of their experience using those resources and we will collect the experiences of the paid and unpaid staff in the resources. This information will inform the development of two sets of (possibly non-traditional) learning packages, one intended for paid social care staff and one intended for paid and unpaid community members. The purpose of the training packages will be to help better integrate people with a learning disability into the community resources that they use by supporting the development of the necessary skills amongst both social care staff and amongst paid and unpaid people in the community.

5. ESTON RESIDENTS ASSOCIATION

Eston Residents Association was formed in 1997 and is a voluntary organisation. We cover an area of 3200 homes and businesses. The committee (meet once a month) do not have a base, work from home using our own equipment.

Eston has come to life again through ERA – we bring schools, churches, businesses, police and other agencies along with the residents to join in our many activities bringing community spirit, pleasure and pride to everyone.

We have promoted our Ironstone Heritage with many features, produced Eston Calendars, Christmas Cards, Christmas Festival Night, 20 Christmas trees and features. We produce and deliver community newsletter. We have won Northumbria in Bloom three times and asked to represent the NE of England in Britain in Bloom - 2010/11. This year round work is funded, planted and watered by the residents. 'In Bloom' work involves local schools, other groups, care homes etc. We hold the Duke of York Community Initiative and have won many local community awards.

All of our work is funded by the community through various events and we have also helped other groups to fundraise. What spurs us on is remembering what our town and community used to be like before we started working together and knowing how much it means to so many.

We have not just come together as a community but as good friends and neighbours, we have laughed and cried together, had many setbacks and still are but just keep picking ourselves up and getting on with it.

We have a community newsletter that already informs of the work of ERA. We also include articles and information from other groups such as local toddler groups, Carers Together, Children's University, Church support groups and help and advice. Other businesses and organisations place paid adverts. Local information from the Police and other agencies along with articles from residents about issues in the area.

We will continue to fight for better facilities, including shopping facilities for the residents of the area particularly as the area has a higher proportion of older people who want to be walk out of their doors into the local community and use its facilities. They want to chat and meet neighbours – a big part of social inclusion.

One example of this is when we asked a new care home if the residents would like to be involved in working with us as part of our In Bloom route. They embraced this and have said it gives them a reason to look forward to getting out of bed on a morning – to tend to their plants.

We have formed many partnerships with various groups, agencies, local schools, probation service and are planning projects to work with the groups in the future:

- Produce Heritage Exhibition which promotes Eston and its industrial heritage
- To produce a heritage leaflet
- Help the community in a deprived area of improve the landscape with the aim of stopping ASB
- Work with local allotments to form association and community shop

6. GENTOO

Gentoo Group is a not for profit housing organisation managing almost 30,000 properties in the City of Sunderland. Because Gentoo is not for profit, all surplus from our range of activities is reinvested in our neighbourhoods and communities, delivering a wide range of programmes and projects designed to enrich the lives of all our residents by providing opportunities to improve skills, enhance employment prospects, promote enterprise and raise aspirations. Our overall aim is to empower individuals to enable successful and sustainable communities.

It is intended to deliver this project in Peat Carr & Moorsley, one of our most deprived communities, a rural neighbourhood located in the Coalfield area on the outskirts of Sunderland. Peat Carr and Moorsley has been chosen because the area suffers from long-standing and deep rooted deprivation – parts of the area are in the top 4% most deprived in England. The issues in the

neighbourhood are wide spread but there are particular problems relating to worklessness, low skills and low educational attainment.

It is our intention to work with 2 community groups, Friends of Peat Carr and Moorsley Residents Group to support the development of an overall vision for their neighbourhood. This will involve developing the capacity of the community and stakeholders to enable them to fulfil their vision and working with community and partners to co-ordinate, develop and deliver services and initiatives.

Our proposal is to introduce the Adaptive Coaching model into Peat Carr and Moorsley. The project will build upon a piece of community research completed by Gentoo in the neighbourhood relating to raising aspirations and individual New Year resolutions. Its aim is to create stimulating and thought provoking activities for all participants that support them as individuals to explore their own ideas, beliefs and values, not just in the context of community, but as people in their own right. It introduces new ways of thinking around key issues including responsibility and ownership, self (in relation to self and others) and personal vision for living life.

The research highlighted that social isolation, lack of confidence and social skills were raised as barriers for many residents to engage with or take advantage of opportunities in their area. The development of the Adaptive Coaching initiative will help to tackle these particular issues. It is also anticipated that by working with members of the 2 residents' groups they will be empowered to identify, develop, take forward and monitor together a joint vision for their neighbourhood as well as establishing individual goals and aspirations. It is hoped that members of the group may become coaches/mentors for residents in their community to sustain this project.

Objectives

- To develop a shared vision and work in partnership to achieve it.
- To identify and understand the needs of the individual and community.
- To work together to identify, co-ordinate and maximise resources i.e. staff, ideas, funding, social capital.

7. HEREFORDSHIRE PUBLIC SERVICES

To facilitate co-ordination of a 'Big Society' / Community Workforce to harness resources and maximise the contribution of neighbourhoods in delivering health and social care support (both prevention and intervention).

Objectives:

- To test out our Community Workforce modelling.
- To map out the Community Workforce for the South Wye area.
- To engage with the South Wye Community Workforce to explore and understand how best to enable [their] contribution to the 'care closer to home' and 'putting people first' agendas.
- To identify the 'contribution' the Community Workforce makes in South Wye.
- To understand what are the development / support needs of the Community Workforce in South Wye and write-up as a Skills Development Plan.

- Deliver a range of learning and development opportunities across the neighbourhood to enable the Community Workforce to maximise their contribution to the 'care closer to home' and 'putting people first' agendas.
- To devise a 'lifestyle pathway' tool to enable users and carers in South Wye to identify their neighbourhood workforce to enable them to access support opportunities.
- To carry out an evaluation of this way of working to establish the cost benefit with a view to further development to inform future local commissioning.

8. KEYRING

KeyRing are a national charity working with over 40 local authorities to provide over 100 Supported Living Networks throughout England and Wales. KeyRing recognises that though people with learning difficulties have a variety of abilities and needs, all have a right to control their own lives in their own homes and are entitled to support which enables them to do so. KeyRing exists to enable members of its Living Support Networks to exercise choice in and take responsibility for their own homes.

KeyRing's support was designed to make the best use of network members' own abilities. Ten ordinary properties are scattered around a small neighbourhood. You can walk easily from one property to another. Nine flats or houses are for people with learning disabilities. The tenth flat is for KeyRing's community Living Volunteer who works part-time on a flexible basis. This arrangement enables KeyRing to build layers of support around the network members.

KeyRing works hard to build links with the local community and believes that these Community Connections are an important part of independent living. Along with mutual support within the network, Community Connections reduce dependence on workers and develop members' confidence and self-reliance.

What this project will do;

Quite a few of our Rotherham based members also attend a local Advocacy group called 'Speak Up'. The first stage of our project involved getting KeyRing and Speak Up members together to talk about what sort of things were important to them and what sort of things did they think could be made better by following the Skills For Care plan.

The group identified several concerns of which the main issues were;

- **public transport** - the general attitudes of many drivers
- **accessing leisure facilities** – People felt that leisure centres should have a trained worker who could help people with Learning Difficulties when they attend and to help co-ordinate activities
- **visiting banks** – often very busy, staff behind screens, members feel rushed and uneasy, statements and letters often difficult to understand.

After further discussions members felt it would be really good if local banks had a trained member of staff with a better understanding of Learning Disabilities who could help and support when needed. This would add to their independence and make them less reliant on support.

The next stage of the project is to get together with members and draft a letter to local banks outlining members concerns and asking if each bank would consider sending members of staff to a training event if one were available in the area.

The next stage of the project would very much depend on the response of the banks but would involve KeyRing, Speak Up and another local Advocacy group called R.A.P working together to provide the training.

Key aims and objectives are to

- Target local banks in Rotherham
- Set up training and awareness or tap into existing suitable training
- Involve members in developing and delivering the training
- Local banks having trained staff members with a better or increased understanding of customers with a Learning Disability
- Members feel more at ease when visiting banks
- Members have increased independence and less reliance on paid support when visiting banks

9. LUTON BOROUGH COUNCIL

LBC ASC/Community Development service has been leading initial work on scoping workforce development opportunities in partnership with Skills for Care focusing on specific neighbourhoods with higher levels of health inequalities and lower levels of social capital in the South of the Borough. Partners have begun work on three key initiatives over the last 6 months:

Partners include:

- Luton Borough Council (LBC) - Housing and Community Living – Adult Social Care (ASC), Community Development Service (CDS), and Adult Community Learning (ACL)
- NHS Luton - Luton Community Services (LCS) and Primary Care Trust (PCT)

LBC ASC /NHS Luton : NHS Luton is a vital partner as the proposed project is focussing on achieving outcomes in improving health and wellbeing and tackling inequalities through joint workforce development and building and increasing social capital within local neighbourhoods and communities. The project will also aim to engage with the emerging GP consortia as the NHS agencies begin their transition in the coming years. LBC ASC shares these health and well being objectives and is gearing its transformation agenda around prevention and early intervention. Both organisations will collaborate through the project and be part of the delivery.

LBC Community Development Service (CDS): LBC CDS will ensure that local Voluntary and Community Sector/community networks are at the heart of the project to stimulate community led involvement and innovation in addressing health and well being, and ensure interventions are jointly developed with local communities.

What this project will do:

The project will provide a means to further integrate interlinked initiatives by identifying a practical focus for workforce development within one key neighbourhood through the following activities:

- Building on the workforce mapping undertaken to date and developing a complementary approach at a neighbourhood level from the perspective of service users and mapping circles of support within the community. We will be drawing on the themes and issues identified in the SfC publication “Only a footstep away” to structure and develop this work; strengthening cross-sector approaches, working from a neighbourhood focus, developing a common body of skills and knowledge, and engaging with and supporting community organisation and voluntary networks
- Improving workforce induction, community learning and skills development, focussing on understanding self-care principles and approaches to address the prevention agenda in a community setting.
- Identifying joint workforce activities to promote self-care, prevention and early intervention
- Empowering and enabling volunteer networks and community based organisations to design and develop contributions to these activities and deliver local solutions to address these priorities

The steering group will agree key milestones – an indicative timeline is as follows:

- Neighbourhood workforce mapping (June 2011)
- Prevention priorities identified and agreed (June 2011)
- Joint workforce development pilot programme (September 2011)
- Initiate community based intervention(s) (October 2011)
- Evaluate project (Feb 2012)
- Completion and recommendations for extension (Mar 2012)

The project will produce a learning and development programme to assist front-line staff in collaborating and co-ordinating their efforts and resources around the prevention agenda in the local context of community empowerment and neighbourhood working. This will be promoted within partnership networks in Luton to inform future transformation work on the prevention agenda across key sectors.

We will prepare presentation and briefing materials for sharing more widely regionally and nationally through the Skills for Care networks

10. MACINTYRE

MacIntyre provides learning, support and care to over a 1000 children, young people and adults with learning disabilities, across England in a range of settings including Supported Living, Residential Care, residential schools and a further education college to more innovative projects including:

Family Footings: a project that connects with families, providing them with the opportunity to develop their confidence and skills so that they feel involved and empowered in decisions being

made about their children and family. This particular project plays a significant role in the reform and delivery of services for children, young people, and parents and families, with a particular emphasis on early intervention and prevention.

My Way: an enterprise that supports people to take control of their lives through personalised funding. Highly skilled brokers work through the assessment process with the person, their family and care manager, establishing an indicative personal budget, creating a support plan and putting the plan into action.

No Limits: an innovative bespoke lifelong learning project for young people with autistic spectrum disorders and complex needs as an alternative to traditional post-16 further education. The project supports young people who are unable to benefit from traditional learning environments and require intensive levels of support to access their local community and make a successful transition to an adult life. No Limits works closely with parents and families to ensure that young people have the opportunity to develop the daily living and independence skills required for a successful life in the future.

What this project will do

The Experience tree will offer people with a learning disability life enhancing experiences/opportunities to build on existing or emerging skills in a wide range of settings.

Through MacIntyre's Community Skills Facilitator we will broker experiences between willing employer/groups and people with learning disabilities, exploring, identifying and overcoming potential barriers to success centred around skill sets and gaps, and environmental considerations, for organisations offering an experience, the person with a learning disability, and the Community Connector.

In the planning stage, we will spend time in a workplace/centre/activity observing the flow of work/activity and interactions within the 'experience environment' and feedback to the provider of the experience, and the person supported, how these might be adapted/enhanced to facilitate a better experience all round.

This will include working with employers/groups to identify experience champions and to examine what skills may be required by the champions to ensure the success of an experience and the sustainability of this and other projects/opportunities in the future.

We will capture feedback on every experience, sharing lessons learned for future successes with the wider audience through social media, internet forums, local newsletters, MacIntyre Stories website, Skills for Care online forums, local newspapers, community events, review columns, and networking sites including Linked In, Twitter and facebook, etc.

Key Aims/Objectives

- To offer real life experiences in real life situations
- To broaden the involvement of alternative workforces/groups able to contribute to the lives of vulnerable people
- To facilitate working arrangements that reduce the need for paid support

11. N-COMPASS NORTHWEST

N-compass operates throughout the Lancashire district and supports children, young people and adults through the provision of advocacy, counselling, carers and health and wellbeing services.

The Future for Fleetwood project will focus on the town of Fleetwood within the Wyre District of Lancashire. The project will be embedded within one of our health and well-being services, Help Direct. Help Direct aims to be the first port of call for any adult (18+), including those with physical/learning disabilities, mental health and chronic illnesses, carers, older people, people with drug/alcohol addictions, families and BME communities to access community based information, guidance and practical/emotional support to reduce the risk of any issue (e.g. financial, relationships, employment, health and housing) escalating to crisis point. We support our customers to identify the issues they are facing and help them to access community based support to address these needs via signposting, providing information, making referrals on their behalf and providing up to 8 sessions of 1-1 outreach support.

We will work with Fleetwood residents (including young people and current and previous customers of Help Direct), local community groups, businesses, voluntary and statutory organisations e.g. GPs and n-compass staff, students and volunteers.

What this project will do:

- Devise a communication plan which will be carried out alongside Help Direct community engagement/partnership work and will include the development of specific marketing tools.
- Test materials on those involved in the Future for Fleetwood project within a number of 'themed' consultation events that coincide with issues relevant to Fleetwood such as unemployment, family support and debt/finance.
- Produce and circulate bulletins throughout local networks and to relevant individuals, organisations and services following each consultation event.
- Complete a final report, following all consultation events, containing feedback sought, case studies of existing examples of 'Big Society' and recommendations on further knowledge/skills (including specific resources/roles) needed to take the agenda forward in Fleetwood. Such report will be specific to Fleetwood but transferable to other localities, and to such end, will be disseminated locally, regionally and nationally.

The key aims of the Future for Fleetwood project is to:

- Increase local residents, businesses, organisations etc awareness of the 'Big Society' agenda
- Increase local residents, businesses, organisations etc awareness of the existing skills, knowledge and examples relating to the 'Big Society' in Fleetwood
- Increase local residents, businesses, organisations etc awareness of the skills and knowledge requiring development in Fleetwood to take the 'Big Society' agenda forward
- Shape the ongoing development of existing neighbourhood schemes in line with the projects findings, both locally and wider
- Review n-compass' training strategy to incorporate findings

12. SOS GLOBAL

SOS Global is a social enterprise that provides courses raising awareness of health and social issues and promoting positive and healthy lifestyles for youth and communities. They are delivered through workshops, training initiatives and safety products.

Almost every existing network targets change after the event whereas SOS GLOBAL proactively educate young people into making constructive decisions about their personal well being prior to any episode.

Interactive learning experiences are delivered across the South West to an AQA standard. Each unit is evaluated through a series of questionnaires completed independently and as groups. The workshops are also interlinked allowing delivery of individual sections, revision of previous units and also measurement of knowledge retention and behavioural change.

On completion statistical analysis is provided outlining the outcomes of the course providing a valuable insight into trend sets, knowledge and success rates.

SOS Global will identify how self reliance can be built up in a community between older people and younger people and help and influence local commissioners/providers to understand the needs and assets of their community. We will ascertain how local social enterprises can provide effective support and save money on 'paid for' services.

The project will use the practical guide throughout, using impact evaluation, testing the approach that has been proved to work with young people with other groups.

Our project will contribute to the skills for care work around community skills and neighbourhood planning using the following milestones:

- Provide details of membership of community group or network– raise profile of the work through communication tools and encourage participation, specifically with those in danger of not being heard.
- Establish group of people wanting and willing to work through the practical tools provided. Provide detailed feedback and offer examples of how people are currently involved in their communities and case studies of how people are able to contribute more effectively and the knowledge and skills required to support this development.
- Consider the role of Neighbourhood Apprenticeships and Community Workforce Skills Facilitator and share examples of how these roles can be of use in empowering people in the place they live.
- Actively participate in the development of practical tools that will support Neighbourhood Workforce Planning and Community Skills Development.

13. TIMEBANK, SOMERSHAM

Somersham is a large village in the Huntingdonshire District with approximately 1,580 households and a population 3,855. Somersham Parish Council are a long established, representative and democratically accountable body and the tier of local government closest to the communities they serve, and as such a perfect vehicle to develop community skills through the development of a Timebank. The Timebank will be open to all members of the community but will have a specific focus on vulnerable older people (65+) and carers.

Data from Cambridgeshire ACRE and Cambridgeshire County Council provides information on the demographics and highlights the needs of the Somersham community.

INCOME - People living on a low income are among the most deprived groups in society. A person or household living on a low income may be out of work, or in work but on low pay:

- 225 people across Somersham are income deprived (6.0% of all people).
- Across Somersham, 7.7% of all children live in income deprived households (65 children).
- 15.2% of older people in Somersham receive the Pension Credit Guarantee Element (corresponding to 100 older people).

HEALTH - Health is a fundamental determinant of quality of life, having a direct impact on an individual's ability to live a fulfilling and enjoyable life and also indirectly impacting on their ability to sustain standards of living through income. Ill health may also have a severe effect on other people, either directly through changing relationships (for example forcing people into informal unpaid care), or through indirect effects such as change in household income:

- 280 people in Somersham report themselves as having a limiting long-term illness
- 8.4% of the population (compared with 8.8% of people across Cambridgeshire)
- DWP health benefit data shows that 60 older people in Somersham receive Attendance Allowance (9.3% of all older people)
- Across Somersham, 90 people receive Disability Living Allowance (2.3% of all people).

What this project will do

- The project will establish a Timebank in the Cambridgeshire Parish of Somersham. The aim of the programme is to understand the skills that people in local communities have and how those skills can be enhanced to empower people who require care and support. The Timebank will be open to all members of the community but will have a specific focus on vulnerable older people (65+ yrs).
- The Somersham Timebank project will be a community based project which meets everyday needs through the exchange of time, skills and opportunities. The project will follow the Timebank framework and objectives therein by supporting an innovative form of 'volunteering' based on mutual support that provides a highly effective system for promoting active citizenship, the growth of social capital, community empowerment and community skills. Through the project the Timebank will also enable people to live independently, enables more choice, helps to tackle loneliness and isolation, and provides new connections and opportunities for both individuals and communities.
- The Somersham Timebank project will build on peoples' strengths, recognising that everyone in a community has something to offer, including those often defined as disadvantaged or vulnerable. Timebanking is a way of linking local people who can then share their time and skills. Participants 'deposit' their time by giving practical help and support to others and are able to 'withdraw' their time when they need something done themselves. The project works on the assumption that everyone's time is valued equally, so one hour of time given earns one time credit and an exchange takes place without the need for money.

- As research supports, the Timebank project would help build social networks of people who give and receive support from each other, enabling people from different backgrounds, who may not otherwise meet, to come together and form connections and friendships and build and harness their skills. It is a highly effective community development tool, empowering individuals and groups to bring about change, make choices and take control of their own lives and neighbourhoods.

14. TURNING POINT

Turning Point is a leading social care organisation. It provides services for people with complex needs in England and Wales. Turning Point has a wealth of experience of setting up new services, developing partnerships and responding proactively to the needs of service users.

Connected Care is Turning Point's model of community-led commissioning. Working in the most deprived areas of the country, Connected Care integrates health, housing and social care services around the community's needs. Through a rigorous process of community engagement we narrow the gap between commissioner's priorities and the needs of the community. This enables us to build vital social capital and community resilience to ensure better results for whole communities.

The focus of the Skills for Care work is Swindon Connected Care. It is focussed on three areas in Swindon – Central, Penhill and Taw Hill wards – which experience significant gaps in health and social care services. Connected Care will support community members to become Community Researchers (CRs) who undertake a detailed process of researching local needs and become more involved in service delivery and spending decisions. With our support, the CRs will work with commissioners to redesign local services around these needs. They will develop the skills to help themselves and other community member become involved in the delivery of services. In other Connected Care areas, this has included setting up new community-led social enterprises and timebanks.

What this project will do

The aim is to use the Skills for Care work to help identify which skills the Community Researchers needs to take their joint-commissioning role forward and play an active role in delivering local services. The learning on the type of support the potential 'Neighbourhood Apprentices' require will be fed back to Skills to Care to help develop their practical guides to assessing local skills and neighbourhood planning.

Key objectives are:

- Provide a profile of CRs' support needs and experience of using services and an assessment of skills and learning styles
- Trialling the Skills for Care community skills development training materials with the CRs and provide feedback, including recommendations for improving materials.
- Facilitate CRs to consider their role, having completed the fieldwork, and identify where further support needed and how their role can be extended to empower others to take part in co-producing services.
- Produce a report on recommendations for neighbourhood workforce development based on Swindon experiences

15. ULNES WALTON

The Community Group was formed from the Steering Committee of Ulnes Walton Parish Plan and initially acted as liaison for all the other village community groups. These are Action for Ulnes Walton (Environmental), the Elderberries (Over 60s), The Women's Institute, the new Youth Group, and occasionally the Bridleways (Equestrian).

It has enabled these groups to work together on joint projects such as a Village Gala as well as giving assistance to each other's functions. The Community Group also runs self financing inter generational functions such as twice yearly Beetle & Bingo nights, and was responsible for a Community Health Day in partnership with the Parish Council and other health and welfare bodies.

The main purpose of the activities organised are to ensure that as a rural community we have equality of access to activities & facilities which the urban population can access. Through provision of activities that enable rural residents to participate we are combating social isolation, encouraging participation to foster community spirit & pride in the local area. The activities also promote health by encouraging physical activity & good mental health.

Directly the Community Group held two intergenerational Beetle & Bingo nights, a Summer Gala with Band, Morris Dancers, children's races etc. They assisted with the Over 65s Christmas lunch, the first in many years, which was a huge success as many of those attending had mobility problems and rarely got to meet others of the same age. We arranged a full year's classes for two rolling groups of over 55s computer training as well as a Genealogy course, in conjunction with Lancashire College.

All these groups cater, in their own ways, for all the residents of Ulnes Walton (700+). All residents have an opportunity to take part in a full spectrum of activities, and many do.

Funding for these activities has in the past been through seeking external funding in the form of grants and support from local councillors and local fundraising, local companies will also offer donations and volunteers give their time freely.

What this project will do

The whole project is designed to encourage all residents of Ulnes Walton to participate in a range of community based activities. These will cover all aspects of the local community, and are intended to foster community spirit and cohesion. It is also designed to strengthen the capacity of the volunteers to continue to deliver this type of activity in the future and reduce dependence on key individuals who may not always be able to offer the same high level of input and expertise.

This will include the development and delivery of:

- Ulnes Walton Gala
- Over 60s exercise classes 12 sessions repeated twice
- Over 65s Summer picnic and Christmas lunch
- Elderberries open day and showcase
- x Young people's activity days

Whilst developing and delivering these activities we will undertake a skills audit of the group to support the development of role descriptors for the volunteers and assist in recruiting more people with a wider range of skills.