

Engaging and Connecting A new paradigm for public services

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Content

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- The Centre for Citizenship and Community – who are we?
- Some policy context
- Notes and lessons from a national programme for social inclusion
- Connected Communities: what are the possibilities?
- What next?

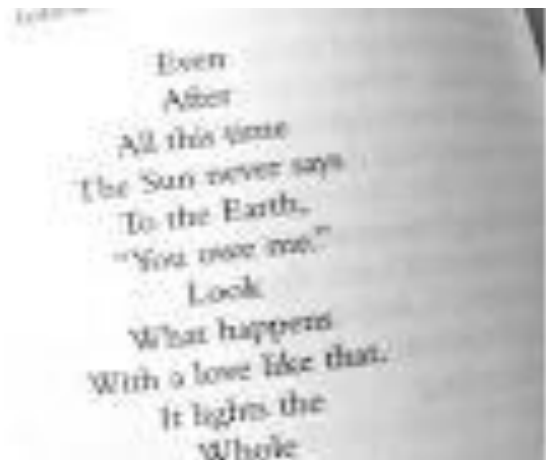
Values and Value – three questions

Personal values shape our sense of possibility but how are they reflected in models of practice, development and evidence?

Might a values-based practice be necessary to making a reality of whole person and recovery philosophies?

Values shape identity and vice versa; how do we use this to realise the social value of communities in MH?

Values ↔ Identity



Centre for Citizenship and Community - who are we?

UCLan – research, evaluation, community engagement, courses.

Associate team – health, social care and public services – senior experience in health, social care and public service sectors – commissioning, management, strategy, leadership, service improvement design..

RSA Connected Communities team – action research, network analysis, policy development, thought leadership and organisational change supported by a multi-disciplinary network drawn from RSA's Fellowship.

RSPH – extensive expertise on accredited course and organisational devt. in public health, arts and cultural perspectives.

PSSRU (LSE) – extensive expertise in social services and health research, economic modelling and financial analysis.

Vision

Across public policy domains, services that are designed to integrate in everyday practice, the social value of empowered communities and their assets and networks to wellbeing and inclusion outcomes.

Mission

To support integrated 'thinking and action' for the policy, research, learning and innovation required to achieve the vision.

Strategy

To deliver this mission in health, social care and across the range of public service settings with a model of change that integrates research with innovative design and learning from practice experience.

Our conceptual framework for action

Change through networks

Imaginative community networks are key to social action and new approaches to governance at all levels*

Social value capture

Community engagement is imperative to local empowerment *and* to unlocking the social value – the unseen assets – of community

Organising for inter-dependence

Building from the principle of reciprocal ties: public services/communities bonding and bridging communities; individuals and social networks

A culture of co-production

Public service organisations with a 'literacy of community', 'complexity-capable' co-production: design, development and delivery = innovation

(*See Tapscott, RSA Journal Spring 2013)

Policy context

- Austerity
- Integration (of health and social care)
- Personalisation
- Parity
- *Community*

Austerity - neo liberal economics driving individualism

- the pursuit of endless growth
- entrenched inequalities,
- marketisation of all social goods
- disdain for public sector
- vindictive narratives on poor people
- *multiplying exclusion*
- *erosion of collective purpose*
- *dominance of individualism*

Integration

- *should* offer opportunities for reshaped policy on integrating community perspectives in way that reflects civil society policy:

‘ Professionals need to recognise that the personal assets that patients and their families bring to the care planning process are as important as the clinical information in the medical record. They must also be aware of the capacity of local community and self-help groups to provide appropriate support’

Coulter, A. *Supporting People with long-term conditions: what is the house of care?*
Kings Fund Weblog [The Kings Fund.htm](#) 2 Oct 2013

Integration -

In practice still speaking the language of organisations and budgets.

Rather, integration needs to become concerned with promoting the individual good within a collective paradigm of service integration with *community*:

‘We need to set our sights far beyond the narrow arguments about contracts or fiscal treatment for the voluntary sector, and look instead at how civil society activity can shape our world and how we can make the transition from an age of ‘me’ to an age of ‘we’. ‘Civil society was born out of an idea that we do best when we work with others, and when we understand our interests as shared with others. That idea is more relevant than ever in an intimately interconnected world’

Mulgan, G. Making Good Society, (2010) *Final report of the Commission of Inquiry into the Future of Civil Society in the UK and Ireland*. London: Carnegie UK

Personalisation

- Choice
- Control
- Independence
- Patient/user defined outcomes
- Flexible, adaptive response

Parity

- A 'Call to Action': to equalise outcomes:
'My family and I all have access to services which enable us to maintain both our mental and physical wellbeing' ⁽¹⁾
- Linked to coordinated, person - centred care and patient and carer involvement:
'Commissioners should involve patients and Carers in designing services and interventions' ⁽²⁾
- Three urgent parity improvement priorities:
 - Access to Psychological Therapies
 - Diagnosis and support for people with dementia
 - Awareness and focus on the duties within the Mental Capacity Act

1) Parity valuing-mental-health-cta(1).pdf

(2) Expert by experience, Multi sectoral NHS England 'Call to Action' event, Manchester, November 2013

‘For thirty years we have made a virtue out of the pursuit of material self-interest: indeed this very pursuit now constitutes whatever remains of our sense of collective purpose’

Judt, T. (2010) *Ill Fares The Land* . London: Allen Lane

Why Community?

Strong evidence for value of connection

- People with MH problems amongst most isolated in society ⁽¹⁾
- Vulnerable adults frequently have restricted social networks as result of marginalisation and stigmatisation in the community ⁽²⁾
- Good evidence for association of positive and supportive relationships with positive wellbeing ⁽³⁾
- Social networks are key aspects of social capital and social capital is seen as increasingly important for mental health and wellbeing ⁽⁴⁾
- Positive social capital can lead to improved personal, occupational, income, status, and activity outcomes ⁽⁵⁾

(1) Department of Health, 2010 ; (2) Bigby, 2008; (3) Webber et al.2011; Bowling, 2011; Brugha et al., 2005; Aked et al 2008; Kawachi, Subramanian & Kim, 2007 ; (5) Lin, 2001.

Why Community?

Fundamental to recovery perspective

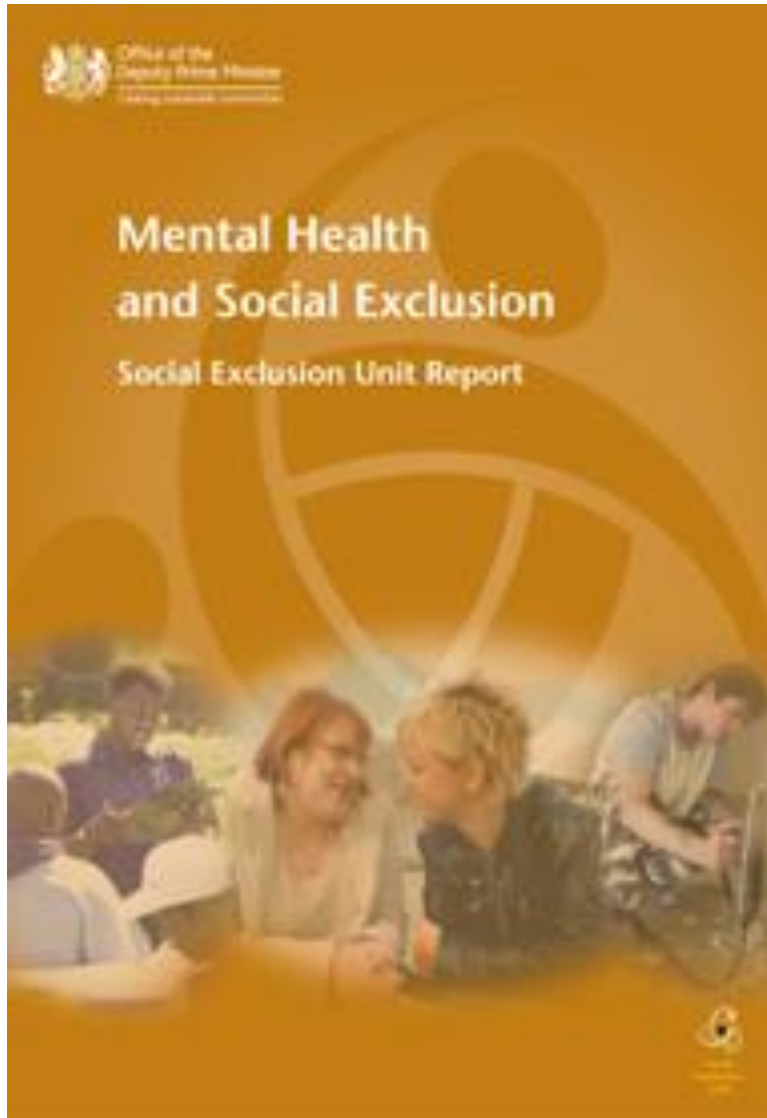
‘The less a community knows about itself and its citizens’ capacities, the easier it is to fall into a pattern of seeing the community and its people only through a ‘needs’ perspective.

The more a community becomes familiar with itself and its citizens, the more obvious it becomes that what is good about a community far outweighs whatever needs it might have’ ⁽⁵⁾

(5)Kretzmann, J. and McKnight, J. (1997) *A Guide to Capacity Inventories: Mobilizing The Community Skills of Local Residents*.Chicago IL:ACTA Publications

Why Community?

some key policy antecedents

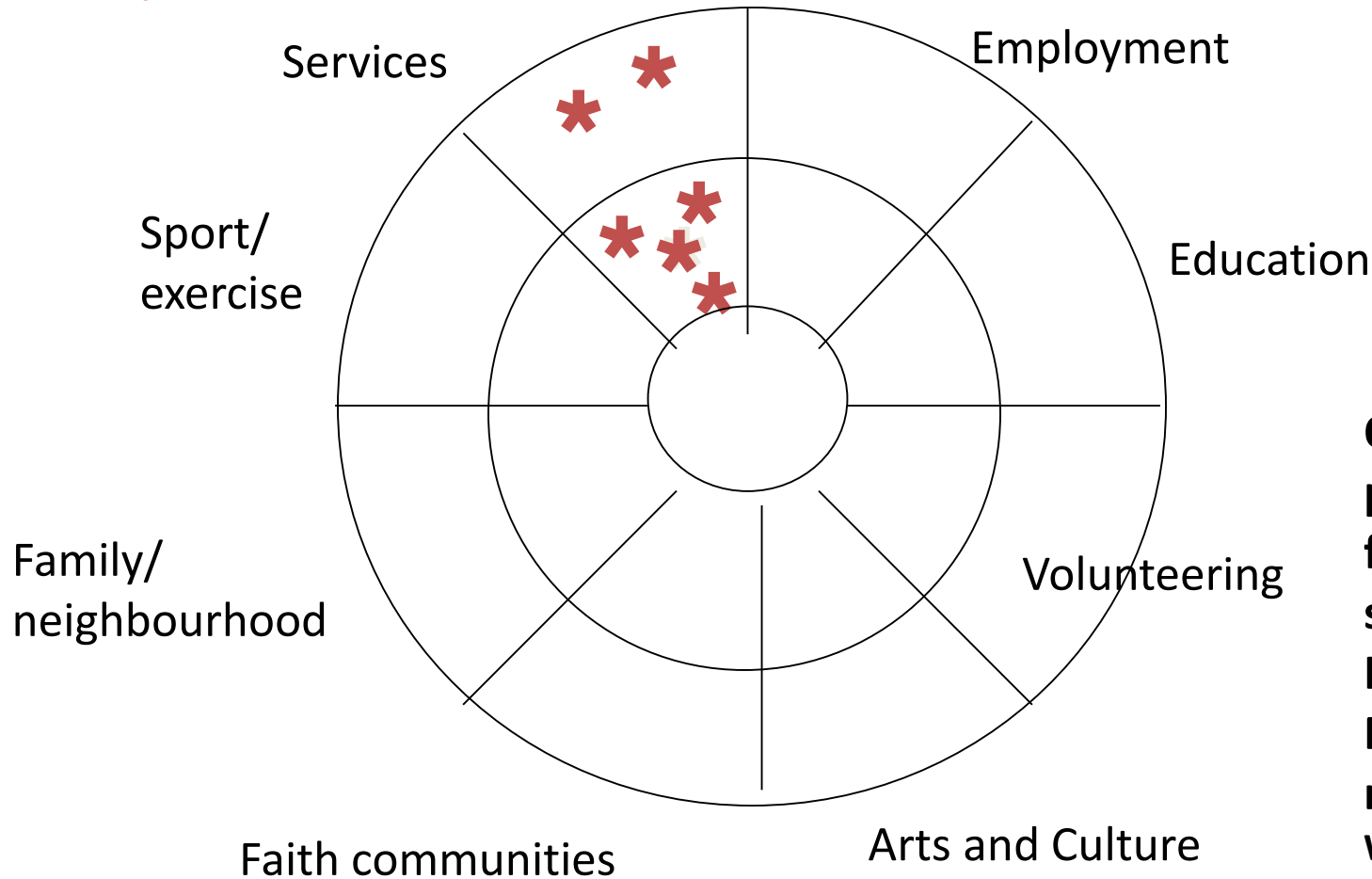


National Social Inclusion Programme 2004-2009

*Cross –government programme
27 sets of actions*

‘Our vision is a future where
people with mental health
problems have the same
opportunities to work and
*participate in their
communities as any other
citizen*’

Isolation in the land of services - Sue attends day centre and clinic; she has 5 friends



Outer circle:
places where
friendships
start.

Inner circle:
People who
matter

With thanks to
Peter Bates
NDTi

The Connected Communities Programme

- Examine ways in which community-based networks are formed, their purpose and function
- Map the inter-personal and collective behaviour of these networks in each site at different points in time
- Identify ways of understanding the essential characteristics and dynamic effects of these local networks
- Design community level interventions to capture these effects
- Synthesise study site outcomes for overall programme outcomes
- Apply social return on investment analysis to programme



Connected Communities – A study in seven sites

Starting point:

- action research project to explore how the community dimension of people's lives contributes to well-being and can be developed
- to analyse how different interventions build resilient, inclusive communities and empower individuals to take greater control of their lives through relationships based on shared concerns and mutual trust
- project sites: Murton, Liverpool 8, Tipton, Bretton, New cross gate, Littlehampton, and Bristol.

Connected Communities: our current sites



Why Connected Communities?

- Reduced public finances necessitate a debate on what state should do for communities and what communities must do for themselves.
- An asset-based approach is critical – There is unseen, untapped capacity in communities to address opportunities/ problems.
- Studies have shown that higher social capital areas have better health, education, economic, crime, community governance outcomes.
- Network effects – Networks have dynamic qualities through which behaviour, emotional states, conditions, influence spread and cluster.
- It is important to understand different conceptions of community within place based networks.

A Strengths Based Approach to Community

- Recruiting local people
- Value local knowledge
- Focus on what works
- Building local capacity/capital
- Recognise need to train and support, including financial investment

Why Strengths based?

- Communities are built on capacities not deficiencies:
 - helplessness
 - money allocated to problems not solutions
 - dependency and reliance on outside help
- Everyone has strengths, resources, knowledge and skills and experience of things that go well
- Everyone is also capable of dreaming of how things could be in the future
- Knowledge about what works well directs the choice of activities to be carried out in order to realise the future

Model in Practice

- RSA produced a **social network survey** for use in each of the 7 sites involved in the project. Aim of the project - to have 500 surveys completed by volunteer community researchers recruited by the agreed umbrella community organisation using a door knocking approach
- UCLAN produced **training materials for community researchers** to conduct survey completion in the local community
- **Community Researchers** were recruited by umbrella org.

Model in Practice , (Murton)

Phase One: Community Research

- Recruitment and Training:
- **25** Community Researchers Recruited by EDT
- **18** Community Researchers Trained by UCLAN
- **2** days of training & feedback
- **10** days spent on connecting with the community
- **500** questionnaires collected by Community Researchers
- **2** researchers moved into employment
- UCLAN University Certificate of Attendance awarded to Community Researchers

Model in Practice

A fusion of:

- deliberative community engagement,
- data collection and analysis,
- social network mapping
- shared reflection and discussion
- development by communities of an intervention

Community Researchers brief:

- to establish the degree to which individual residents were socially connected in an area of social and economic disadvantage,
- to establish intervention strategies for those identified as disconnected.

Our questions

- Where people go locally
- What resources, places and groups are used/visited locally
- Where people get their information from
- Any barriers locally?
- Personal networks: who do people rely on?
- Help and trust: who do people go to?
- Who are the known activists locally?
- Who links local people to authority?
- Are there any links between networks and wellbeing?

Sociogram – example from Murton

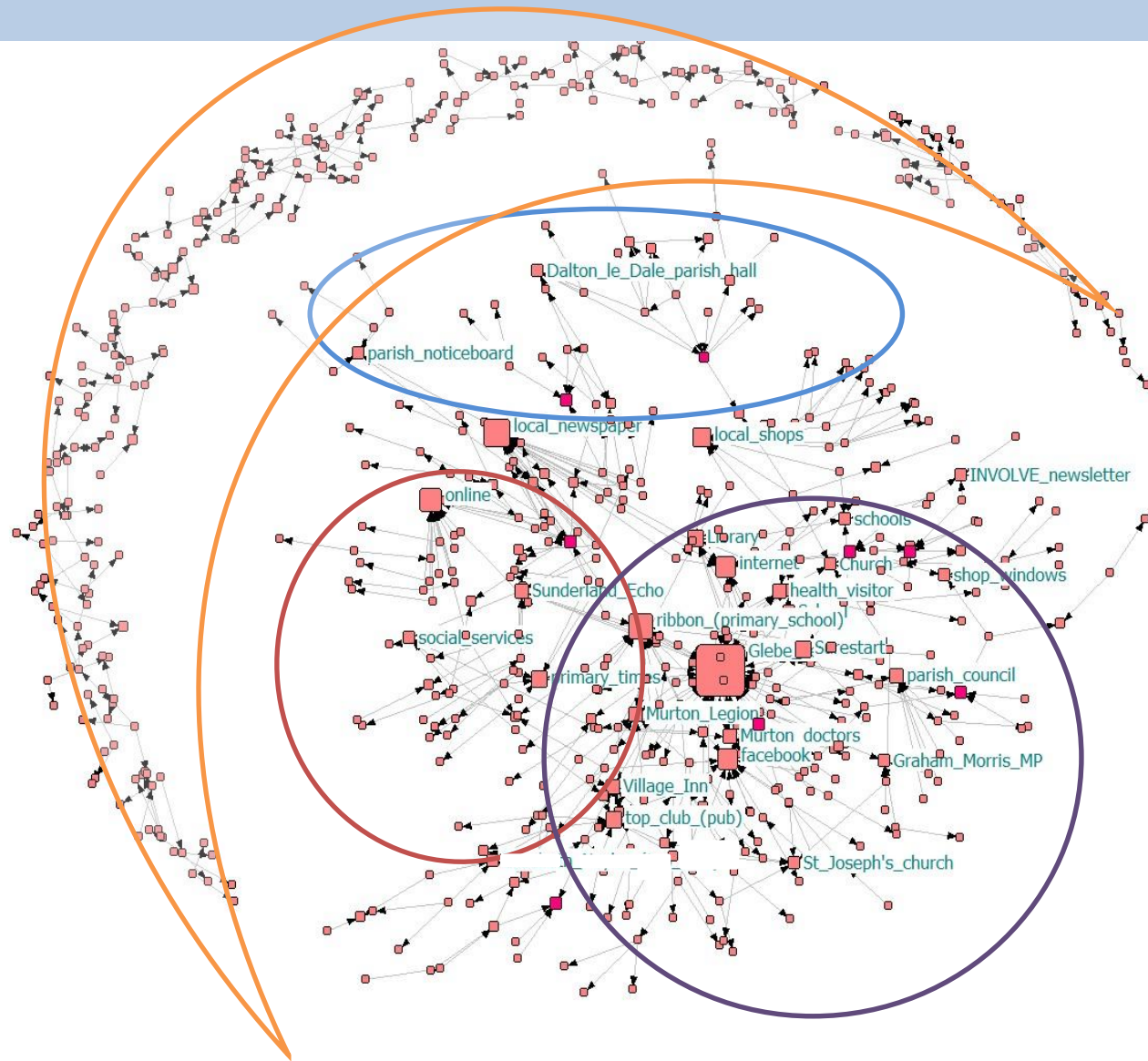
Question: Where do you go or who do you speak to in order to find out what's going on in your local area?

Information pathways were split between people who tended to just go to their friends (the orange crescent)

And people who go to local resources.

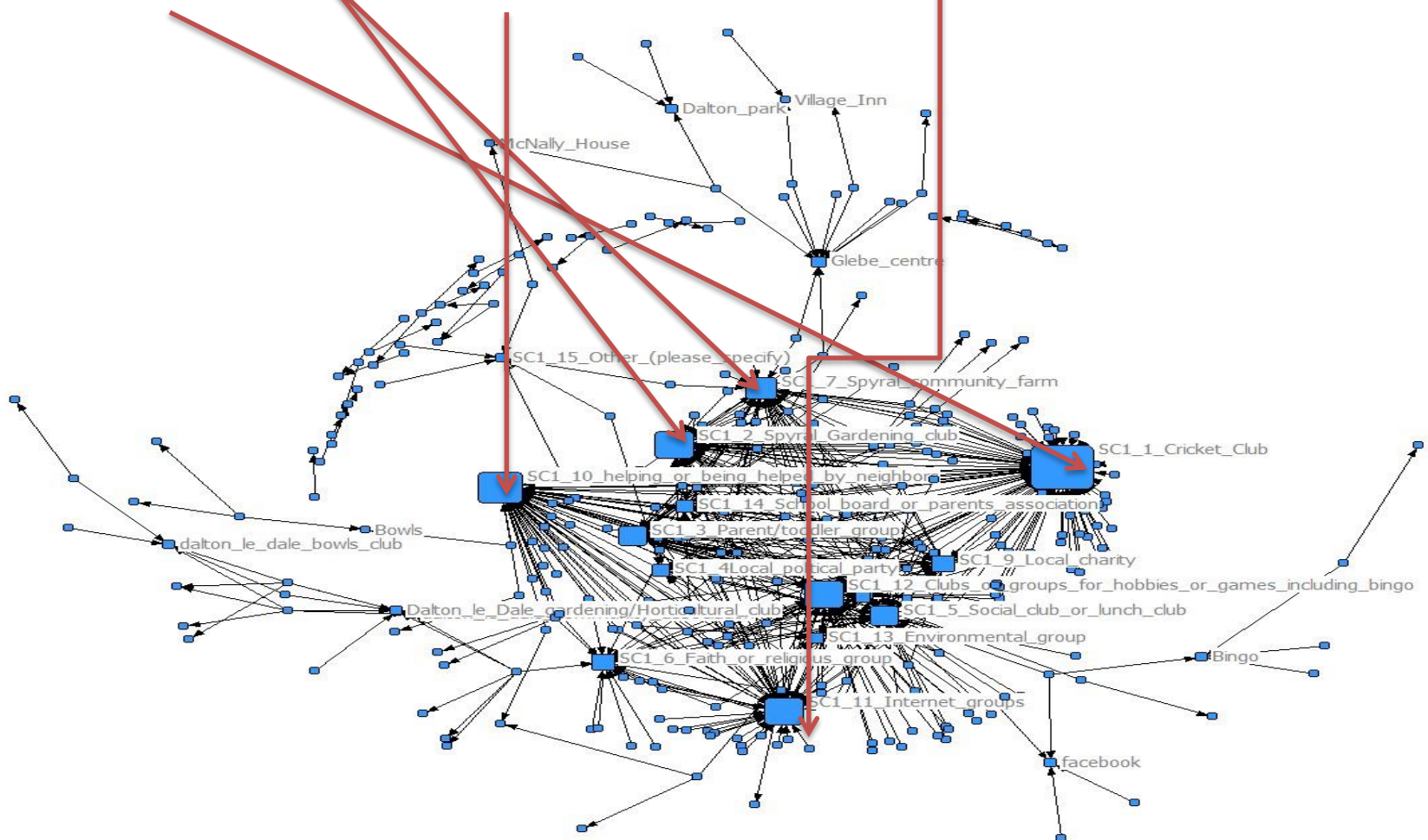
These people then tended to split further into:

- People who get info though the Parishes and Dalton le Dale (blue);
- People who get info online/newsletters etc..(red)
- People who go to Glebe, Murton Legion and Murton more generally. (purple)



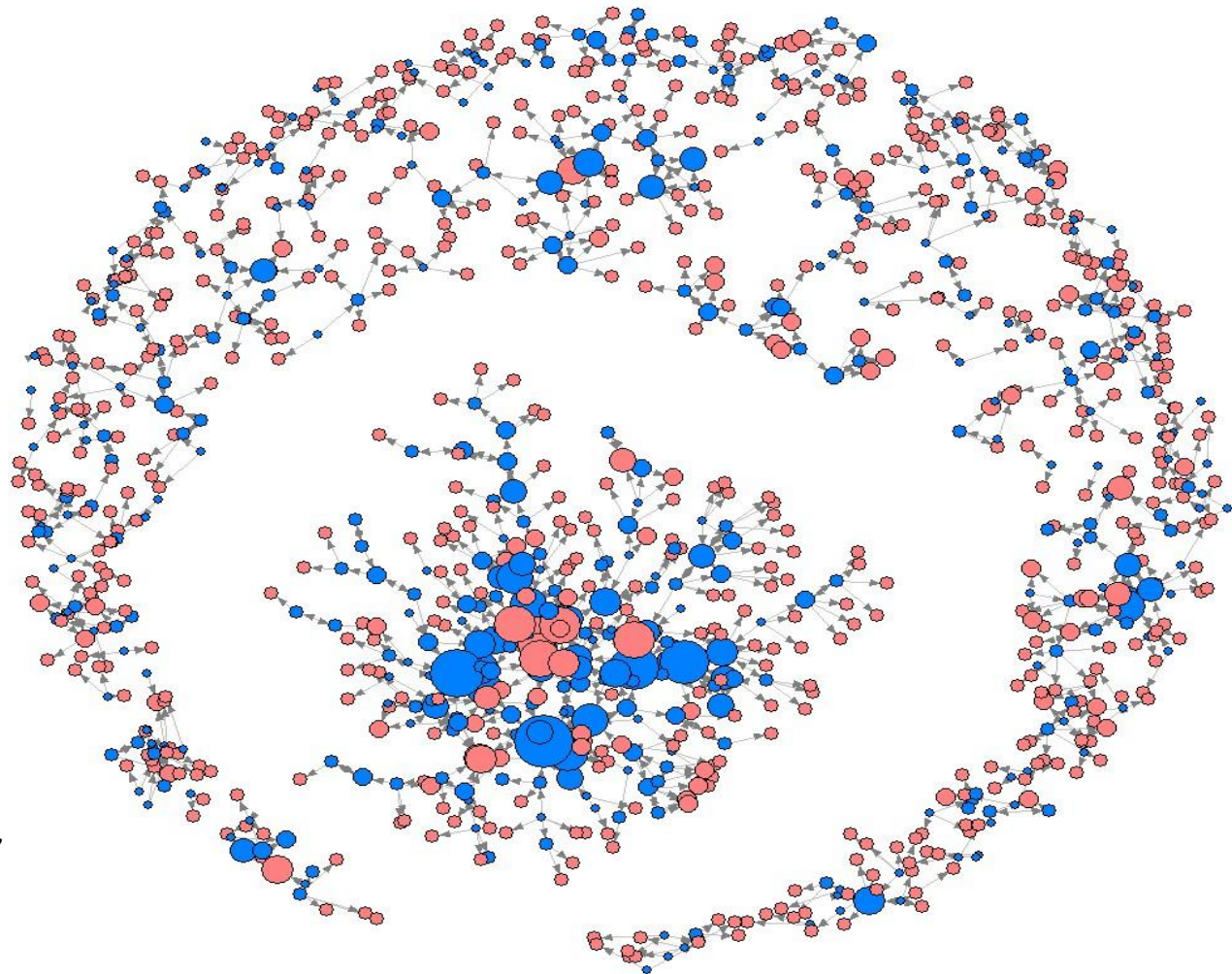
Types and place of groups and activities

Cricket, Gardening, helping others and the internet were particularly popular



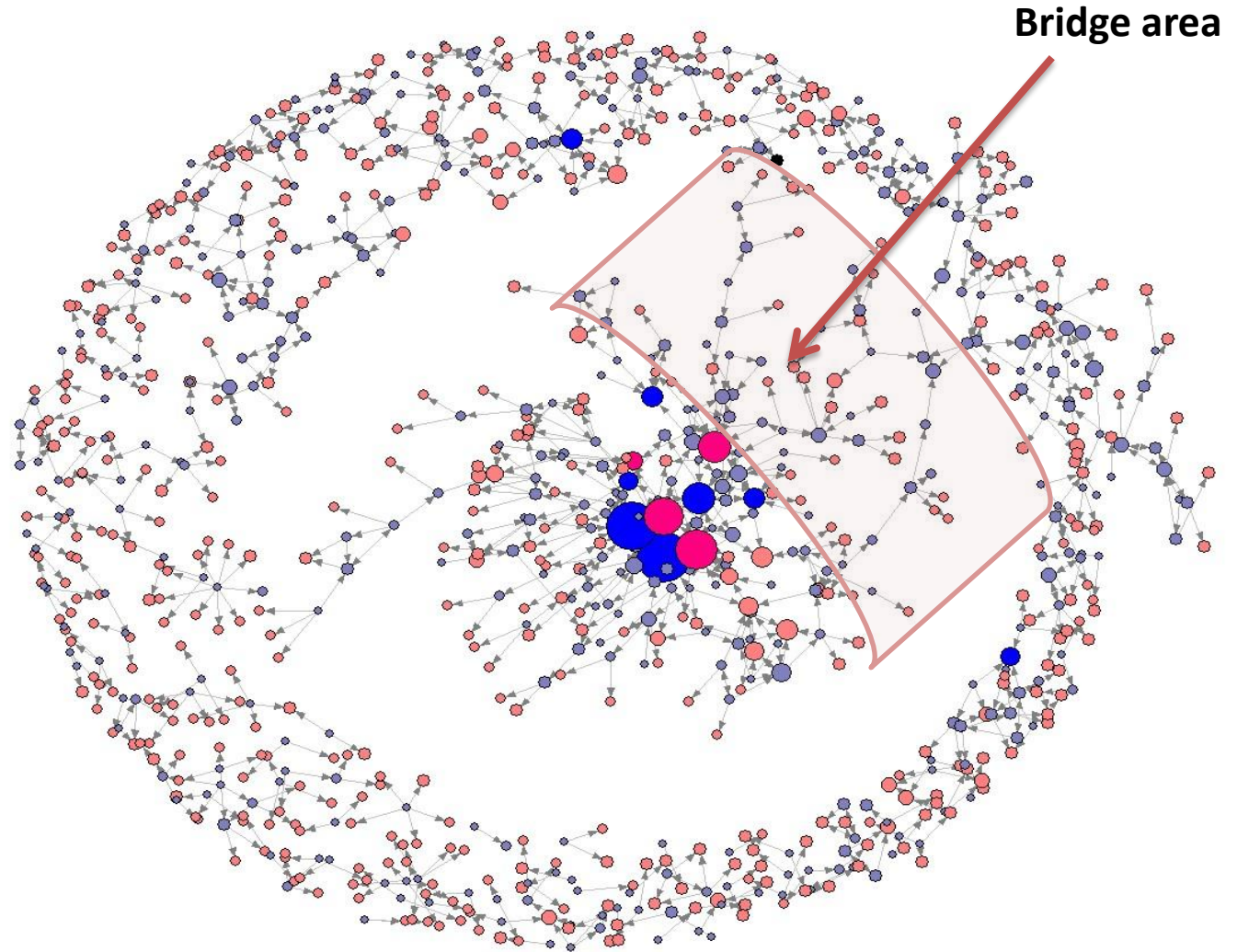
Question: “Please tell me what types of groups, activities, and organisations you take part in” (with thanks to Inst for Social Change, University of Manchester)

People's support systems are interconnected...



(with thanks to Inst for Social Change, University of Manchester)

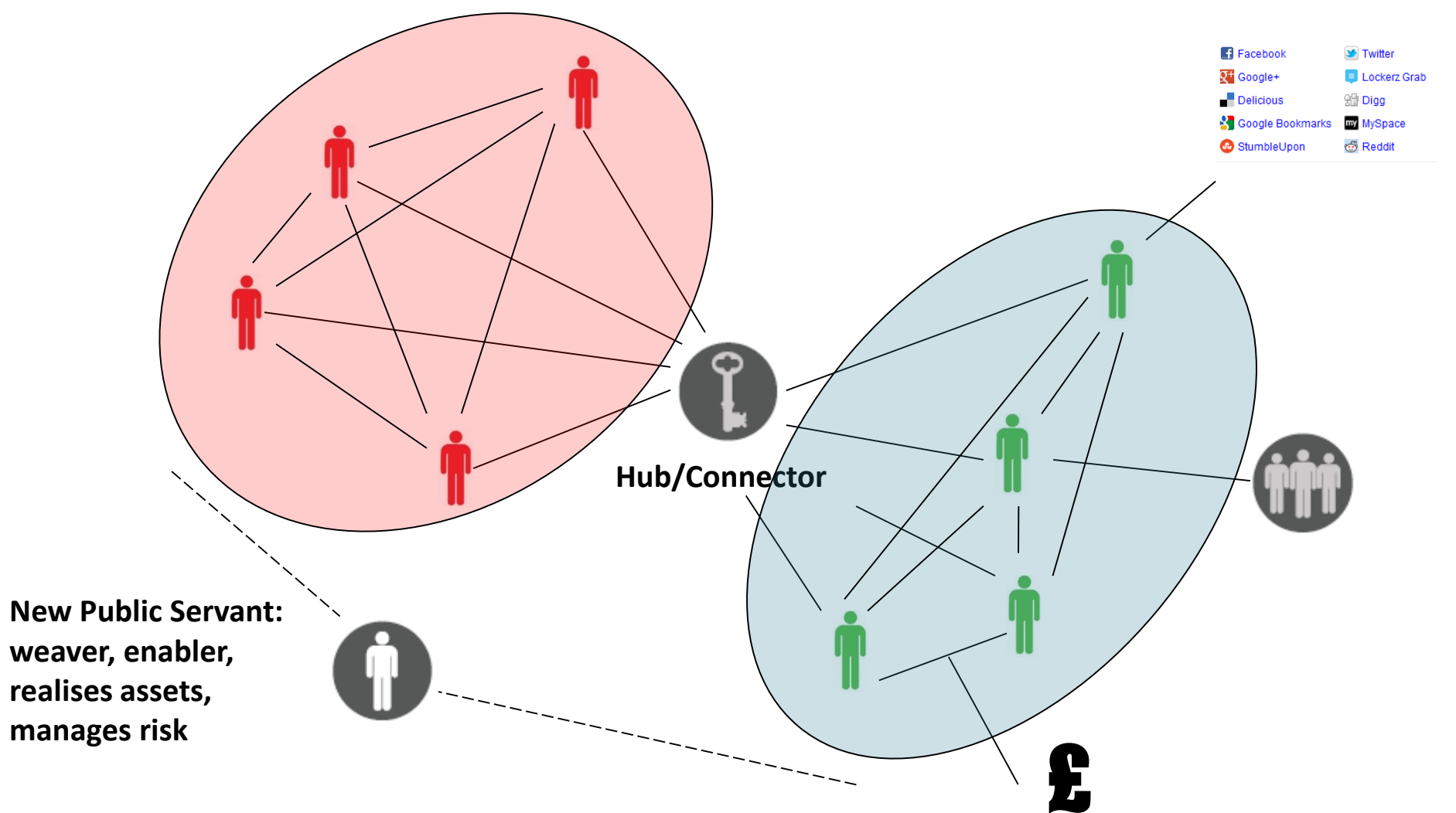
- Dense areas indicating high levels of mutual trust may represent fertile areas for community support and for bridge-building



Blue= respondent,
Pink= named person.
Size= times mentioned
Bold colours= highly trusted
people

(with thanks to Inst for Social Change, University of Manchester)

Connected Communities – implications for role of services



A key finding: the importance of public services

- 20% of all connections in people's (potential) inclusion and mental wellbeing networks are directly or indirectly dependent on the public sector.
- the vast majority – 84% – have some connection to the public sector in their (potential) inclusion and mental wellbeing networks.
- in most areas, those who did not cite the public sector in their networks had lower subjective wellbeing, mental wellbeing and/or life satisfaction.
- the majority of groups 'at risk' of low wellbeing had higher dependency on the public sector and less connections to individuals.
- on average, single parents and the unemployed have a higher dependency on the public sector and fewer connections to local citizens.
- over 65s relied less on the public sector than average for their area, and more on individuals.

Some top line reflections

- *any* policy area benefits from understanding and using networks
- networks offer potentially big effects through small interventions – requires different attitude to risk and evaluation, as some fail
- understanding patterns of connectivity and the transmission of social values and behaviours offers a new approach to policy
- visualising networks can prompt individual and social reflexivity and pro-social behaviour in itself

and some more detail..

- Need a greater emphasis on joining up public policy domains
- ‘Services’ should be considered not just as things provided by the state but also as wider social attitudes and support
- Services should be socially productive, not thin, transactional relationships
- Blur boundaries between the state and civil society - well designed public services can encourage and support, rather than crowd out, efforts of families and communities
- make more of the unseen, untapped capacity in communities – isolated/vulnerable citizens have personal / social assets that are unrecognised, un-utilised
- develop ways of mapping and connecting social supply and demand

What next?

- Test existing models in diverse MH settings:
- Identify the most favourable political environments locally;
- Understand the implications of co-designed community approaches for:
 - a) re-shaping aspects of service organisations and their role
 - b) the changes in professional culture that are needed
- Establish development projects to support a) & b) locally, backed up by:
- Bespoke courses: engagement, networking, co-production, leadership and:
- National and *international* learning networks;
- Align this activity with key policy opportunities and use these levers intelligently;
- Ensure that the lessons from this practice inform further practical research
- Towards a living evidence base that counts!

The challenge..



... to create an *inclusive* vision of expressive citizenship for diverse communities in complex times

'Spontaneous expressions of citizenship will flower in the smallest communities as in the greatest' Festival of Britain Guide 1951

Mange tak for deres opmaerksomhed!

Thank you!

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www.thersa.org/centre-for-citizenship-and-community