

May 2021

# Towards resilience: Making community matter in social care

This report summarises findings from an event co-hosted by Think Local Act Personal (TLAP) and Local Trust. It explores the fragility and fragmented nature of adult social care both before and during the pandemic. It highlights how community focused initiatives are key to a more resilient future for all those that draw on, provide or commission adult social care support.

“We recognise that community is not a place, it is the quality and diversity of our relationships with others that help define our purpose and place in the world; a theme amplified throughout this report.”

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## Key points

- The pandemic has shown how transformation can be achieved when state, communities and individuals work together. What we choose to do next with this opportunity is key.
- Services should take a person-centred approach and move away from being service led.
- We should invest in transformation by scaling back activities that don't work.
- Convene and support a network of people developing asset-based areas:
  - making visible the myriad of skills, knowledge, connections and potential within a community (the assets); focusing on nurturing the strengths and resources of people and communities as basis of social care commissioning.
- Local Authorities (LAs) should actively engage with community groups, such as Big Local partnerships, to help accelerate trust and confidence in devolving more responsibility, funding and decision-making to local citizen led groups.

# Introduction

How can communities play a role in building a more resilient adult social care system? This question was discussed at an online event in March 2021, hosted by Local Trust and Think Local Act Personal (TLAP).

We heard from the following panellists:

- Clenton Farquharson, chair, Think Local Act Personal (& chair of the discussion)
- Sian Lockwood, chief executive, Community Catalysts
- Alex Fox, chief executive, Shared Lives Plus
- Denny Cornuaud, community worker, Plaistow South Big Local
- James Bullion, ADASS president & director of Adult Social Care, Norfolk County Council

The event looked to learn from the community response to supporting people during the COVID pandemic; unpick the opportunities and challenges for putting more power into the hands of citizens; and explore how the 'assets' of a community contribute to the good life that everyone has a right to, including people that draw on social care support.

## Context

[A Telling Experience: understanding the impact of Covid-19 on people who access care and support](#), led by the TLAP Insight Group highlighted common problems faced by people who draw on care and support during the first phase of the pandemic.

The report uncovered difficulties with communication, a lack of co-production, a fragmented care market, and, as widely discussed, the unequal impact upon groups that are the core concern of adult social care – namely older and disabled people and non-white people and communities.

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*We have opportunities to develop the capacity of local people to act as an important element of resilience.*

TLAP's review also captured examples of what does work. For example, when councils and other organisations committed to holistic and innovative approaches respond with agility and flexibility. At its best, there was willingness to share power with people and providers, to act on trust, and take some risk for a common cause.

The response to the pandemic also highlighted the important role community has to play. We have seen local people come together and look out for one another demonstrated by the rapid flourishing of mutual aid groups and an exponential rise in volunteering. We know, therefore, that these 'assets' exist and with timely public investment in nurturing this core economy to become sustainable, we have opportunities to develop the capacity of local people. This will act as an important element of resilience both for those that draw on social care support and well-being in general.

# Discussion: making community matter in social care

## 1. Understanding the relationship between community and social care resilience

Speakers emphasised that we often talk about 'community' services, but frequently we mean institutional services which are located in community settings, very often remote from the relational links and diversity of neighbourhoods. It is important to acknowledge that community is not a place; it is our relationships with others that give us a sense of connectedness, belonging and attachment to place.

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Well-being is heavily influenced by the number, diversity and quality of relationships we enjoy.

We recognised that people drawing on social care support often need help to make connections with other people, in the knowledge that our most important asset, health and well-being, is heavily influenced by the number, diversity and quality of relationships we enjoy.

The irony that the adult social care system places the emphasis on care-based tasks at the expense of the social aspects of life was not lost in this conversation, inviting renewal of the social care 'contract' in funding the 'social' aspect on an equivalent basis to formal care. We appreciate this now, perhaps more than ever, where the pandemic has largely denied freedom of association (other than via technology), the preventative value of social interaction.

**Resilience was understood to be the sustained ability of communities to withstand, adapt to, and recover from adversity. Resilient communities are those that are successful in engaging and involving everyone living there in responding to a particular adversity.**

Prevention is proven to work in terms of saving money, time and improving quality of life. Speakers agreed that, strategically, we should invest in social support as part of the core proposition of social care, if we're serious in helping people enjoy a fulfilling life and diverting them away from expensive acute response public services, to the benefit of the public purse and individuals.

A myth that speakers were keen to dispel is the fixation with independence as an outcome of service delivery spanning, amongst other fields, health, housing and social care, when our focus should be on cultivating the inter-dependencies that are the foundation of healthy relationships, where an exchange of 'resource' takes places in cementing mutuality.

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There is still a tendency to split people into two groups – those needing help and those giving help.

The challenge of how we enable communities to engage everyone, including those who are disconnected or labelled as 'needing' care, in decision-making and contribution remains a stubborn adversary as there is still a tendency to split people into two groups – those needing help and those giving help. Speakers agreed the collective need to challenge this stereotype such that the skills and talents of those needing help aren't lost or overlooked.

## **2. Relationships are vital to good care and support, but they are not easy to prescribe or mandate. So how do we build a relational approach to care with both individuals and communities - what are the essential elements?**

The Care Act offers a helpful foundation and definition that the purpose of social care is to promote well-being. It is implicit that no public service, in isolation, can achieve this ambition with speakers agreeing that unless people who draw on social care are at the centre of equitable local partnerships the ambition will remain unfulfilled.

We know, intuitively and rationally, that our focus and investment must shift to prevention even within current financial constraints; to do otherwise is increasingly unsustainable with costs (financial, social, human, environmental) shunted elsewhere across related systems (e.g. health, housing, criminal justice); there are few winners, long-term, in maintaining the status quo.

The discussion also explored how the state is not always best placed to deliver and should be encouraged to adopt a more enabling role; actively investing in community capacity building, to seed the growth of solutions, unique to each locality.

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**Making visible the myriad skills, knowledge, connections, and potential within a community is key.**

Speakers made the case for investing, long-term, in 'what's strong, not what's wrong' informed by a knowledge of the change required in moving to a social care future worth pursuing. The focus being on making visible the myriad skills, knowledge, connections, and potential within a community (the assets); emphasising the need to redress the balance between meeting needs and nurturing the strengths and resources of people and communities.

Building trust and confidence was promoted as key to asset-based working and a route to establishing a consensus of what good looks like, to help measure distance-travelled. Speakers pointed to York's strategic approach to asset-based transformation as a model which should be more widely celebrated.

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**People making most use of adult social care and those that may otherwise be excluded need to be embedded in the conversation.**

Progress has already been made in this area. LAs and the NHS, through local Health and Wellbeing Boards, published a Joint Strategic Needs Assessment to help identify local strategic priorities. Committing to developing and maintaining a parallel Joint Strategic

Assets Assessment would help drive the shift to a strengths-based approach, less reliant on the prevailing deficit-based model.

People making most use of adult social care and those that may otherwise be excluded (e.g. through digital access, culture, language) need to be embedded in the conversation if we're serious about co-production & asset-based working. Speakers agreed that deep behaviour and cultural change is required to localise responses through community groups capable of reaching the groups of interest to adult social care.

In terms of devolving public funds to communities, local authorities (LAs) can learn much from the 'Big Local' initiative in entrusting funding and decision-making to local groups; supporting neighbourhoods to build their capacity and confidence in delivering high value returns from the investment of money and capacity building support in an area. In this way, LAs can have confidence in boosting the appetite and capability of the core economy to help build a sustainable and resilient community-based solution to the social care support many people rely on.

### **3. How can social care leaders support a move to relationship-based care and support?**

The impact of the pandemic and 10 years of austerity compel a radical shift in the shape and flavour of adult social care if we agree that people drawing on social care support have the right to a fulfilling life, beyond meeting basic needs. The pandemic has reminded us that we are social animals and must properly invest in embedding the social aspects into all our lives to make life worth living.

Speakers acknowledged that the adult social care sector is underfunded and invite the social care reforms being initiated by central government to improve the financial settlement. However, in the knowledge that we can't just wait for government to move, social care leaders do have options to step away from those systems and approaches that stifle transformation (e.g. care management); the first step being, to own the issues and open the debate, locally, regionally and nationally. This means re-skilling to adopt a culture and behaviours that foster a more collaborative, co-produced, person-centred system with well-being as its priority.

#### **How can commissioners help?**

Whilst there are good examples of community-focused transformation, driven both by organisations and local authorities committed to an asset-based approach, these approaches are some distance from becoming the default. It may be that central government, in its review and reform of social care chooses to incentivise LAs and other public-sector bodies to invest in developing asset-based areas.

Increasing citizen-led commissioning requires a fundamental shift in behaviour, and with a handful of LAs on this learning curve it will be important for more social care leaders to contribute, across the public, private and third sector to transition their way of working to approaches that start and end with neighbourhoods.

#### **Big is best, right?**

The temptation in replicating transformation is to scale up local initiatives, roll models out nationally, assuming the complexity of community replicates the economies of scale that tend to apply in industries like manufacturing.

Speakers contended that the invitation we need to accept is much more about scaling back some of the current, dominant models of care and support. They discussed how we

need to make space for new growth, of smaller, more agile and personalised approaches that are embedded in the lived experience of people, draw on social care support, and focus less about service led solutions that tend to frustrate the right to a good life.

Co-producing the future of social care with people who have lived experience is an open door for the sector and a catalyst to drive disinvestment in familiar initiatives that fail to deliver the ambitions of the Care Act; essential in re-purposing scarce resources to seed, test and nurture activity with a better fit for the aspirations expressed by speakers.

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Community-based resources are not free to 'harvest' and require investment to build credible local partnerships that can take greater responsibility in enabling everyone to enjoy a good life.

Thinning out public sector bureaucracy requires a high level of trust and confidence. We can point to amongst other examples, the evidence from the Big Local programme that trusting local people, to act in the best interests of other local people, reaps dividends. As does investing in community micro-enterprise, enabling local people to sustainably support other local people with choice and control, equitably in the hands of both parties. These proven and credible examples are components of a circular economy where each stage of capacity building enhances connectivity and mutuality within the complex array of relationships common to most if not all local areas.

However, speakers reminded us that community-based resources are not free to 'harvest' and require investment to build credible local partnerships that can take greater responsibility in enabling everyone to enjoy a good life. Their conversation recognised that the 'powers that be' may expect and over-rely on the goodwill of local people. They noted that there is a big danger in recovery from the pandemic, and that resilience will crumble if too much is asked over too long a time. Where LAs, in particular, are able to adopt a more risk positive approach and invest in community capacity building, it could determine if the spirit of mutuality generated during the pandemic ebbs away or consolidates in the form of new viable long-term partnerships with an ambitious shared vision.

## What next?

Social care is much more than the provision of formal care services, important as these are and as this discussion demonstrated we need a continued wide-ranging public conversation about social care reform.

It is also clear that considering social care as a walled garden (of services for specific groups of people), separate from the joys and travails of ordinary living is without merit. Collectively, we're seeing this in the context of 'people wanting a life, not a service' with consensus emerging from [Social Care Future](#), a growing social movement, articulating a bolder and more optimistic future for social care based on this vision:

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"We all want to live in the place we call home with people and things that we love, in communities where we look out for one another, doing things that matter to us."

Local Trust, in enabling Big Local communities to establish credibility and assert their agency, is lighting the way in illustrating the power of trusting local people to connect people and groups together for shared objectives. There are a few factors that appear key to making transformation and decision-making happen at a local level: long-term commitment to providing good quality support and guidance; helping local people construct their governance arrangement and networks; and adequate funding. This discussion made it clear that this ethos bares many similarities to the emerging shared future vision of social care, where power could be shared more equally in co-producing solutions to complexity alongside people with lived experience of drawing on social care support.

Specifically, speakers identified the following issues they'd like to see advanced in the next 12-months to determine the distance travelled:

- Three or four LA initiatives devolving a meaningful level of adult social care budget to neighbourhoods as a contribution to extending and sustaining the mutual aid generated throughout the pandemic in co-producing a better quality of life for people that draw upon social care.
- Closer links forged between those building asset-based areas to share learning and expertise.
- More community-centred initiatives including Shared Lives, Homeshare, community micro-enterprise to help migrate these innovations from the margins to the mainstream.
- Social care systems formally assessed for inclusivity including measures that ensures everyone belongs, and no one is left behind.

Our chair closed the discussion with the notion of Umutu:

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"I am because we are, where my happiness depends on yours.  
We are interconnected."

## Further reading and resources

[The Asset-Based Area](#): makes visible and values the skills, knowledge, connections and potential in a community; emphasising the need to redress the balance between meeting needs and nurturing the strengths and resources of people and communities.

[Asset-Based Community Development](#): How to rebuild relationships with communities through asset-based approaches.

Care Management: an administrative model of assessment, deriving from the 1990s not considered by ADASS et al as complementing the goals of the Care Act;

[Co-commissioning](#): making the business case for a shift to co-commissioning of health and care services with communities and the voluntary sector.

[Co-production](#): where everybody works together on an equal basis to create a service or come to a decision which works for them all

[Community Wealth Fund Alliance](#): where you're interested in flexible funding for communities, do consider signing up to support the alliance.

[Direct Payments; working or not working?](#): a review of the good, the bad and the ugly of Direct Payments as a route to improved choice and control for people drawing on social care support.

[Diseconomies of scale](#): small is not only beautiful but often more valuable than the notion that scaling up successful local initiatives delivers efficiencies.

[Family by Family](#): linking families up with other families to support them and enable them to make the changes they want in their lives (coming to Stoke in 2021, via Shared Lives Plus).

[Homeshare](#): bringing together people with spare rooms with people who are happy to chat and lend a hand around the house in return for affordable, sociable accommodation. Together, Householders and Homesharers share home life, time, skills and experience.

[Innovations in community-centred support](#): if you are from an organisation which takes an asset-based approach, please ensure you are on the TLAP online catalogue of innovative organisations.

[Left behind neighbourhoods](#): this report outlines why existing social infrastructure was so important for responses to the pandemic.

[Shared Lives](#): short film made by Meg who is an expert by experience to illustrate what Shared Lives is all about.

[Social Care Innovation Network](#): helping local areas take innovative approaches to social care support. Providing answers to the challenge of scaling up primarily small, community-focused examples of innovation.

[Street Associations](#): help your street to become more friendly, supportive – a place people belong, have friends and look out for one-another.

[Valuable and Vulnerable](#): we need to understand that people who draw on social care are valuable and vulnerable (at times), just like everyone else!



## About Local Trust

Local Trust is a place-based funder supporting communities to transform and improve their lives and the places where they live. We believe there is a need to put more power, resources and decision-making into the hands of local communities, to enable them to transform and improve their lives and the places in which they live.

We do this by trusting local people. Our aims are to demonstrate the value of long term, unconditional, resident-led funding through our work supporting local communities make their areas better places to live, and to draw on the learning from our work to promote a wider transformation in the way policy makers, funders and others engage with communities and place

[localtrust.org.uk](http://localtrust.org.uk)

## About Think Local Act Personal

Think Local Act Personal (TLAP) is a well-established national partnership whose mission is to promote personalisation and community-based care and support. We work with over 50 national partners from across the care and support sector, a small expert team, together with our National Co-Production Advisory Group (NCAG). The latter are people with direct lived experience of social care, together with family carers. Our work is co-produced with members of NCAG so as to ensure that their concerns and experiences are at the heart of what we do.

[thinklocalactpersonal.org.uk](http://thinklocalactpersonal.org.uk)

# Local Trust

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