Building Community Capacity
Evidence, efficiency and cost-effectiveness

Catherine Wilton, on behalf of Think Local Act Personal, October 2012
Introduction

There is a growing political consensus for further reform of the social care system to prevent more people from reaching crisis. This can be done by promoting well-being and enabling people to play a more active role in finding their own solutions. There is also an emerging recognition that even the best formal services cannot effectively tackle social isolation or exclusion. However, evidence that demonstrates the impact of non-traditional approaches needs to be highlighted and strengthened so that local and national leaders can make the case for investing in growing and nurturing social capital at a time of budget constraints.

This paper briefly draws together some of the evidence that Think Local Act Personal is aware of that contributes to this business case – demonstrating better outcomes or in some cases, financial benefits for focusing on nurturing stronger communities. There are some fundamental lessons to learn from this evidence about the health-preserving effects of good social networks, connected communities, the value of peer support and the multiplicity of outcomes well beyond social care that can be improved by working with local people in a co-productive way. There is a strong case to be made for a joined-up, local approach to health and wellbeing that seeks to connect people together and to create the conditions for happier, healthier communities through participation and inclusion.
Background

In March 2012, a group of senior leaders from council social services departments met with colleagues from the Department of Health to discuss the role which Association of Directors of Adult Social Services (ADASS) members are playing in fostering citizen and community leadership.

Questions raised at the seminar included:

1) Should we pilot approaches and rigorously evaluate their cost benefits before scaling up those with a proven case, or ‘let a thousand flowers bloom’ and look for success amongst numerous small initiatives?

2) How can we scale up citizen and community-led approaches which are built on close relationships at the micro-scale, without losing the essence of their effectiveness?

3) Is the priority to aim for a truly universal offer, which reaches everyone, or to aim to target specialist interventions more effectively upon those with emerging support needs?

4) What are the best ‘hooks’ for getting decision makers, commissioners and citizens interested in social capital approaches?

The participants agreed that some leaders will be motivated by personal stories and case studies, but that commissioners and finance directors may need more hard data in order to be convinced. The latter was often most difficult to come by. Think Local Act Personal agreed to pull some of the evidence together to help local and national leaders make a convincing case for investment.

Think Local Act Personal’s Building Community Capacity workstream has been encouraging providers and commissioners of social care to think about four key areas in relation to social capital:

- Building social support networks
- Encouraging membership of groups
- Nurturing an inclusive community
- Enabling everyone to make a contribution (participation and co-production).

This paper reports on some of the available evidence in these areas, which we have grouped together under Better Outcomes and Economic Benefits.
Better Outcomes

Social networks and better outcomes for physical health

There is strong evidence to suggest that interventions which increase people’s support networks and social connections improve health and reduce illness and death rates. Dr Brian Fisher of the Health Empowerment Leverage Project (HELP) has written a comprehensive literature review of the impact of community development. Among the many findings in his review, he shows that:

- Low levels of social integration, and loneliness, significantly increase mortality whilst people with stronger networks are healthier and happier.2
- Social networks are consistently and positively associated with reduced illness and death rates.3, 4, 5
- In a study in Chicago, neighbourhood social capital—as measured by reciprocity, trust, and civic participation—was associated with lower neighbourhood death rates.6
- A number of studies have found that areas with poor social capital have higher rates of cardiovascular disease in general and recurrence of acute coronary syndrome, in particular among lower-income individuals.7
- Collective efficacy—the willingness of community members to look out for each other and intervene when trouble arises—reduces body mass index, being at risk of obesity, and overweight status.8
- Another study compared the likely impact of community development on heart attack risk. Per 1,000 men, the study estimated that increased social cohesion and social networks would prevent 2.9 fatal heart attacks or heart failure, compared with 4.0 fatal heart attacks in men who received conventional approaches to prevention such as screening and cholesterol-lowering drugs.9

References:
An international meta-analysis of data across 308,849 individuals followed-up for an average of 7.5 years, indicates that individuals with adequate social relationships have a 50 per cent greater likelihood of survival compared to those with poor or insufficient social relationships. The analysis concludes that: “The quality and quantity of individuals’ social relationships has been linked not only to mental health but also to both morbidity and mortality [and] it is comparable with well-established risk factors for mortality,” such as smoking, alcohol, body mass index and physical activity. This is consistent across other demographic factors such as age, sex, cause of death.10

Social networks and better outcomes for mental health and wellbeing

There is evidence to suggest that social relationships can reduce the risk of depression.11 Moreover, behaviours and emotional states are ‘contagious’. Happiness can spread by up to three degrees of separation, e.g. to friends of your friends’ friends.12

Dr Fisher’s literature review also found that social networks had a crucial part to play in mental health, both in prevention and better outcomes. He writes:

- Several studies have shown that social networks and participation act as a preventative agent against cognitive decline.13
- National surveys of psychiatric morbidity show that the most significant difference between this group and people without mental health problems is social participation.14

In addition, the New Economics Foundation’s ‘Five Ways to Wellbeing’ evidence review found that:

- Social relationships are critical for promoting well-being and for acting as a buffer against mental ill health.15
- A primary social network (defined as the total number of close relatives and friends) of three or less predicts the likelihood of common mental health disorders.16

Happy people have stronger social relationships than less happy people.\(^{17}\)
Social networks promote a sense of belonging and well-being.\(^{18}\)

### The impact of association – joining and participating in groups

The renowned political scientist Robert Putnam writes in his book ‘Bowling Alone: the collapse and revival of American community’ that joining and participating in one group could cut in half your chances of dying next year. Joining two groups cuts risk by 75%.\(^{19}\)

Another European study showed a strong link between both community involvement and individual-level membership of groups and self-reported happiness even after adjusting for other possible explanations.\(^{20}\)

### Better outcomes through encouraging contribution and participation

In Five Ways to Wellbeing, the New Economics Foundation highlight evidence that reciprocity and ‘giving back’ to others can promote well-being. They write, “the Foresight definition of mental well-being says that it is enhanced when an individual is able to achieve a sense of purpose in society and, thus, contribute to their community. So, helping, sharing, giving and team-oriented behaviours are likely to be associated with an increased sense of self-worth and positive feelings.”\(^{21}\)

The report states:

- Feelings of happiness and life satisfaction have been strongly associated with active participation in social and community life.\(^{22}\)
- For older people, volunteering is associated with ‘more positive effect and more meaning in life’.\(^{23}\)
- Supporting others has been shown to be associated with reduced mortality rates.\(^{24}\)

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24 Huppert (2008)
• ‘Committing an act of kindness once a week over a six-week period is associated with an increase in well-being, compared to control groups.’

• ‘Participation in shared tasks like community service and social life’ can predict life satisfaction.

The academic evidence is consistent with evaluation findings of projects that Think Local Act Personal is aware of or has been working with over the past few months. For example:

• Spice, the social enterprise that develops agency timebanking systems for communities and public services, reports that, ‘levels of active engagement rapidly increase, negative social problems decrease and the negative cycles of dependency and inactivity begin to unravel,’ when their timebanking systems are introduced.

• The Shared Lives evaluation reported many benefits for those supported, including increased control and choice, increased confidence, self-esteem, skills and independence, stronger reciprocal relationships with others, widening social networks and better community inclusion, increased physical and emotional wellbeing, reduced likelihood of abuse and increased community awareness and involvement.

• Research into the effectiveness of self-management like the Expert Patient Programme (EPP) has demonstrated the positive outcomes that attending a course can have for someone with a long-term health condition. Crucially, participants and facilitators of the course have long term conditions. A randomised trial carried out by the National Primary Care Research and Development Centre found that course participants have improved partnerships with doctors, increased confidence to manage their condition, improved quality of life and psychological wellbeing and increased energy after participating in the programme.

Social networks and better outcomes for older people

Dr Fisher writes, ‘Social support helps older people to maintain their quality of life, stay in their own homes longer, maintain cognitive ability and sustain friendships’.

• The Partnership for Older People Projects (POPPs) aimed to promote health, well-being and independence among older people and to prevent or delay the need for higher intensity or institutional care. The 2010 evaluation report concluded that investment in community development for older people produces significant gains in quality of life and financial benefits.

25 Lyubomirsky et al. (2005)
27 www.justaddspice.org/our-work.html
30 Fisher B. (2011)
The Link-Age Plus initiative provided older people with new opportunities to socialise in leisure, self-help and volunteering capacities which developed new skills, empowered participants and also had the effect of saving service capital.32

The benefits beyond health and social care of strong social capital

There are good arguments for a joined-up local approach to community empowerment that includes organisations and departments within councils far beyond adult social care. Evidence which shows it is worth everyone’s investment includes:

Crime and community safety

- Areas with stronger social networks experience less crime33 and less delinquency.34
- Neighbourhood Watch can reduce crime by 16-26%.35
- The time credits organisation Spice documented a 17% reduction in crime following the introduction of a timebank scheme in local youth groups.

Educational attainment

Social capital has been linked to increased educational attainment.36 Coleman noted that those children and their families who were able to realise their full educational potential were supported in so doing by being part of social networks and community associations.

In 1995, the Beacon Estate in Cornwall was a ‘community in crisis, blighted by violence, intimidation and drug dealing and people felt isolated abandoned and helpless.’ Two health visitors began working to engage the community and local front line staff about the problems. This has had an enormous impact on reversing the health and social decline of the community. Crime and unemployment rates, teenage pregnancies and rates of post-natal depression have dropped and educational attainment has soared.37

Public sector efficiency

There is evidence to suggest that involving people and communities in decisions and in running local services can make government more efficient.38

Innovation

Social participation and social networks have been linked with innovation.39

Social determinants of ill-health – income

Studies have shown that strong social capital within communities is linked to increased household income.40

Viability of local services

There is evidence from Sport Reading that starting up groups for older and disabled people has increased use of local leisure facilities. Buckinghamshire pub clubs have encouraged people to join and set up lunch groups in local pubs, prized community facilities.

Better neighbourhoods

Environmental ‘rescue’ volunteers contribute to cleaner, greener neighbourhoods and ‘Speed Watch’ volunteers help reduce traffic speed. Events like street parties and community carnivals that enable neighbours to meet each other, have fun and learn about different cultures are among the top factors that people cite as essential elements of strong communities.41

41 Research carried out by Catherine Wilton involving conversations with over 500 people in local communities across the country last year for Think Local Act Personal and the Local Government Association’s Ageing Well programme.
Economic Benefits

As well as the evidence for better outcomes there is a growing body of evidence that suggests building community capacity has economic benefits.

Costs and benefits of community-based approaches

As part of the Building Community Capacity project, Professor Martin Knapp at the London School of Economics (LSE) investigated community building initiatives and found that they were not only cost effective but ‘generated net economic benefits in quite a short time period.’ The research\(^{42}\), published by Think Local Act Personal in 2011, aimed to investigate whether investment in three different community initiatives could reduce the need for social care and thereby generate cost savings. It has been recently peer-reviewed and is expected to be published in a journal shortly.

Knapp et al looked at three types of intervention – timebanking, befriending and community navigating – and found that these initiatives produced strong value for money returns in a very short space of time:

- **Timebanking** – using hours of time rather than money as a community currency. Cost per member per year = £450; savings per member per year = more than £1300.
- **Befriending** – aiming to reduce social isolation, loneliness and depression, particularly among older people. Cost per older person per year = £80; savings per person per year = £35 per person in the first year, rising to a probable £300 future saving per person per annum, due to a reduced need for treatment and mental health problems.
- **Community navigator scheme** – using volunteers to provide a direct link between marginalised people and public services. Costs = £300 per person; savings = at least £900 per person in the first year alone.

Economic benefits of timebanking

Julia Slay’s report for Nesta ‘More than Money’\(^{43}\) shows that time exchange schemes like timebanking can improve well-being, physical and mental health, social inclusion, employability and skills and reduce isolation.

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In terms of cost-benefit analyses the report highlights the following:

- The Member Organized Resource Exchange (MORE) in St Louis calculated the activity of members to a monetary value of $3.5 million from 1991 to 2008.

- The New Economics Foundation Social Return on Investment analysis of the Holy Cross Centre Trust time bank demonstrated a social return of £3.40 for every £1 invested by Camden council. In 2009/10, the value of the mental health services contract was £689,515. The contributions of timebank members during this time were valued at £137,119, using the London Living Wage campaign guidelines. This generated over £4,700,000 in social value.

**Economic benefits for a whole community approach**

The argument for a targeted versus a whole population approach continues. There is good evidence that a whole population approach can be cost-effective and a good investment for health and wellbeing boards:

- A Centre for Mental Health study found that for every £1 spent, £14.35 could be saved through school-based programmes to reduce bullying and £9.69 through workplace mental health management.\(^44\)

- The Health Empowerment Leverage Project (HELP) worked in three local authority areas over an 18-month period to promote participation and community involvement and better interaction between agencies. Using GP practice-level data, the project group estimates that the financial savings per neighbourhood over three years will be £655,162, against an investment in setting up the project of £145,500. Extrapolating the data, they claim that investment in the 20% most disadvantaged neighbourhoods in a typical local authority or Clinical Commissioning Group area would produce a health saving of £4,242,726 over three years – just over £1.41m a year. Using this form of community development in the 20% most disadvantaged neighbourhoods in England would save the public purse £330m a year.

- Research undertaken by the New Economics Foundation found that investing £1 in community development delivers £3 of social value.

**Economic value of peer support and volunteering**

- Europe-wide research using the ‘Volunteer Investment Value Audit’ (VIVA) method showed returns of between 1.3 and 13.5 to one on the financial investment.\(^45\)

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\(^{44}\) Knapp M et al (2011) Mental health promotion and mental illness prevention: The economic case. Personal Social Services Research Unit, London School of Economics and Political Science

• A study for the Joseph Rowntree Foundation found a social return of between £2 and £8 for every pound spent on volunteers. Although volunteering is not cost free (recruiting, training and deployment all create costs,) based on local rates of pay, the value of volunteering per organisation in the study ranged from £2,000 to £14,000 with a total of £80,000 for the twelve organisations.

• Peer support in mental health can save bed days and reduce hospital re-admissions by 50% compared with traditional care. The Leeds Survivor-Led Crisis Service saves £28,000 each year compared with traditional care.47

• Support groups like the Expert Patient Programme promote health and save money – £6.09 social return per £1 spent. Recent data also shows it reduces GP consultations by 7%, outpatient visits by 10% and A&E attendances by 16%. Pharmacy visits increased by 18%.

Economic benefits of community-based programmes to engage older people

Evidence from the Partnerships for Older People’s (POPPs) projects showed that:

• Overnight hospital stays were reduced by 47% and use of accident and emergency departments by 29%.
• Every £1 spent on POPP services generated £1.20 in savings on emergency beds.
• Phone calls to GPs fell by 28% and appointments by 10%.
• Visits to practice nurses fell by 25%.48

Economic benefits to co-production

In the New Economics Foundation report ‘Budgets and Beyond’ Julia Slay states that co-production brings economic benefits in:

• Additional capacity – the time and contributions that people themselves make to a service or community – for example, she points out that the Holy Cross Centre Trust timebank involves over 600 people across Camden. These contributions were recently valued at £137,119 by a recent Social Return on Investment evaluation.

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• Prevention – when people are supported to take control, remain independent, and take an active role in community life, ‘the effect is often to reduce their need for services in future. For example, the Washington Youth time court has used many features of co-production in its support, and has reduced re-offending rates significantly below those of the state and national averages.’

Slay adds, ‘Holy Cross Centre in Camden is a mental health centre, but has also demonstrated its impact on social inclusion, improved employability and reduced demand for acute health services. These cross sector benefits have a major impact on reducing the demand for services, and on increasing economic contributions to the state in the form of tax revenues, or reduced benefits, if people are supported into work. Yet we currently have neither a public accounting system, nor a means of allocating public funds, that accurately capture or encourage these benefits.’

The London Borough of Lambeth is piloting new approaches to Community-led Commissioning at neighbourhood level by developing a network of sustainable community services across the borough, which are owned and controlled by local communities. A team of council ‘entrepreneurs’ help to establish organisations and aid the development of local third sector markets. The council has transferred £3.5m in assets to community providers over the past three years. So far this approach has delivered £2.4m in efficiency savings whilst increasing external investment into the borough by £5.5m. The opportunities for community involvement range from influencing to direct management of public resources, such as co-operative libraries, a network of neighbourhood lunch clubs and an Older Peoples and Carers’ Resource Centre owned and delivered by older people. The latter now has 40 volunteers delivering 5,000 placements a year and supports a network of 2,000 carers who now enjoy a simpler route to local services.50

**Economic benefits of community-based approaches to care and support**

• KeyRing Living Support Networks can save around 25% compared to alternative support models. The Care Services Efficiency Delivery programme studied a network in a market town that had an annual running cost of £38,090.51 They calculated that alternative support would have cost £55,430, a net saving of £17,340 or 31%. There are additional benefits over and above the cost savings. KeyRing networks also improve individuals’ social life and confidence, enabling members to be more resilient in terms of living independently in the community.

• MacIntyre has worked with Derbyshire Council to replace two large, traditional day centres to smaller, community-based hubs providing activities and learning opportunities for between 20 and 30 individuals each. MacIntyre have been able to make efficiency savings of £100,000 a year which have been reinvested in the service. These have come from a variety of sources including through personalised contracts and by redefining staffing roles and structures. Reinvesting money has provided an added incentive to work as efficiently as possible.

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50 Lambeth Council www.thinklocalactpersonal.org.uk/_library/ACT_Together_at_Lambeth.pdf

• Shared Lives has managed to demonstrate excellent value for money, and also significant cost savings when measuring unit costs against alternative service models. This resulted in savings of £640 per person in Shared Lives instead of learning disability residential care and £995 compared to a person in learning disability supported living.

• Evaluations of local area co-ordination (LAC) in Australia have suggested a 30% reduction in costs and provide, ‘value-for-money outcomes not matched by any other areas of disability service delivery (in Australia)... LAC provides more supports to more people, with a high level of satisfaction, at a cost that is more likely to be able to be afforded by (the Australian) Government.’

• Community skills development is a model developed by Skills for Care that focuses on understanding the skills that exist at an individual and group level in a local community and how those skills can be used and be developed in the context of community capacity building. By working with test sites in England, Scotland, Northern Ireland and Wales the community skills project has been able to demonstrate that using a very simple model can be a low-cost way of enabling participation, improving community cohesiveness and raising confidence amongst people involved in the programme. It is a model that can work in a commissioning context, a provider context, a parish council context and a local residents association context. It highlights that skills are not necessarily about qualifications, they can be about a broad range of knowledge and experience that people bring together in their local community and that they may or may not be aware that those skills have currency. By helping people to identify the value of what they already know this can raise their own ability to participate in capacity building projects.

• A report that examined practical examples from National Care Forum members published in June 2012 described the distinctive contribution made by the not–for-profit sector to building social capital. It found that the sector makes a wide variety of distinctive and valuable contributions to the social capital of different types of community because of their commitment to social values and the reinvestment of surplus.
Conclusion

There is clear evidence that promoting community connections leads to better health and wellbeing and has economic benefits too.

A ‘place-based’ approach to setting priorities and funding community development has to be the way forward in tough financial times so that the organisations and budgets that might benefit from the approach contribute to the costs in setting up the activities. Health and Wellbeing Boards are in an ideal position to lead this local approach and effort needs to be made to promote these issues to this vital group.

For more information about Building Community Capacity, visit:
www.thinklocalactpersonal.org.uk/BCC
Think Local Act Personal is a sector-wide commitment to moving forward with personalisation and community-based support, endorsed by organisations comprising representatives from across the social care sector including local government, health, private, independent and community organisations. For a full list of partners visit www.thinklocalactpersonal.org.uk