Practical approaches to improving the lives of disabled and older people through building stronger communities

Social Care

Improving the lives of disabled and older people through building stronger communities

DH INFORMATION READER BOX	
Policy	Estates
HR / Workforce	Commissioning
Management	IM & T
Planning /	Finance
Clinical	**Social Care / Partnership Working**

Document Purpose	Best Practice Guidance
Gateway Reference	14847
Title	Practical approaches to: Improving the Lives of Disabled and Older People through Building Stronger Communities
Author	Social Care Policy, DH
Publication Date	16 Nov 2010
Target Audience	PCT CEs, Care Trust CEs, Directors of PH, Local Authority CEs, Directors of Adult SSs
Circulation List	NHS Trust CEs, SHA CEs, Foundation Trust CEs
Description	Social care transformation is not limited to personal budgets or even to public services targeted at people eligible for state support. It is also about how people help themselves and each other as individuals, in groups and communities and how they make best use of the resources available for all citizens in their area. This briefing sets out the arguments for building strong and resilient communities, including new evidence that it can save money, and outlines practical approaches to building social capital that are currently being developed by councils in the Building Community Capacity learning network.
Cross Ref	
Superseded Docs	
Action Required	
Timing	
Contact Details	Abigail Merrett Social Care Policy Division Room 116, 133-155 Waterloo Road London SE1 8UG 2079724111
For Recipient's Use	

Social Care

Practical approaches to improving the lives of disabled and older people through building stronger communities

Prepared by:

Catherine Wilton and Martin Routledge

Personalisation Programme

Department of Health

Contents

Executive summary

Alongside *A Vision for Adult Social Care: Capable Communities and Active Citizens* and the renewed partnership agreement between government and the social care sector, *Think Local, Act Personal*, this briefing and its appendix:

- Sets out why building strong and resilient communities is a key component of social care transformation

- Outlines approaches currently being developed by councils with their public sector and community partners – in particular those who have been part of the *Building Community Capacity to Put People First* project

- Directs readers to useful materials and trails forthcoming practical aids from the consortium.

1. Introduction

Social care transformation is not limited to personal budgets or even to public services targeted at people eligible for state support. It is also about how people help themselves and each other as individuals, in groups and communities and how they make best use of the resources available for all citizens in their area. State resources are under strong pressure and are only a small part of what is available in communities. Sustainable local social care strategies will recognise this, supporting community capacity so that people are not limited to the passive role of 'service user'.

A Vision for Adult Social Care: Capable Communities and Active Citizens says, *"Social care is not the sole responsibility of the state. Communities and wider civil society must be set free to run innovative local schemes and build local networks of support."*[1]

Over the past year, the *Building Community Capacity to Put People First* project has been engaging with and learning from councils and their community partners who are working to make this goal a reality. This briefing and its appendix puts their work in the context of the personalisation agenda and shares some of the learning to date. More is available at the project website hosted by the Social Care Institute for Excellence at www.puttingpeoplefirst.org.uk/BCC and additional practical tools and materials from the project will follow later in the year.

---

[1] Department of Health (2010) *A Vision for Quality in Social Care: Capable Communities and Active Citizens*

2. The policy context

The coalition agreement states, "*The Government believes that the innovation and enthusiasm of civil society is essential in tackling the social, economic and political challenges that the UK faces today. We will take action to support and encourage social responsibility, volunteering and philanthropy, and make it easier for people to come together to improve their communities and help one another.*"[2]

The Prime Minister has talked about a *'fundamental shift - to local people and local institutions'*[3] and the Cabinet Office has stressed three key strands of the Big Society agenda:

- **Community Empowerment** – devolution of power to communities, the creation of a team of community organisers and supporting the creation of new groups

- **Social Action** - fostering and supporting a new culture of community involvement, social action, volunteering, charitable giving and philanthropy

- **Public Service Reform and supporting co-ops, mutuals and social enterprise** – removing centralised bureaucracy, devolving power to professionals and opening up public services to new providers[4].

A Vision for Adult Social Care: Capable Communities and Active Citizens and the Partnership Agreement led by the social care sector, *Think Local, Act Personal* calls for a whole population, community-based approach. The Partnership Agreement encourages councils and their partners to:

- **Encourage and help local communities** and groups to provide networks of support, to help people improve their health and well-being, and to reduce their need for more acute care and health services.

- **Actively involve people, carers, families and communities** in the design, development, delivery and review of innovative care and support arrangements to maximise choice and independence and utilise the widest range of resources.

- **Make and sustain evidence-based investments**, which maximise existing community capacity, reduce demand and enhance well-being through primary, secondary and tertiary prevention. This may include support to local voluntary organisations and mutual self-help schemes; providing small community grants or business advice to social enterprises; and making best use of existing housing, leisure, library and other cultural services. It can also include work with providers to maximise and sustain investment in the development of services providing greater choice, control and community connection.

- **Develop and facilitate workforce skills and activity** to help people use their personal, family and community capacity.

---

[2] Cabinet Office (2010). *The Coalition: our programme for government*
[3] See www.guardian.co.uk/commentisfree/2009/feb/17/cameron-decentralisation-local-government
[4] Cabinet Office (2010). *Building the Big Society.* Coalition policy paper.

3. The task ahead

When people have more pride in their neighbourhoods and feel valued in their communities, this can have effects on many quality of life measures, including crime, environment, community cohesion and educational attainment. Creating the context in which people's social connections can flourish and grow is vitally important. Developing *social capital* can help people and groups become stronger and more self-reliant.

Social care is well positioned both to take direct action to build capacity and become an active partner in other initiatives to ensure that they benefit disabled and older people. The shift of lead responsibility for public health to local authorities will provide a major opportunity for integration of activity, as will more powerful Joint Strategic Needs Assessments (JSNA), helping to establish an evidence-based consensus around local priorities for action. As new commissioning arrangements are developed, councils will need to focus on developing strong working relationships with GPs in their commissioning role and work closely with children's services to identify opportunities for providing more effective, holistic and efficient care and support**.**

Joined-up local action across public agencies will increasingly be co-designed and delivered with the people who use services. We are building on great strengths – a long history of self-help and mutual aid, a strong and diverse voluntary sector, a tradition of volunteering and the enthusiasm mobilised by new models such as timebanking. In particular, we benefit from the strong disabled people's movement, the huge contribution of family carers and the major assets of time and experience offered by growing older generations.

As a society however, we face new and expanding challenges. It is vital therefore that we support these contributions more strongly in the years ahead. There are therefore powerful arguments for an increased focus on building community capacity.

People create outcomes

The overwhelming evidence is that what people do for themselves and with others - not services - delivers the bulk of social outcomes, for instance safer streets, teaching children to read, maintaining good physical and mental health and personal care. When quantified, the value of the time that people commit often dwarfs the contribution that services make. However, few agencies and services are fully aware of this social capital and the role it plays. Collaboration between people using their own resources (time, will power, effort) and public resources (like professional help) is increasingly necessary. This *co-production* can lead to results that people strongly appreciate and are more effective and efficient than when services are simply provided for them.[5]

---

[5] Cabinet Office (2009). www.cabinetoffice.gov.uk/media/207033/public_services_co-production.pdf

Social networks make a vital contribution

Family, friends and neighbours help each other to find jobs, care for children, look out for one another and stay safe. However, most universal and targeted services do not yet work in a complementary relationship with these networks making it harder for many people to access them. Most services equally do not focus on helping to *build* social networks or make them more effective, thus making it more complicated and expensive to provide services. The way forward has to be to involve people, not just in the redesign of existing services, but also in co-discovering new ways of doing things that support citizens and their social networks to meet their own needs.

Personalised services benefit all

Both commercially and publicly funded universal services are often targeted at a range of 'average citizens,' making it difficult for some people to access them. People who are unwittingly excluded either have to pay extra for the support they need to use the service, fall back on scarce and more costly, targeted services that cut them off from others, or go without. This further undermines the quality of life of already excluded people. Making universal services work for all citizens is therefore essential.

We need to make better use of resources

In challenging economic times, it can be very difficult to justify making investments that are not about 'the basics' or to shift resources from one purpose to another. However, such times call for something more radical than a 'salami slicing' approach to existing services or crude cuts to community-based provision that could have the opposite effects to those intended. Resource pressures make it even more important to take an approach that changes the relationship between citizen and state. This does mean people and communities playing more of a role in supporting themselves and others. In exchange, they need more freedom to shape their support and public services must remove barriers to this freedom.

Ensuring best use of all local resources requires a combination of efficient delivery of social care alongside place-based commissioning and community budgeting, incorporating primary prevention. This will be supported by a quality Joint Strategic Needs (and Assets) Assessment process. Releasing the potential within communities and recognising its value in terms of volunteer time and other assets is an important part of this equation.

Use of Resources in Adult Social Care[6] provides guidance and practice advice to support councils in improving value for money in social care, with a strong focus on targeted preventive approaches including re-ablement and intermediate care. In addition, we have to ensure that all local people are able to access and make best use of the combined financial and other resources within an area – public, private and community. In this context, place-based approaches can focus on the range of services, provided or commissioned, that are paid for from the public purse - exploring how total expenditure in a given locality can be deployed more effectively. The approach offers local providers the incentive to work together in new ways for the benefit of their customers and communities – a way of becoming more effective as well as more efficient, taking the delivery of integrated public services to a new level.[7]

As part of place-based approaches, *primary prevention* delivered via a range of community-based interventions can build capacity and reduce demand by helping people avoid or minimise their use of targeted social care services.

The Partnerships for Older People Projects (POPPS) evaluation showed investment in primary prevention[8]:

- Can generate efficiencies (could save 70p for every £1 investment in low-level interventions) – suggesting that the 'net cost' of primary prevention is lower than might otherwise have been thought

- Produces significant gains in the quality of life of older people (such as mobility, self care, activities of daily living, depression etc)

- Combined with a 'co-production' ethos, can greatly boost the input from older people into the life of local communities

- Is inextricably linked to the public health agenda with significant possible gains – "Adults who are physically active have a 20-30% reduced risk of premature death and up to 50% reduced risk of developing major chronic diseases".[9]

As part of the *Building Community Capacity* project, Professor Knapp and colleagues at the London School of Economics have investigated capacity building initiatives and found, "*that each generated net economic benefits in quite a short time period*".[10] Professor Knapp's team has developed a model which allows them to use evidence from published studies and local data to assist commissioners and others in their decision-making. A review of evidence relating to specific capacity building approaches will be published later in the year.

The work is addressing two linked questions:

---

[6] Department of Health (2009). Use of resources in adult social care: a guide for local authorities
[7] Jones, S (2010). From Total Place to My Place: the additional dimension of social capital. www.puttingpeoplefirst.org.uk/BCC
[8] Partnerships for Older People Projects (Department of Health) http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Olderpeople/PartnershipsforOlderPeopleProjects/index.htm
[9] Department of Health (2004). At least five a week - evidence on the impact of physical activity and its relationship to health – a report from the Chief Medical Officer
[10] Knapp, M et al. *Social capital economics*. Full study to be published shortly at www.puttingpeoplefirst.otg.uk/BCC

- Does investment in building community capacity have the potential to prevent or delay the need for social care?

- Does it have other impacts that in turn will generate cost savings– through reduced use of services or reliance on welfare benefits, for example – or wider economic benefits – perhaps as a result of improvements in productivity or quality of life?

The LSE study shows that:

- **Befriending** schemes typically cost about £80 per older person but could save about £35 in the first year alone because of the reduced need for treatment and support for mental health needs. There could well be savings in future years too. Knapp et al state, *"If we then also look at quality of life improvements as a result of better mental health – using evidence from some of the POPPs pilots – their monetary value would be around £300 per person per year."*

- The cost per member of a **timebank** would average less than £450 per year, but could result in savings and other economic pay-offs of over £1,300 per member. Knapp et al add, *"This is a conservative estimate of the net economic benefit, since time banks can achieve a wider range of impacts than those we have been able to quantify and value."*

- **Community Navigators** working with hard-to-reach individuals to provide benefit and debt advice cost just under £300 but the economic benefits from less time lost at work, savings in benefits payments, contribution to productivity and fewer GP visits could amount to £900 per person in the first year. Knapp et al add, *"Quality of life improvement as a result of better ental health could be valued in monetary terms…to add a further sizeable economic benefit."*

At a local level, those commissioning and delivering interventions to build and sustain community capacity will need to know that the desired benefits are being realised and that they are worth the investment made. To be practical, approaches to evaluation must be both appropriate and proportionate. Professor Rob Paton from the Open University Management School has worked with several *Building Community Capacity* authorities to explore appropriate methods. The project will publish advice alongside other practical tools later in the year.

4. Learning from the Building Community Capacity project

Over the past year, the councils and their partners participating in the *Building Community Capacity* project have shared the learning from their efforts to link personalisation to a focus on building stronger communities. They have been exploring interventions at the strategic, operational and individual levels to adapt local public services and to foster community self-organisation.

An overview of these developing approaches[11] shows that they are characterised by:

- **Building on people's existing capabilities**: altering the delivery model of public services from a deficit approach to one that provides opportunities to recognise and grow people's capabilities and actively supports them to put these to use at an individual and community level.

- **Reciprocity and mutuality**: offering people a range of incentives to engage which enable them to work in reciprocal relationships with professionals and with each other, where there are mutual responsibilities and expectations.

- **Building support networks**: engaging peer and personal networks alongside professionals as the best way of transferring knowledge and supporting change.

- **Blurring distinctions:** removing the distinction between professionals and recipients, and between producers and consumers of services, by reconfiguring the way services are developed and delivered.

- **Facilitating rather than delivering**: enabling public service agencies to become catalysts and facilitators, rather than central providers themselves.

- **Recognising people as assets**: transforming the perception of people from passive recipients of services and burdens on the system into one where they are equal and essential partners in designing and delivering services

Practical enablers

Across the *Building Community Capacity* network, a range of enablers can be identified that can help build social networks and give local people and groups the opportunity to make a strong contribution.

---

[11] Stevens, L (2010). Joining the Dots: How all the system elements can connect to drive personalisation and co-production, incorporating individual social and community capacity. New Economics Foundation. See www.puttingpeoplefirst.org.uk/BCC/caseStudy/BuildingTheBigSociety/ThinkPieces/?parent=7821&child=8380

These include (but are not limited to):

Leadership and commissioning

- Councils and their statutory partners including local groups in the development of corporate objectives

- Engaged elected members who see community capacity building as part of their role

- Commissioning priorities that explicitly include building community capacity

- Strong partnerships across the public sector – taking a place-based approach

- Neighbourhood management boards with strong resident/voluntary sector participation

- An equalities, rights-based approach to encourage wider participation in commissioning and delivery, including disabled and older people

- Enabling leadership attitudes – embracing personalisation and the changing relationship between citizen and state; ceding power and decision-making; public sector bodies seeing themselves as accountable to local citizens; a tolerance for complexity, and embracing dissent.

Investment in capacity building

- Investing in user-led and carer organisations including helping them developing core business skills and expertise

- Local community development capacity, neighbourhood management teams, schemes such as village agents, community connectors and facilitators

- Units to support community groups for example with regulation, tendering for contracts, evaluation, provision of market intelligence and small grant funding

- Community management of assets

- Participatory and neighbourhood/area budgeting

- Supporting local reciprocal/mutual exchange schemes such as timebanks.

Supporting infrastructure, systems and practices

- Funding independent voluntary sector umbrella bodies

- Provision of pooled support services such as financial consultancy, payroll, IT support

- Availability of office and meeting spaces and equipment for community groups

- Loans to support start ups, credit unions

- Promoting social action and volunteering among people who use services and the wider community

- Making community capacity building integral to personal budget support plans and the redesign of all personalised services.

Workforce and provider development

- Workforce strategies that incorporate and invest in community capacity

- Secondments/staff exchanges or free/subsidised access to public sector training for voluntary organisations

- Developing different skills sets for staff including personal assistants and the wider social care workforce – including skills in facilitating community connections

- Working with providers to encourage and help them to build community capacity as core to their service offer

- Removing barriers that get in the way of the contribution of small enterprises or charities.

5. Developing a framework for action

The challenge of shifting to a new relationship between citizen and state and catalysing voluntarism and community capacity is considerable. It is too early to point to places with fully comprehensive and coherent local strategies to achieve the shift, but several have important pieces of the jigsaw in place.

As a contribution to this, the *Building Community Capacity* project is developing a simple tool for use by community and statutory organisations, based on the work of the learning community members. It will describe the outcomes that might be achieved and then what local people and organisations can do to help make best use of, and further develop social capital. It will also set out the implications for the way resources are allocated, decisions are taken and services are commissioned and delivered.

Contributors have stressed that in order to help build effective community capacity, councils and their statutory and community partners need to be clear about the purpose of their investments and how these will be achieved. This is vital given the strong pressures on public resources. To do this, a systematic focus on social capital and co-production is helpful.

Councils and their partners can use this focus to consider how individuals, communities and public services can develop purposeful approaches to achieve the win-win of stronger communities and manageable costs.
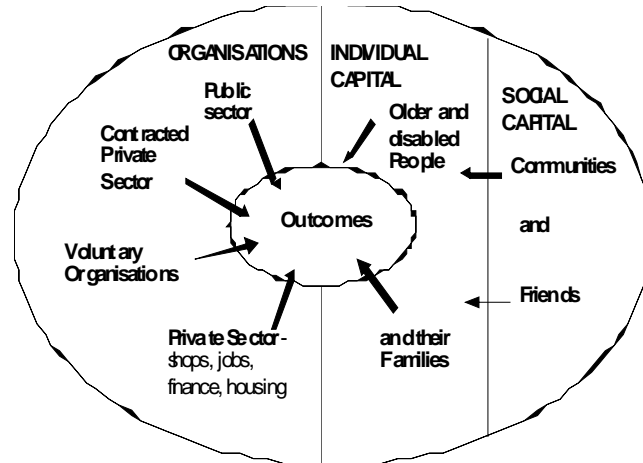
A key question is:

> *What would it look like if, in this area, people and local organisations were all operating in such a way as to make the most effective use of, and further develop social capital, in a way that includes those who are often the most isolated and marginalised?*

Flowing from the answers to this question local people and organisations can then work to describe what is currently in place, understand what else needs to be done and plan further developments. This could be usefully undertaken as part of local Joint Strategic Needs Assessment. Put simply, in any locality there are three main contributors to outcomes for people who might need social care:

- **People:** adults and children who may use social care and their families

- **Organisations:** public agencies, private sector, voluntary/third sector, commercial services

- **Social capital:** communities and groups, friends and neighbours

The following diagram shows that these elements interact to produce outcomes. Local partners can explore what actions in respect of these groups and their relationships are helpful to improve outcomes for people in an efficient and effective way.[12]

Of course, social capital is not a panacea. It will not on its own enable people to meet their needs unaided. As the diagram above indicates, social capital is part of the jigsaw of resources that people can develop and draw on to live a fuller life and so should be viewed within the context of the community services and facilities available.

In addition people vary significantly in terms of what they have available to them to be involved in volunteering and co-production and to build and take advantage of social capital. They differ in terms of their financial and physical resources and their knowledge, skills and mental and physical capabilities. People therefore need different kinds of help in building their individual and social capital. Various types of service and support can help with this - universal services, targeted services and supports purchased via personal budgets. To enable this, commissioners and providers of both targeted and universal services will need to equip their workforces with new skills, shift the focus of their efforts and develop new types of worker. They will also need to include the informal workforce to a greater degree in development and training and establish effective links with volunteer-involving organisations encourage joint training in key areas and develop staff skills in working with volunteers.

---

[12] Miller, C (2010). Personalisation: OPM Public Service Briefing. Office for Public Management

Skills for Care have been considering what key things local partners need to consider within workforce development strategies to support community capacity building.[13] They propose that well-designed workforce development opportunities in neighbourhoods can raise people's skills, knowledge and confidence to act and be a part of local community capacity building. Workforce in this sense includes the paid workforce, unpaid workforce (including volunteers) and service users and people themselves.

Some tools to support this are:

- **Neighbourhood workforce planning -** a process by which the skills that exist in a particular locality are audited and an action plan developed to meet the learning and development needs of that neighbourhood.

- **Community skills development** - a process by which people in a defined locality are empowered in a variety of ways to get the skills they need to better support and enable people with care and support needs living in that locality to be more independent and commercially active.

- **Neighbourhood apprenticeships** - a model for empowering citizens to engage with and support people with care and support needs in their local community. These will develop a range of new skills and potentially offer a way into a new career or open people's minds to the opportunities, challenges and rewards of active citizenship, including volunteering. They can empower whole neighbourhoods to be active participants in their community.

Next steps

The appendix to this briefing provides outline information about relevant initiatives and approaches identified by the Building Community Capacity project. Later in the year the project will publish practical materials and learning from the network including the tool to support local planning and development and that on evidence and evaluation.

For readers who want to review more detailed current materials, there is a wide range available on the web site hosted by the Social Care Institute for Excellence at www.puttingpeoplefirst.org.uk/BCC. These include a detailed 'technical paper' offering a framework for social capital and co-production,[14] pieces by thought leaders and managers and over 50 detailed descriptions of initiatives collected via the *Building Community Capacity* programme. The web site also offers a discussion forum and the opportunity for visitors to add information about their own projects and learning.

---

[13] Skills for Care (2010). Only a footstep away? Neighbourhoods, social capital and their place in the 'big society'. See www.skillsforcare.org.uk/workforce_strategy/new_types_of_worker/ntow_publications.aspx
[14] See www.puttingpeoplefirst.org.uk/_library/Resources/BCC/Social_capitaltechnicalpaper1.doc

Appendix: Community capacity building in practice

In this appendix, we outline some of the many approaches being taken within the Building Community Capacity learning community and other projects. A range of interventions and developments are underway, all at different stages. Some are long-standing, others developed in response to personalisation and other policies. Full versions of the self-reported case studies are available on the SCIE web site www.puttingpeoplefirst.org.uk/BCC .

These examples illustrate the wide variety of ways in which localities have been mobilising the experience, perspectives and skills of their citizens in establishing more resilient and inclusive communities. This co-design and co-delivery can happen at a variety of levels, ranging from strategic, through service-specific and on an individual basis. It is important that local partners develop feedback loops between these different focuses. For example, an individual developing a personalised support plan needs to be aware of the existing community resources and networks that they can access. Similarly whole populations can experience benefits from individuals with support plans playing more active roles in local communities, investing personal budgets within the local economy and ensuring that resources are well used. Aggregating information from individual support plans can also lead to better-designed services for all.[15]

The examples are organised into several broad categories:

1. Place shaping and commissioning

2. Personal budgets and self-directed support

3. Community development

4. Personalised service provision

5. Innovation in primary prevention and universal services

6. Timebanks, volunteering and befriending, community navigating

7. Supporting community self-help.

---

[15] Stevens, L. Ibid

1. Place shaping and commissioning

New models of joined-up commissioning and place shaping are starting to emerge that are:

- developed around the goal of achieving well-being outcomes

- increasingly built from individual and community self-direction

- corporate, cross agency/agenda

- focused on the development of personalised services, goods and facilities

- aimed at supporting services and amenities that promote the building of individual capacity and social capital.

At one level:

Lancashire has developed strategic commissioning for adult social care in a way which is driving the implementation of personalisation while increasingly incorporating and incentivising the building of social capital. Critical to their approach is a willingness to trust service users, providers and local authority staff as experts in their own experience. Time was invested in getting people together to start talking about the future and planning for change, while innovation was encouraged by learning from local and national best practice. The approach generated 16 commissioning intentions, which are positioned as the focus of service improvement and redesign over the next four years.

These include better access to information and building community capacity as an explicit aim. For example, they are commissioning a community pathway model with user-led organisations and voluntary, community, faith sector providers to ensure personal budget holders have more choice in supports around managing their budget and support planning. They are also developing an accessible e-market system to allow easy access to information on a wide range of services and to facilitate transactions.

Wiltshire has developed a council-wide plan to develop and integrate its sustainable communities and adult social care strategies using a range of co-production approaches. A key mechanism is local devolution of decision-making and use of resources via area boards. The aim is to get more people involved in the decisions that affect them and to promote equality and inclusion in the policy process. This is done in practical ways - through having excellent chairing skills, no top table, café style meetings, audio-visual support, help in gaining access when required and the use of individual voting handsets.

At another level:

In **Croydon**, the department for adult services and housing convened a steering group for community and personalisation to enable a group of prominent and influential third sector stakeholders in the borough to play a major leadership role in shaping the local community and market for personalisation. The steering group has overseen the development of a portfolio of pathfinder projects intended to provide a set of concrete examples of emergent, co-productive working.

In **Richmond,** the Working Together Groups (WTGs) are led by local community leaders and provide a focus for work to improve services through partnership working and sharing resources; bringing local people together with those delivering services to explore new ways of working. WTGs have developed action plans to set out priorities and projects for 2009-2011. The aim of the groups is capacity building to establish and/or increase the capacity of existing community groups or organisations and co-ordinate community development work in the five areas of relative deprivation in the Borough.

Tower Hamlets has developed strong cross-directorate partnerships to tackle the challenge of broadening the range of options available to people who need support. The Personalisation team developed a strong partnership with the Communities, Localities and Culture directorate. As well as high-level support, the partnership has a five-person project team assigned to it which ensures that the Communities directorate engages with the social care agenda. The project focuses on three areas: transport, public libraries, and consumer advice.

Mapping local networks and assets and using individual-level information to drive market shaping can lead to intelligent, informed commissioning. For example:

The **RSA (Royal Society for the encouragement of Arts, Manufactures and Commerce)** has been working with the New Cross Gate Trust in South East London to explore how the local community functions and looks as a network. RSA is exploring how the local community might move from an expensive revenue-based project model, to a social capital strategy that seeks to better understand and mobilise its assets and relationships.[16]

In **Hartlepool's Connected Care programme with Turning Point**, community researchers carry out the Connected Care audit which determines the needs and aspirations of the local community, their perceptions of current services and the extent to which they do or do not meet need. Turning Point uses a variety of participative methods to identify and engage with those members of the community who are disengaged from traditional routes to health and social care. They then use the findings from the audit to report to commissioners where the gaps in services exist and recommend changes needed in public services. A key element of this stage of the process is the development of a business case for change through a cost-benefit analysis.

---

[16] Rowson, J et al (2010). Connected Communities: How social networks power and sustain the Big Society. RSA. See www.thersa.org/projects/connected-communities

2. Personal budgets and self-directed support

Personal budgets and self-directed support can:

- help people build individual and social capital via support planning and creative use of personal budgets
- connect individual resources together for a common purpose
- link the resources of groups of individuals and community associations.

in Control (IC), the social enterprise that pioneered self-directed support, has commissioned research that shows a clear positive effect of personal budgets on community connections. The latest evaluation notes that most people reported taking a more active role in their local community after receiving a personal budget.[17] in Control is clear however, that personal budgets are necessary but not sufficient to enable people to be fully included in communities. They have developed the concept of *Real Wealth*:

> *"We believe there are a range of things that can make people feel 'rich' including: our friends and family connections, our access to knowledge and guidance, our skills and abilities, our control (over money, resources and personal choices), and crucially, our resilience and inner strength. Harnessing all of these assets is crucial to truly empowering communities."*

The Stamford Forum is working with several local authorities to test out new kinds of community-led service delivery structures which seek to combine personalisation with community empowerment and engagement. Learning from this initiative will be shared via the *Building Community Capacity* programme later in the year. The approach aims to explore ways to link the need to achieve efficiencies with giving people more control over the support they receive. Stamford Forum argues:

> *"….there needs to be robust incentive for people to seek alternative ways of meeting their own needs and for those around them, be it family or local communities, to provide both direct and indirect support".[18]*

Across the Building Community Capacity network, a range of approaches, initiatives and organisations are helping make the link between personal budget holders and community opportunities and resources.

---

[17] in Control (2010). A report on in Control's Third Phase: evaluation and learning 2008 – 2009. See www.in-control.org.uk/phase3report

[18] Brazil, R and Woods, P (2008). A new social contract – towards a vision for individual and community progress. Stamford Forum. See www.thestamfordforum.co.uk/reports_publications.html

Councils making strong progress with personal budgets have worked closely with **user and carer-led organisations** to put in place access to independent advice and support brokerage, linked to direct payment support services. This can work particularly well where peer support models are used. Advice from independent brokers and peer support can lead to different approaches being adopted which are less likely to rely on use of conventional social services, with greater use of mainstream services and community capacity.

> The **Essex Coalition of Disabled People (ECDP)** is a user-led and run organisation which has a Strategic Partnership Agreement with Essex County Council.[19] This sets out arrangements to co-produce a range of user-led, universal information, advice, guidance and support services, including independent support planning, Personal Assistant Support Service, and a Self-Directed Support Service, which is staffed by disabled peers. It provides training and development, direct payments advice and information, payroll and accounts services, volunteers and mentors.

In several authorities, people and those supporting them are encouraged, in their **support planning for personal budgets**, to explore how they can access resources in their community to meet some of their needs instead of paying for staff for all activities – thus their budget can go further.

Circles of support are being used in a number of the *Building Community Capacity* localities. They bring together local people to help a person plan how to use their personal budget, including people who can use their personal connections to link the personal budget holder to opportunities such as employment, volunteering, leisure or education.[20]

Harrow Council and **shop4support** have entered into a partnership to build a web-based citizen portal which provides all people with support needs in Harrow with access to a local e-marketplace along with other functionality including social networking tools. As well as developing an online marketplace for people who need social care services (and expanding the definition of these) this is extending to provide information about local community provision and opportunities.[21]

Slivers of Time is a social enterprise providing an online marketplace for care and support. Its systems empower service users by offering known-to-be-available, fully priced options from multiple competing suppliers. Any of them can be booked with a few clicks by an authorised user.[22]

---

[19] See www.ecdp.org.uk
[20] See www.circlesnetwork.org.uk/circles_of_support.htm
[21] See www.shop4support.com/S4S/UI/Content/MyCouncil/Details.aspx?Id=36564
[22] See www.slivers.com/

In **Oldham, United Response** supported two friends with personal budgets, both of whom wanted to work and be active in the community rather than attend traditional day services or training courses. One was a keen gardener. United Response supported the young men to understand what they wanted to achieve and how best to achieve it, following which they decided that, instead of buying some hours of support, they would pool their budgets to establish a gardening business.

3. Community development

There is already a strong tradition of community development in many sectors, including housing, mental health and the voluntary and community sector.[23] Done well, community development can unlock potential from within communities and play a key role in catalysing social action. An asset-based approach has been very successful for a number of the *Building Community Capacity* learning community authorities. The starting point is finding out what skills, gifts, experience and strengths the individuals and community has to offer rather than seeing them only in terms of their problems and needs. This approach requires particular leadership skills to offer opportunities for creative community conversations that build connections.

In **Nottingham, the SupportNet community development** project in the Bilborough and Beechdale areas is bringing people together– disabled and non-disabled residents, front-line professionals and strategic leaders – to plan how care and support might develop in the future.

Some of the residents involved in the SupportNet community describe this as "creating a real community… going back to the old village idea where people cared for each other." The approach taken invites 'we are in this together' rather than 'us and them' positions and a host of activities, projects, new services, friendships and social connections have formed as a result. Through word of mouth, more people are taking up new opportunities and starting to use existing provision such as lunch clubs, social activities in community centres, trips out and exercise classes. One disabled resident's interest in bowling has led to the Bowling Club inviting wider participation and 'fun days' for residents and local children. Other outcomes include individuals having more confidence in using Direct Payments to support their life choices, improvements to the care and support of wheelchair users on buses and the initiation of a community bus project.

The local Scouts participated in a 'Tea and Cake' Sunday event by washing up, serving drinks, joining in activities and getting into conversation with older and disabled people. This brought together the common interests of a man in his 90s who was a Spitfire pilot in World War II and a young Boy Scout interested in planes.

---

[23] Communities and Local Government (2006). *The Community Development Challenge.*

In the **Beacon Estate** in **Cornwall,** two health visitors used a twin-track community development approach of developing resident leadership on one hand and mobilising fresh interest among sympathetic public agency professionals on the other. Using their extensive knowledge of people on the estate, the health visitors brought together a core group of tenants and residents with local professionals, council, health and police representatives. They spread partnership ways of working and more receptive ways of engaging with communities in order to effectively tackle the underlying issues that influence health. This led to the birth of the first of two tenants' and residents' associations, and a new and expanding dialogue with public agencies, which gradually converted anger and frustration into positive energy. Major housing improvements were initiated and a raft of community activities sprang up: a skateboard park, a carnival, lunch clubs, playparks, a parent and toddler group and many others. Two empty shops were refurbished to become a community resource centre, spawning further positive initiatives and providing a natural base on the estate for a range of nurse-led services on improving sexual health and other issues. In four years, an audit revealed a wealth of positive changes, including a 70% reduction in postnatal depression, a 50% reduction in overall crime rates, childhood asthma rates down by 50%, 10/11 yr old boys' SATS scores improved by 100% and girls' by 25%.

Similar work is currently underway in **Devon, Wandsworth and Solihull** as part of the Department of Health-funded **HELP Project**, which is investigating and demonstrating the economic case for using community development as a way of leveraging maximum value in public health strategies.[24]

In **East Hampshire** a pilot combining personalisation with community empowerment focuses on a group of 35 people with a learning disability who meet weekly as 'Friends United'. The group is run and led by people with a learning disability and aims to provide friendship, peer support and access to activities and opportunities. The project, supported by the County Council, has two aims: first to ensure that the group is aware of and feels able and confident to access community provision and, second, that the community is more receptive to and aware of the needs of the group.

The My Life My Choice - Stronger Communities Project Group in **Shropshire** is enabling a broad range of local partners to consider how stronger communities can support local people and individualised support packages. Shropshire Council has a team of community development professionals, focused on geographical areas, who really understand their local communities. The My Life project group is strengthening the link between these community development workers and social care workers and providers for the first time within the county. They are using current examples of inclusive community engagement and supporting additional initiatives to promote ways in which people can stay, or become, actively engaged and socially connected within a network of natural support.

---

[24] See www.healthempowermentgroup.org.uk/

4. Personalised service provision

Provider development is key to local strategies for social care transformation. This includes efforts to re-shape specialist services to respond better to people's choices and build their community connections. It also requires work with universal and commercial services to enable greater contribution and access for disabled and older people.

There are cost-effective service models that in their design and location help people maintain or build their community connections. For example:

Shared Lives pays a family a modest amount to include an isolated or under-supported older or disabled person in their family and community life.[25]

Sarah, a woman in her late thirties, had been living alone and working as a care assistant when she suffered a severe stroke. Sarah was matched to and moved in with Lisa, a Shared Lives carer in the same town. She is able to enjoy regular visits to and from her family and friends who all feel welcome in Lisa's home. Sarah can entertain them as she would have done in her own home by making them drinks or food. Lisa helps Sarah to regain as many skills as possible, including helping her with an exercise programme, to attend appointments, to regain lost skills like cooking, budgeting and looking after a home and by prompting Sarah to initiate personal care. Most importantly for Sarah though, she has not become isolated and has been able to maintain her important friendships.

Homeshare matches someone who needs some help to live independently in their own home with someone who has a housing need and can provide a little support.[26]

Mrs Booth is 82 years old and has a homesharer called Nina with whom she has shared her home for a year. Mrs Booth's husband has dementia and lives in a nursing home in a nearby town. Despite having many friends, family and community links, Mrs Booth has lost the confidence to drive, making it difficult to maintain her friendships and visit her husband. As part of the Homeshare arrangement Nina drives Mrs Booth to visit her husband every day and to spend time with her friends. Nina supports Mrs Booth to cook and entertain at home and to maintain her links within her community. Having Nina sleeping in the house has also given Mrs Booth real peace of mind. Nina benefits by getting free accommodation and companionship.

---

[25] See http://naaps.org.uk/
[26] See http://naaps.org.uk/

Tyze is an online social network for unpaid carers (such as a family member) and people with long-term support needs. It is similar to social messaging sites like Facebook in that users can post messages and photos and use it to keep in touch with friends, family and paid supporters. However, the network is secure, specially designed for carers and those with long-term support needs, and is structured round each individual so that no two networks are alike. It also allows people to share important information such as medical information, to schedule and coordinate tasks and keep track of appointments.[27]

KeyRing supports people with learning disabilities to develop strong links with others in their community so that they are less reliant on paid support. Each KeyRing Living Support Network has nine service users (Members) and one Community Living Volunteer. Each has their own home within walking distance of each other and everyone is encouraged to look out for each other and offer neighbourly help. Volunteers help Members on a one-to-one basis with things like reading correspondence and budgeting and have a regular meeting for everyone in the group to explore what is going on in their neighbourhood and how to get involved. Those Members who need more support have access to paid KeyRing workers and the amount of support can be flexible, tailored to each Member's needs.[28]

Micro-enterprises are small organisations that meet the needs of an individual or small group. Some of these enterprises are set up by workers previously based in large organisations, others are set up by disabled or older people themselves. They often draw on the resources of the local community. Some are funded through personal budgets or paid for with people's own money (self-funding). Some are carried out on a voluntary or part-voluntary basis, with any payments simply covering the cost of providing the service. Some micro-enterprises are owned by people who deliver them and/or people who use and pay for the service.

> **CST** is an enterprise led by a man who worked in a day centre and another who was a transport worker for people with learning disabilities. They talked to people who used services and their families, with support from the voluntary organisation NAAPS. The resulting service provides transport, picking people up from home if they wish. Everybody meets at a community centre for a short time before being supported to undertake a variety of community-based activities including dancing, swimming, drama and volunteering opportunities.[29]

Some specialist services are working to build stronger connections to their local communities for the benefit of people who use the services, to access new resources and to offer new business opportunities to the providers. Councils are exploring ways of supporting and incentivising these developments. For example:

---

[27] Read more about Tyze at http://tyze.com
[28] See www.keyring.org
[29] See http://naaps.org.uk/

In **Barnet, the Innovation Fund project** used grant funds to create an opportunity for service providers and local organisations to develop new, more personalised support in the borough. Social capital was incorporated into the Innovation Fund criteria.

In **Norfolk**, two separate care homes are forging better links with the local community, both to open up their own facilities to local people and to enable greater involvement for residents in social and other activities happening outside. They are both using their respective communal areas as 'brokerage hubs' for local people in receipt of personal budgets or in the process of moving onto them. Sheringham is a very rural area, with many isolated older people, so the projects focus on bringing people together in one place to get support from peers and to access information and advice about self-directed support and personal budgets.

In the **North-West**, several providers of services for people with learning disabilities have come together with their commissioners and others in a group called DELI to explore how they can make better use of informal and community support along with assistive technology to achieve better, most cost-effective support for people. They now have an increasing number of people gaining richer lives through stronger community connections, with paid staff shifting their roles from total provider of support to enabler of connections and relationships.[30]

5. Innovation in primary prevention and universal services

The POPPs programme (Partnerships for Older People Projects)[31] clearly demonstrated the potential of a range of primary prevention initiatives to increase well-being and reduce demand. Some examples from the *Building Community Capacity* community further illustrate the possibilities.

Leeds Neighbourhood Network Schemes provide a range of services and activities for older people across Leeds. The schemes are funded and supported by Adult Social Care and the NHS and are managed by local people who decide themselves how their scheme will improve outcomes for older people. The networks currently provide support to around 25,000 older people in the city, helping them to stay in their own homes and live independently for as long as possible. To help improve residents' health and well-being, the networks organise a range of inclusive activities like shopping and exercise classes as well as providing practical help with gardening, DIY and advice on housing and money. The networks are voluntary organisations, mostly charities, and are mainly run by volunteers. They can be accessed by any older person and also accept people signposted to them by social care, health, housing and other staff working in their locality.[32]

---

[30] See All Together NOW at www.paradigm-uk.org/articles/%E2%80%98All_Together_NOW%E2%80%99/2752/92.aspx

[31] Partnerships for Older People Projects (Department of Health) http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Olderpeople/PartnershipsforOlderPeopleProjects/index.htm

[32] See www.leeds.gov.uk/page.aspx?pageidentifier=3ead6668-e3f7-4c61-ad4c-d433220f5f30

Southwark Circle is the first 'Circle' of a growing network of membership organisations. Membership is open to everyone over 50 years of age and offers flexible support with practical tasks (from DIY to gardening to technology), an opportunity to learn and a social network for building and maintaining relationships around shared interests and hobbies. Crucially, it does this by allowing those who seek support in some areas of life to provide help to other members in other areas of life. The outcome is a more connected, supported person, who is part of a service that evolves with them as they age. The social impact is an increase in quality of life, improved sense of well-being and new relationships and acquaintances that lead to an increase in social capital. At the community level, the service also rebuilds the networks that enable greater local economic development. It does this primarily through member interaction with Neighbourhood Helpers, people of all ages who share their talents and skills. Each of them is CRB and reference checked and some are paid the London Living Wage for their time. Two more 'Circles' are set to launch in late 2010, with five more planned to launch in 2011.[33]

Haringey Neighbourhood Wellbeing Networks aim to deliver tangible/practical improvements for residents over 75, including improved case management of their health and social care needs and support to prevent falls, improve their heating and claim any benefits to which they are entitled. The project involves a network of stakeholders across a geographical area, initially based around the four general practitioner collaboratives in the borough. The intention has always been to make better use of the resources already in the system through targeted interventions and better co-ordination of activity. The project can be rolled out further through the involvement of the voluntary sector and the use of volunteers.

Reading has commissioned a range of services to reduce demand for social care and emergency hospital admissions and improve older people's health and well-being. These range from practical help for people after hospital or intermediate care discharge to services that aim to break down social isolation and identify unmet needs. A particularly innovative approach is the setting up of teleconferencing networks to develop people's social networks. So far there are four up and running, including one Polish group, one for the Indian community and a 'just home from hospital' group. Other projects target groups such as women or those with dementia and all involve a wide range of voluntary sector partners and the use of trained volunteers to deliver some of the services, for instance befriending and gardening advice. Encouraging active participation in the community is a key feature of these services.

---

[33] See www.southwarkcircle.org.uk/

In Shropshire, the Age Concern Help at Home Scheme aims to enable older people (average age 86) to remain living independently in their own homes by providing practical and emotional support. Without this support, many people are isolated and at risk of being admitted prematurely to sheltered housing or residential care. The project brings together a mix of paid home support workers who provide practical help with domestic tasks and volunteers who provide social contact, friendship and opportunities for signposting and other support. Volunteers provide a visiting service and the Telephone Buddy Scheme, the latter being a simple, cost-effective way to check on older people's welfare. So far, around 1,000 older people have benefited from the project.

In a number of places purposeful efforts are being made to ensure that universal, non-targeted services, are working for people at risk of exclusion.

Life story computer sessions in a library in **Enfield** help people with learning disabilities to develop IT skills and to train and support others to develop their own skills, opening up access to information and many other opportunities.[34]

Creation of changing and feeding facilities in Bradford central library enables people with profound disabilities and some with challenging behaviour to both use the library's facilities but also access the city centre and be part of everyday life.[35]

Evening and night bus services were restored to perimeter social housing estates in **Manchester** by forming a 'travel club' run by a bus company. The club can ban members who act in anti-social ways.[36]

First bus company developed flash cards enabling passengers boarding a bus to ask drivers to, for example, give them time to find a seat. Drivers were trained to respond. Many elderly and disabled people now feel safe to use their bus passes. This reduces their isolation and also their reliance on scarce and expensive targeted transport services.[37]

In Reading Everybody Active is a sport and physical activity programme for adults with learning or physical disabilities which aims to improve their health and well-being. A robust volunteering scheme enables disabled people to become volunteers and offers them a comprehensive training and mentorship package. Funded by Social Care but run by the council's Sport Development team, the scheme has benefited over 500 people so far. Many participants are now using the programme as an alternative to traditional day care services.

---

[34] Miller, C (2010). Personalisation of Universal Services: Library and Information Services. Office for Public Management
[35] Miller, C. ibid.
[36] Miller, C (2010). Personalisation of Universal Services: Bus Travel. Office for Public Management
[37] Miller, C. ibid.

6. Timebanks, volunteering and befriending, community navigating

Timebanking is a system that enables people to share their time and expertise with others and get help and support at the same time. People earn time credits by helping other members out with everything from making phone calls to sharing meals and giving lifts to the shops. They then cash in their credits when they need support from someone else. A 'broker', who is often a paid worker, facilitates and records exchanges between individuals and develops the membership of the Timebank. Everyone's time is valued equally, meaning that everyone in the community is able to make a contribution.

A Vision for Adult Social Care: Capable Communities and Active Citizens states that

> *"Innovations such as Timebanking schemes and 'complementary currency' systems,*
>
> *allow people to exchange different kinds of support."*

Some Timebanks involve organisations as well as individuals, including some of the **SPICE Timebanking projects** that have been set up in housing settings, to encourage tenant participation, or with local organisations and facilities such as leisure centres contributing credits for swimming or use of community facilities. SPICE says that, for many participants, joining a Timebank can be, "the first time that they have been seen as an asset."[38]

Hamida joined **Rushey Green Timebank** following a long-term illness in 2005. She felt very incapacitated by the illness and, in her words, no longer useful or employable. Since then, her confidence has been restored through her participation in a walking club, coffee mornings, a crochet and knitting club and many other training programmes and projects. She says, "The mission of timebanking is for a community where every member is valued and respected, and every member has something to contribute."[39]

The Department of Health Strategic Vision for Volunteering[40] identified the range of contributions volunteers can make to communities:

- provision of information, advice and advocacy in community and hospital settings
- mentoring, befriending, peer support and self-help groups for carers and service users
- home support, translation services, meals on wheels, and community transport
- short breaks and other support services for carers; and
- provision of complementary support working alongside staff.

---

[38] See www.justaddspice.org
[39] See www.rgtb.org.uk
[40] See www.csv-rsvp.org.uk/site/home.htm

An example from the BCC network is CSV's Retired and Senior Volunteering Programme (CSV RSVP) which supports the growing number of those aged 50+ across the country to participate in their local areas through meaningful and relevant volunteering opportunities. CSV RSVP volunteers (of whom there are currently 14,000, aged 50 -105), contribute to over 400 diverse volunteer-led projects. Supported by a range of local authority, NHS and other commissioners and funding sources, these projects benefit some 70,000 people of all ages with health, social care or support needs.[41]

Womankind in Bristol is a **befriending** service for women with mental health problems. Volunteer befrienders provide weekly and consistent support to women with mental health problems, helping them to gain in confidence and alleviate social isolation.

Mary is in her mid-forties and has mild learning disabilities coupled with a long history of mental health problems. She was matched with a befriender called Tina. Tina found Mary withdrawn and mistrustful at the beginning but they developed a rapport and began to go to the gym together, for walks, on shopping trips and visiting cafés. With new-found confidence, Mary found new friends nearby and life was much better for her. She also became less dependent on statutory support. Tina felt good for helping Mary and gained some new friends of her own which improved her life.[42]

Within the Building Community Capacity network a range of community navigation approaches aim to act as a bridge or link between people, the things that they need or can contribute and community resources. The aims include diverting people from unnecessary dependency on expensive specialist services by linking them to existing community-based resources, helping universal or specialist services to make more effective and efficient interventions through better signposting and targeting, and enabling people to enhance their well-being by linking to groups and networks.

York community facilitators have three functions: to improve advice and information, to do preventative work with individuals and to initiate community development projects. At the beginning they 'walked and talked' to community organisations and groups all over the city and people they met helped to shape and clarify the role. They offer individualised support to individuals, such as helping people to find voluntary work opportunities or identifying social and leisure opportunities. They have a 'Small Sparks' grant fund which has been welcomed by community groups and used to fund people setting up a range of small projects from chair aerobics sessions to art projects for a homeless centre.

---

[41] Department of Health (2010).Volunteering: involving people and communities in delivering and developing health and social care services.

[42] See the Mentoring and Befriending Foundation website www.mandbf.org.uk

'Joining the Dots' in **Newcastle** aims to improve the ways in which people at risk of isolation access practical help and activities in their local community and build stronger social networks. As part of the programme they have developed a community linkworker model. The first phase of this model is to appoint strategic linkworkers in localities, who will develop multi-agency networks of front-line staff, map local service provision, identify gaps and inform service planning and commissioning. By strengthening the knowledge and relationships between front-line staff, it is hoped that they will provide 1-2-1 support to individuals to set out their goals and access appropriate activities and support networks. It is envisaged this role will identified gaps in 1-2-1 support and opportunities for the development of new activity groups and how resources and capacity, both existing and new, can be used creatively and collaboratively to achieve this.

Barnet Advantage Agents play a number of roles: they signpost people, helping them navigate the public sector; they broker support for people; and they act as peer mentors. A key element of Advantage Agents is being credible to the person being worked with. Often, this is by sharing experiences with them (such as being disabled) or by coming from a similar location or socio-economic background.

The **Essex Village Agents** project operates in 48 villages and parishes across mid-Essex, providing face-to-face information and guidance to 'hard to reach' groups. Village Agents make appropriate referrals to statutory, non-statutory and third sector organisations where required, as well as providing signposting, information and advice on local amenities, groups and facilities. The signposting is assisted by an online referral system. As well as benefits for individuals, they have found that supporting one person can help many others, including families, friends and carers.

7. Supporting community self-help

Across the learning community, a range of grassroots developments have emerged from groups with mutual interests or to meet community needs not catered for via existing public services. Local authorities and their partners in the learning community are increasingly finding ways of encouraging and supporting this grassroots activity, while understanding that too much intervention or over-specification can be counterproductive. This can be a difficult balance to strike within the place-shaping role of the local authority. On the one hand there are worries that the state's goals and methods may not reflect the priorities of local groups or that state methods may be inefficient or ineffective. On the other hand there are concerns that without state investment or intervention, some groups will lose out or initiatives will not develop. In response, some localities have developed light-touch support for grassroots initiatives, including small grants supporting innovation, business and intelligence advice for local mutuals and social enterprises, and levelling the playing field for small community organisations in tendering and contracting.

The University of the Third Age in Aughton-Ormskirk: active retirement for healthier ageing and social inclusion was started up in West Lancashire seven years ago by a retired clinical scientist and some former colleagues and is an example of older people being helped, and helping themselves, to lead fulfilling lives. It now has over 1,700 members - possibly a quarter of the local retired population. Largely self-funding, it produces 6,500 hours of volunteer activities and contributions per month and offers over 90 different groups, from geology and computer studies to art appreciation, badminton and bird-watching. Almost all these activities provide effective ways for people to build and sustain relationships and stay socially connected. Many involve physical activity (ballroom dancing, cycling, walking) and some are about practical issues, notably the Moneywise group. The U3A is developing and testing a range of methods for helping people to understand, prevent and manage everyday memory problems and has devised an innovative Memory Course, delivered by appropriately-skilled volunteers through a four-week, six-hour programme in well-supported small groups.[43]

If you have any comments regarding this document, please send these through to
socialcarevision@dh.gsi.gov.uk

402789c 1p 0K Nov 10 (web only)

---

[43] See www.aughton-ormskirk-u3a.co.uk