




Community care development: a new concept

The Hull Community Care Development Project was a three-year pilot initiative to develop the capacity of local communities to respond to their own support and 'community care' needs. A Community Care Development Coordinator was appointed to work in two deprived areas of Hull. An independent evaluation by Deborah Quilgars of the Centre for Housing Policy, University of York, found that:

-  Community members, and some non-community care agencies, interpreted community care very broadly, most particularly as developing a 'caring' community. As the project was community-led, these definitions influenced and shaped the project, its remit becoming broader than originally envisaged.
-  Following the selection of project areas, the process of community care development identified unmet care and support needs, built up relationships and partnerships through networking and community lunches, supported existing groups and helped to establish new community groups and activities, and liaised at city-wide level to influence strategic policy development.
-  The project had a considerable impact at local level. New community facilities were opened up. Direct support led to an increase in community groups and activities. These activities provided opportunities for low-level mutual support. Community networks were established that led to increased community participation. New models of working were developed, and the project supported groups to increase their capacity and resources.
-  Challenges were experienced. A shortage of volunteers meant that some activities were unable to be set up or sustained. New community spaces were sometimes contested, and community politics meant that networks were not always able to represent all parts of the community. Community groups generally found it difficult to reach more vulnerable groups in the population. Agencies and the community often had different approaches that needed careful negotiation.
-  Overall, the project was most successful in addressing broad community development issues, with communities prioritising issues such as community facilities and provision for young people. Whilst some low-level health and social care benefits were achieved, it proved more difficult to develop specific care and support initiatives.

Background

Community care and community have received little joint attention. Community care policy continues largely to be delivered in, rather than by, the community, with professionals primarily adopting an individualised approach to delivering support and care. Whilst regeneration and social inclusion policy agendas have brought a renewed focus on communities and a heightened role for community development, care and support issues have been largely neglected in area-based work.

The Hull Community Care Development Project

The project was set up by a partnership of local statutory and voluntary sector agencies in order to test a new approach to working with the community sector to address unmet low level support and care needs. The three-year project, from 1999 to 2002, employed one full-time Community Care Development Coordinator in the community development organisation, Hull Developing Our Communities. The project was based in two deprived neighbourhoods, each approximately a mile square.

'Community care development' has few precedents. Essentially, the project utilised community development principles to address support and care issues at a local level. The project adopted a community-led focus, attempting to assist local people in identifying their own needs and priorities. There was also a focus on participation and empowerment of local communities. The project also attempted to support sustainable developments.

In a context of increasingly targeted social and health services, the project was concerned primarily with meeting low-level needs that usually fall outside statutory eligibility criteria. However, the project was influenced by community definitions of community care. Most community members interpreted 'community care' as being concerned with developing a 'caring' community and/or regenerating a feeling of 'community spirit'. Community definitions directly influenced the shape and outcomes of the project.

The process of community care development

The process of community care development involved five key stages.

1. Selecting project areas

Two areas were chosen that were relatively deprived but had not been targeted for national regeneration initiatives. The communities were not consulted about the project; whilst in one area the project was welcomed immediately, in the other this process took some time. This suggests that future initiatives could build in a consultative stage to the selection of project areas.

2. Identifying unmet care and support needs

The project commenced with a period of consulting with community groups and agencies and gathering data on needs. Social services and health recorded unmet need over two weeks. In one area, this stage was facilitated by a locally based participatory appraisal project run by the same organisation. Identifying need in the other area was more difficult.

3. Building up relationships and partnerships

The project established a local office base in each area, choosing to site itself in existing community facilities (church premises in both areas). Identifying a base in one area proved difficult; this made it hard for the project to develop a community presence.

A process of meeting and building relationships with community members and agencies was an early task. Once the project had met groups and agencies separately, community lunches were held. Partnerships with the community emerged from this:

"What I do, as team manager, is go to the community lunches and networking meetings. That is extremely valuable. You always meet different people, you get talking about what kind of things might be going on at the community centres, what things are going to be set up, and how you can link in..." (A health representative)

4. Working with existing and new groups

A large role of the project involved 'capacity building' with local groups and networks; that is, acting as a knowledgeable resource and support to groups, increasing their skills and confidence. The project provided flexible support to help local people set up new community groups and activities, and helped existing groups extend their role in the community. It also helped groups to identify relevant resources to ensure the long-term sustainability of activities.

5. Developing a strategy

The final aspect was to work towards the adoption of a community care development strategy more widely in Hull. This involved participation in city-wide forums, and representations to statutory and voluntary sector organisations.

Community benefits and outcomes

Seven key benefits arose from the project.

Opening of new community facilities

Many agency representatives and some community members felt that an important outcome of the project was extending the range of community facilities available to local residents. Work with the local church led to the opening up of church premises for community purposes, when previously inadequate resources were available. In one area, a community centre opened its doors to young people,

where previously it had been predominately used by older residents. A purpose-equipped youth facility was also established. In the second area, the project was instrumental in setting up consultative mechanisms to establish a community centre.

Increase in community activities

A range of community activities emerged with the support of the project. Activity-based groups included crafts, local history and indoor bowls. In one area, a community-led, inter-agency youth network was established, with outreach and centre-based activities. At the request of the local community centre, a health garage was set up and run from the centre for the local community. Other one-off activities were arranged with the assistance of the project, such as lunches for older residents and fun-days.

Benefits of the community activities

Some community groups enabled members to pursue arts, crafts and other pastimes. Social and health benefits were recorded for several activities. Some activity-based groups provided opportunities for socialising and companionship, and therefore low-level mutual support.

"...what it does is bring people together. Some people who come to these groups now didn't mix, didn't socialise. They are becoming socially included.... I think there is an element of it in all groups, but with these groups, because they were set up under that auspice, I think people have come together wanting to care more." (A community member)

Youth work provided structured activities and support to marginalised young people, which was perceived by key agencies such as the police as having a positive impact on anti-social behaviour, as well as providing alternatives for young people.

Developing and strengthening networks

One main outcome of the project was the establishment of community networks that operated as vehicles for increasing community participation. In one area, a community network was set up by key community stakeholders to support local residents in addressing issues of individual and community concern. As well as setting up a youth network, it was recognised by formal and voluntary bodies as a key contact point for the local community.

"...the great value of the network is it provides structure and identity for the community to get into relationship with other bodies." (A community member)

New models of working

The project supported several new partnerships between agencies and community players, resulting

in models such as a health garage that attempted to address both statutory and community aspirations. Agencies were willing to try new ways of working, in community settings, where previously they had little involvement with the community.

"One of the main benefits is it's brought other agencies into the area, agencies that didn't have a foothold. It's created a place for them to work with. It's become almost like we used to be, a catalyst to keep things going." (A police representative)

Developing capacity

Over the three-year period, the project worked very closely with several community leaders who were sometimes struggling to get initiatives off the ground, providing support with confidence raising, applying for funding, and developing constitutions.

"The project has got a lot of knowledge that we haven't got, where to get money from or who to approach if you need help. I'm totally new to community work... [the project] has got a lot of contacts, without which we couldn't have got as far as we have." (A community member)

Increased resources

The development project cost just under £100,000 but helped generate nearly £500,000 for the two areas. The project was able to access small pots of money for community groups, such as health inequalities money, as well as much larger funding sources including the Neighbourhood Support Fund and Single Regeneration Budget. In addition, three community apprenticeships were recruited and seven new local jobs were created.

Challenges to community care development

The process of community care development was not, however, without its challenges.

Contested spaces

Whilst new community facilities were opened or extended, these were in some instances 'contested' spaces. For example, whilst a local community centre succeeded in opening its doors to local young people, this alienated many existing users: community facilities operate as very specific spaces.

Representation issues

The project did not always succeed in engaging with all sections of the community. Local community politics made it difficult to represent everyone's views, although the development of community networks went some way towards this. Similarly, at the level of activities and groups, some people tended to use the community groups more readily.

"You've got craft, history, bowls, extended exercises, line dancing, but what age group have you got?"

"They're all elderly."
(Two community members)

Lack of volunteers

A key challenge to increasing social capital lay in recruiting and retaining community volunteers. In both areas, there was a relatively small group of local residents willing to become actively involved in the organisation of activities. In some cases, the lack of volunteers meant that planned initiatives, such as a regular luncheon club for older people, were unable to go ahead despite the availability of funds and premises.

Different approaches

Key players sometimes adopted different working approaches, and in turn measured success in different ways. For example, the community adopted a social model of health promotion, whilst health worked to a medical model. Whilst different approaches provided opportunities for both agencies and community groups to work in new ways, this required careful negotiation.

Funding sources

Substantial funding was raised with the support of the project, but community groups found the application process for major funding streams extremely difficult, with lengthy timetables and frequent delays in funding. This made it very difficult for community groups to plan for the future.

Reaching more vulnerable groups

Whilst some community group users were in touch with formal services, many community groups found it difficult to extend support to people with more pronounced community care needs. Groups often did not know how to get in touch with more vulnerable members of the community, and they felt ill-equipped to provide even low level support to vulnerable people. In turn, the formal services did not have the capacity to support lower level interventions in a community setting.

"I suppose a lot of our client group may be too ill or their needs are too complex for them to be accessing local community things such as that, because their needs couldn't be met. There wouldn't necessarily be the skilled staff there to help..." (A social services representative)

A successful model?

The project made a positive impact in the local areas, particularly in terms of community development.

The initiative supported communities to develop new activities and effective community forums. Despite a number of challenges, the pilot addressed a wide range of issues, from the lack of community facilities to the needs for social (and occasionally health) activities for young people and the broader community.

The local context directly shaped the nature of the project. In one area, pressing issues of widespread poverty, crime, out-migration and house clearances made it particularly difficult for the community to address issues such as community care. A shortage of other community workers meant that the project felt a responsibility to respond to community development needs that were seen as having a high priority by local residents.

Several activities that the project supported were concerned with the promotion of a more caring and healthier community, including youth activities and health promotion initiatives. However, barriers including the lack of volunteers and resources from the formal sector prevented the development of community care projects. The 'invisibility' of people with care and support needs at a community level was also a barrier. Further development work involving all parts of the community in the development of care and support initiatives would be helpful. An advocacy role would highlight both the needs and contributions that people with care and support needs can make to the community.

About the project

The project worked with the community to identify appropriate forms of community recording and monitoring. Visual, verbal and written modes of community recording were included. Interviews were also undertaken with community groups and active community members. Key agencies were interviewed at the start and end of the project. The researcher also participated in community activities.

How to get further information

For further information, contact Deborah Quilgars (djq1@york.ac.uk).

The full report, **Communities caring and developing: Lessons from Hull** by Deborah Quilgars, is published by the Joseph Rowntree Foundation (ISBN 1 85935 189 1, price £13.95).