Brighton & Hove

Fairness

Commission

EVIDENCE PACK

6.00PM, THURSDAY, 26 NOVEMBER 2015

MOULSECOOMB COMMUNITY HUB NORTH

Dear Commissioners

Please find enclosed the evidence pack for **Strengthening Communities: Building Capacity and Resilience** which will take place on 26 November, 6-9 pm in Moulsecoomb North Hub – Great Hall North BN2 4SE.

This month's evidence pack contains:

- The **agenda** for meeting in public on 26 November 2015
- Briefing on 2015 **Index of Multiple Deprivation** (IMD)
- Brighton & Hove City Council **Communities & Third Sector Commissioning Prospectus**
- Brighton & Hove City Council **Community Development Strategy 2011-2015**
- The **Collaborative Citizen** Report (2014)
- Volunteering England Report: **Volunteering and Health**, what impact does it really have? (2008)
- **Evidence from the Trust for Developing Communities** on building strong communities
- Trust for Developing Communities **case study** – Hollingdean 2015
- **Briefing note** on the development of **DueEast Neighbourhood Council**
- The Hangleton & Knoll 50+ Steering Group – **Model of best practice**
- **Briefing note** on the Inclusive Communities Project 2009/10
- Redesigning Seniors' Housing – **a Case Study**
- Links to the Community Insight webpages.

I look forward to meeting with you all next week.

Kind regards

Julia Reddaway
Policy Team

Fairness Commission
26 November
6.00pm
Moulsecoomb Great Hall

STRENGTHENING COMMUNITIES
BUILDING CAPACITY AND RESILIENCE

AGENDA

	Topic	Speaker	Time
1	**Introduction from the Chair**	**Vic Rayner**	6.00pm
2	**Redesigning Seniors Housing**	**Peter Huntbach** Older Persons Housing Manager Brighton & Hove City Council	
3	**Developing Services in Communities**	**Pat Weller,** Hangleton & Knoll Project	
4	**Volunteering Strategy**	**Alison Marino,** Community Works	
	Fifteen Minute Break		7.25pm
5	**Community Action Case Studies**	**Sam Warren,** Brighton & Hove City Council	
6	**Developing Social Enterprise**	**Warren Carter,** The Bevy Moulsecoomb	
	Close of meeting		9.00pm

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Briefing:

English Indices of Deprivation 2015 (ID 2015) and the Index of Multiple Deprivation 2015 (IMD 2015)

## 2.	Introduction and background

- The purpose of the English Indices of Deprivation 2015 is to identify small areas of England which are experiencing multiple aspects of deprivation. It replaces the Indices of Deprivation 2010 as the official measure of deprivation in England.

- The ID 2015 provides a relative ranking of areas across England (and therefore Brighton & Hove) according to their level of deprivation.

- ID 2015 is based on the small area geography known as Lower Super Output Areas (LSOAs). LSOAs have between 1,000 and 3,000 people living in them with an average population of 1,500 people.

- There are 32,482 LSOAs in England and 165 in Brighton & Hove. This allows the identification of small pockets of deprivation at a geographical level lower than the ward. At the time of ID 2010 Brighton & Hove had 164 LSOAs, gaining one by the splitting in two of the LSOA based around the New England Quarter.

- The ID 2015 are based on 37 separate indicators, organised across seven distinct domains of deprivation which are combined, using appropriate weights, to calculate the IMD 2015. This is an overall measure of multiple deprivation experienced by people living in an area and is calculated for every LSOA or neighbourhood, in England. Every LSOA in England is ranked according to its level of deprivation relative to that of other areas. The LSOA ranked one is the most deprived and that ranked 32,482 is the least deprived.

- The ID 2015 is based on broadly the same methodology as the 2010 Indices. Although it is not possible to use the Indices to measure changes in the level of deprivation in places over time, it is possible to explore changes in relative deprivation, or changes in the pattern of deprivation, between this and previous updates of the Indices.

- The ID 2015 is a measure of relative deprivation; at the opposite end of the scale it does not measure affluence. The higher ranked LSOAs simply contain less deprivation than the lower ranked LSOAs but do not give any indication as to the relative affluence of an area.

Further reading about the ID 2015 can be found on the GOV.UK website at   https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015
Data and maps specific to Brighton & Hove can be found on the Brighton & Hove Connected, Local Intelligence website http://www.bhconnected.org.uk/content/local-intelligence

## 2.	The seven domains of deprivation.

The seven domains that make up the IMD 2015 are;

Income Deprivation Domain: Measures the proportion of the population experiencing deprivation relating to low income. The definition of low income used includes both those people that are out-of-

work, and those that are in work but who have low earnings (and who satisfy the respective means tests). **The domain estimates actual numbers of people living in income deprivation in a given areas.**

Employment Deprivation Domain: Measures the proportion of the working age population in an area involuntarily excluded from the labour market. This includes people who would like to work but are unable to do so due to unemployment, sickness or disability, or caring responsibilities. **The domain estimates actual numbers of people living in employment deprivation in a given areas.**

Education, Skills and Training Deprivation Domain: Measures the lack of attainment and skills in the local population. The indicators fall into two sub-domains: one relating to children and young people and one relating to adult skills.

Health Deprivation and Disability Domain: Measures the risk of premature death and the impairment of quality of life through poor physical or mental health. The domain measures morbidity, disability and premature mortality but not aspects of behaviour or environment that may be predictive of future health deprivation.

Crime Domain: The Crime Domain measures the risk of personal and material victimisation at local level.

Barriers to Housing and Services Domain: Measures the physical and financial accessibility of housing and local services. The indicators fall into two sub-domains: 'geographical barriers', which relate to the physical proximity of local services, and 'wider barriers' which includes issues relating to access to housing such as affordability and homelessness.

Living Environment Deprivation Domain. The Living Environment Deprivation Domain measures the quality of the local environment. The indicators fall into two sub-domains. The 'indoors' living environment measures the quality of housing; while the 'outdoors' living environment contains measures of air quality and road traffic accidents.

There are also two supplementary indices that are sub-sets of the Income Deprivation Domain.

Income Deprivation Affecting Children Index (IDACI): Measures the proportion of all children aged 0 to 15 living in income deprived families.

Income Deprivation Affecting Older People Index (IDAOPI): Measures the proportion of all those aged 60 or over who experience income deprivation.

Each of these domains is based on a basket of indicators. As far as is possible, each indicator is based on data from the most recent time point available; in practice most indicators in the Indices of Deprivation 2015 relate to the tax year 2012/13.

The separate indicators that make up each domain and the weighting given to each domain in the final IMD 2015 can be found in appendix 1.

3. Headlines

The ID 2015 ranks all LSOAs in England for all seven main domains, six sub-domains, the IMD and the supplementary indices IDACI and IDAOPI. Similar to 2010, the ID 2015 also ranks the 326 lower tier local authorities in England by IMD, income and employment deprivation. New for 2015, the remaining five main domains along with IDACI and IDAOPI are also available by local authority.

### 3.1 Index of Multiple Deprivation 2015 (IMD 2015)

Out of 326 authorities, Brighton & Hove is ranked 102 most deprived authority in England (using the most commonly used summary measure, average score). This means we are among the third (31 per cent) most deprived authorities in England. In IMD 2010 we were ranked 66 most deprived, meaning we have become less deprived relative to other authorities. Relative to other authorities, Brighton & Hove has seen the eighth biggest improvement in its IMD ranking (table 1 below).

Table 1: The ten most improved local authorities ranked according to the IMD 2015 and IMD 2010. Local authorities are ranked by average score (a lower rank indicates a comparatively higher level of deprivation).			
	IMD Rank		Improvement
	2010	2015	
Isles of Scilly	162	265	+103
Greenwich	28	78	+50
Eastbourne District	84	129	+45
Oxford District	122	166	+44
Wycombe District	254	293	+39
Hammersmith and Fulham	55	92	+37
Wandsworth	121	158	+37
Brighton & Hove	66	102	+36
Cambridge District	193	227	+34
Trafford District	167	201	+34

Looking at the IMD at the LSOA level there are 17 neighbourhoods (10 per cent) in the 10 per cent most deprived in England, the same number as were in the 10 per cent most deprived in the 2010 index. Of the 17 neighbourhoods currently in the 10 per cent most deprived, 15 were also in the 10 per cent most deprived in the 2010 index.

The most deprived Brighton & Hove neighbourhood is the northern area of the Whitehawk Estate and is ranked 331 out of 32,482 most deprived in England. In total five LSOAs in the city are in the 500 most deprived LSOAs in England. Three are located in East Brighton ward and two in Queen's Park ward. In total 34 LSOAs in Brighton & Hove (21 per cent) are in the 20 per cent most deprived areas in England.

Map 1 below, shows that deprivation is distributed across the whole of the city but is more concentrated in some areas than others. The highest concentration of deprivation is in the Whitehawk, Moulsecoomb, and Hollingbury areas of the city but also found around St. James's Street and Eastern Road. To the west of the city deprivation is more isolated but equally deprived and includes neighbourhoods around Downlands Drive, Hove station, Portslade Academy, the Knoll Estate, North Hangleton, Church Road in South Portslade and Ingram Crescent East and West. In Woodingdean there is one neighbourhood based around Cowley Road and Bexhill Road. All these areas are in the 20 per cent most deprived in England.
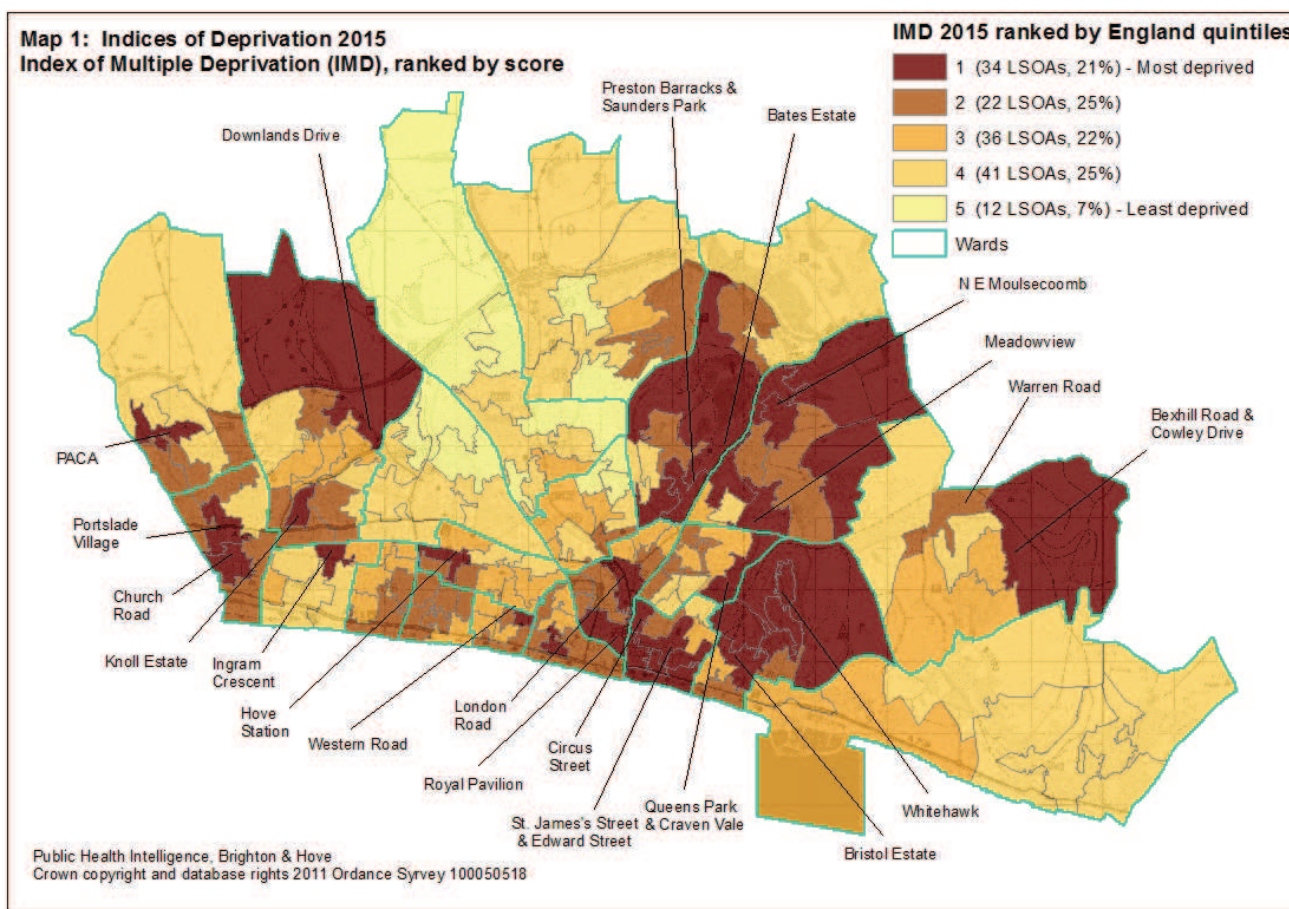
3.2 Overview of all ID 2015 domains and sub-domains

Table 2 below shows the number of Brighton & Hove LSOAs in each English quintile (20 per cent) of deprivation. If deprivation in Brighton & Hove was similar to that found in the whole of England 33 or 20 per cent of the city's LSOAs would be in each quintile. Areas shaded in purple show quintiles where there is a higher than expected number of LSOAs and areas shaded green show quintiles where there is a lower number of LSOAs than would be expected. Where there is no shading the number of LSOAs is near to what would be expected (plus or minus two percentage points).

Table 2: All ID 2015 domains and sub-domains with the number and percentage of LSOAs in each English quintile (20%) of deprivation.										
	1st quintile (most deprived)		2nd quintile		3rd quintile		4th quintile		5th quintile (least deprived)	
Index of Multiple Deprivation (IMD)	34	21%	42	25%	36	22%	41	25%	12	7%
Income	25	15%	31	19%	52	32%	45	27%	12	7%
Income Deprivation Affecting Children Index (IDACI)	30	18%	28	17%	45	27%	38	23%	24	15%
Income Deprivation Affecting Older People (IDAOPI)	40	24%	57	35%	39	24%	17	10%	12	7%
Employment	26	16%	33	20%	36	22%	52	32%	18	11%
Education, Skills and Training	30	18%	26	16%	28	17%	36	22%	45	27%
Children and Young People Sub-domain	42	25%	36	22%	26	16%	31	19%	30	18%
Adult Skills Sub-domain	21	13%	22	13%	13	8%	21	13%	88	53%
Health Deprivation and Disability	35	21%	43	26%	44	27%	36	22%	7	4%
Barriers to Housing and Services	29	18%	69	42%	46	28%	20	12%	1	1%
Geographical Barriers Sub-domain	3	2%	14	8%	27	16%	38	23%	83	50%
Wider Barriers Sub-domain	116	70%	41	25%	8	5%	0	0%	0	0%
Crime	24	15%	35	21%	58	35%	37	22%	11	7%
Living Environment	69	42%	29	18%	37	22%	27	16%	3	2%
Outdoors Sub-domain	77	47%	75	45%	11	7%	2	1%	0	0%
Indoors Sub-domain	65	39%	21	13%	28	17%	26	16%	25	15%

Note: Purple shading indicates a quintile with a high than expected number of LSOAs and green shading indicates quintile with a lower than expected number of LSOAs. The dark shading indicates a quintile with twice or more (purple) or half or less (green) the expected number of LSOAs.

For the 2015 IMD we have less than half the expected number of LSOAs in the fifth (least deprived) quintile and slightly more than expected number of LSOAs in the fourth quintile. However we have near to the expected number of LSOAs in the first most deprived quintile and more in the second quintile.

For the Income, Employment and Crime domains we have fewer LSOAs than expected in both the first and fifth quintiles with more than the expected number of LSOAs in and around the third and fourth quintiles.

For the Education, Skills and Training, Health Deprivation and Disability, and the Barriers to Housing & Services domains we have about the expected number of LSOAs in the most deprived (first) quintile. However, while the Education, Skills & Training domain has more than the expected number of LSOAs in the least deprived fifth quintile the Health Deprivation & Disability and the Barriers to Housing & Services domains have respectively only seven and one LSOA in the least deprived quintile.

For the Living Environment we have more than twice the expected number of LSOAs in the most deprived (first) quintile, lower than the expected number in the fourth quintile and only three LSOAs in the least deprived fifth quintile.
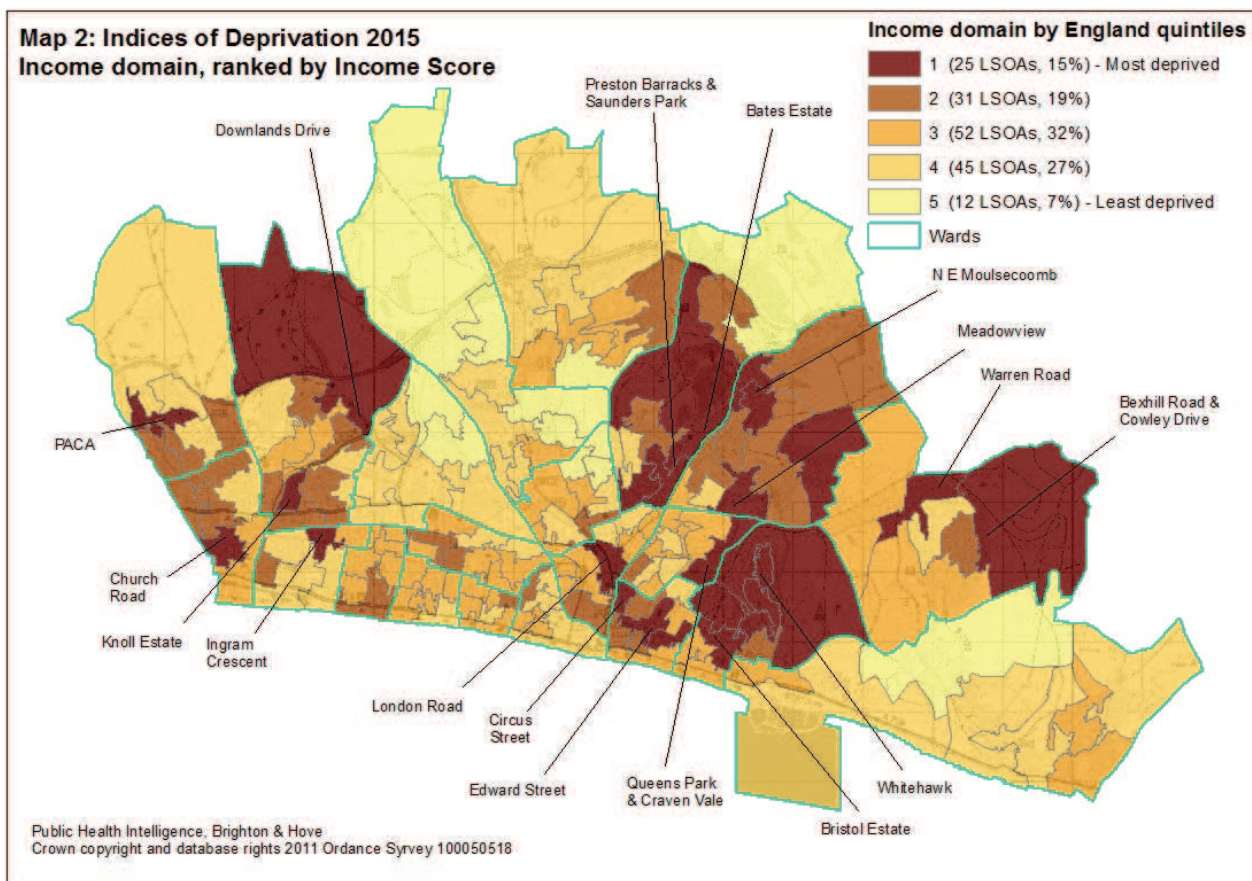
4 ID 2015 domains and sub-domains

4.1 Income deprivation

4.1.1 Income domain (all people)

Of the 326 authorities in England, Brighton & Hove is ranked 125 most income deprived. This means we are in the second quintile (38 per cent) of most deprived authorities in England. More than one in ten (14 per cent, 38,635 people) of all residents in the city live in income deprivation. However, there are large differences across the city. There are 11 LSOAs where more than a third of residents live in income deprivation and nine LSOAs where less than one in 20 (5 per cent) of residents do so. In the 2010 index, 38,914 residents were estimated to be living in income deprivation, around 15 per cent of the population at that time.

In total 14 LSOAs in Brighton & Hove (8 per cent) are in the 10 per cent most income deprived LSOAs in England and 25 LSOAs (15 per cent) in the 20 per cent most deprived. Of the LSOAs in the 10 per cent most deprived, six are in East Brighton ward, two each in Hangleton & Knoll, Hollingbury & Stanmer, Moulsecoomb & Bevendean and Queen's Park wards and one in Hanover & Elm Grove ward (map 2 below).

Map 2: Indices of Deprivation 2015
Income domain, ranked by Income Score

Income domain by England quintiles
- 1 (25 LSOAs, 15%) - Most deprived
- 2 (31 LSOAs, 19%)
- 3 (52 LSOAs, 32%)
- 4 (45 LSOAs, 27%)
- 5 (12 LSOAs, 7%) - Least deprived
- Wards

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4.1.2 Income deprivation affecting children (IDACI)

Of 326 local authorities in England, Brighton & Hove is ranked 140 most income deprived for children, meaning that we are just in the third quintile (43 per cent) of most deprived authorities in England. Nearly one in five children aged under 16 (18 per cent, 8,201 children) live in income deprivation. However, in one LSOA in Moulsecoomb, more than three in five children (61 per cent, 222 children) live in income deprivation. In another 13 LSOAs, two in five (40 per cent) or more children live in income deprivation.

In total 14 LSOAs in Brighton & Hove (8 per cent) are in the 10 per cent most deprived in England and 30 LSOAs (18 Per cent) in the 20 per cent most deprived. Eight of ten LSOAs in Moulsecoomb & Bevendean wards and six out of nine LSOAs in East Brighton ward are in the 20 most deprived in England (map 3 below).
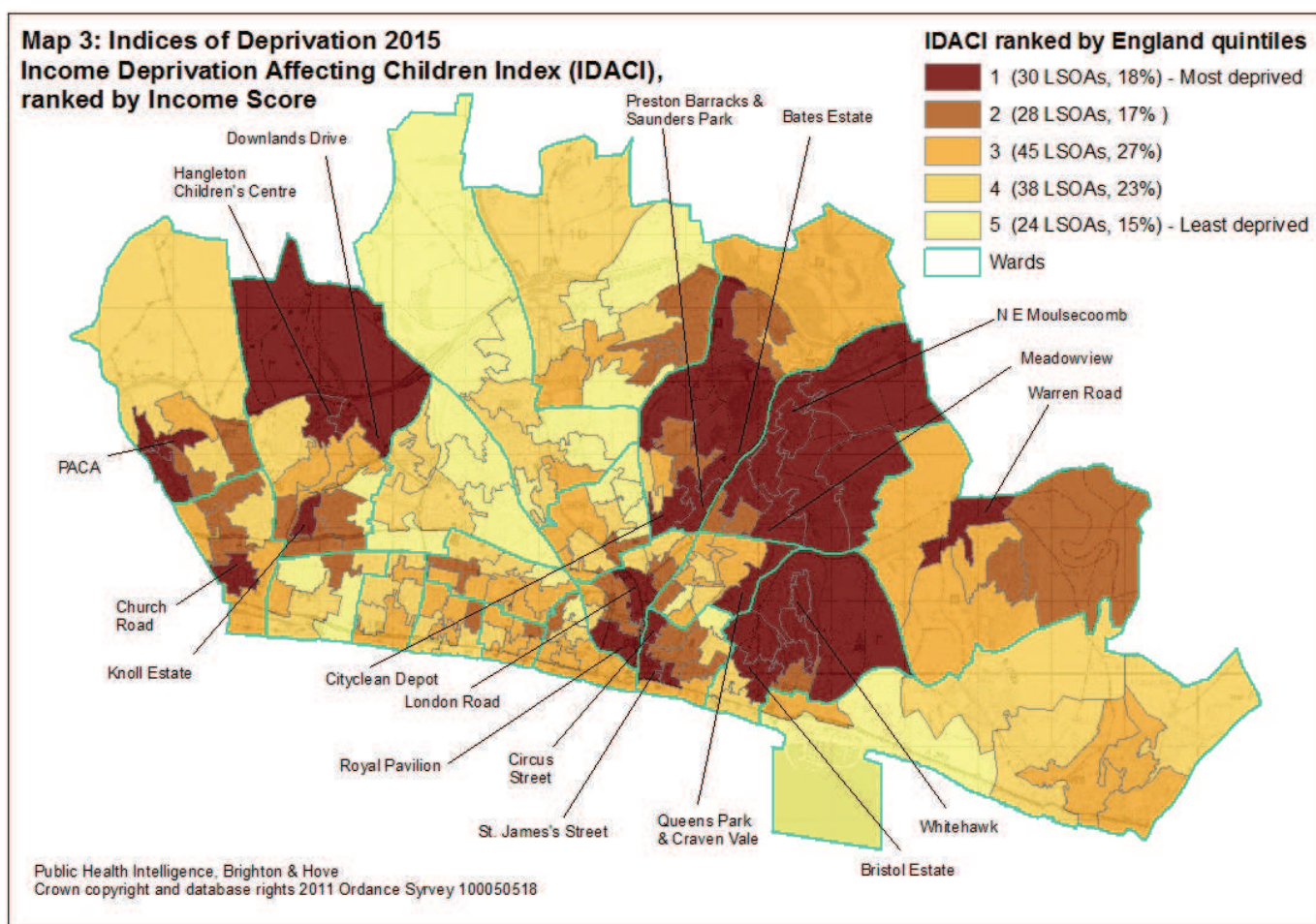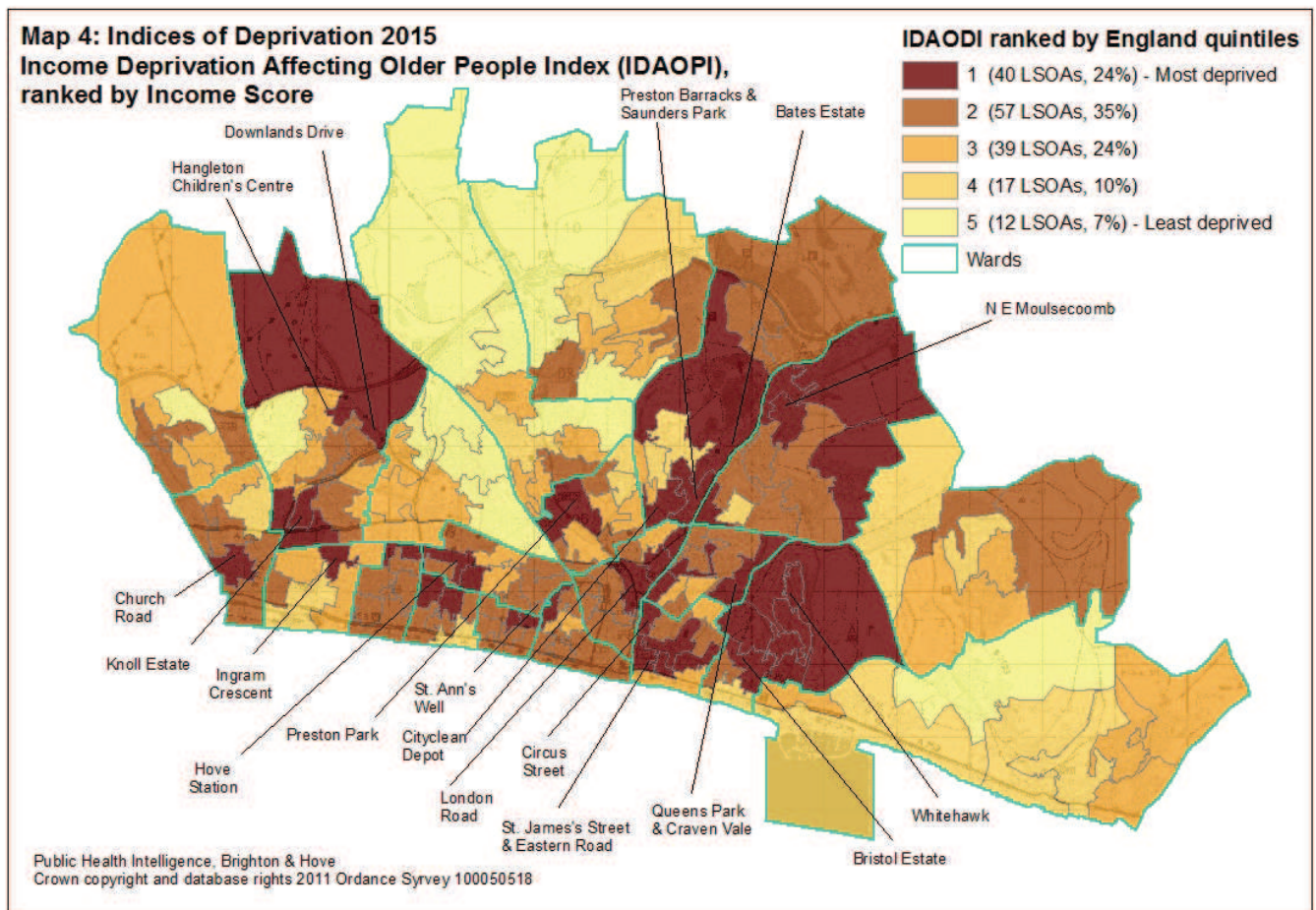
4.1.3 Income Deprivation affecting older people (IDAOPI)

Of 326 local authorities in England, Brighton & Hove is ranked 57 most income deprived for older people, meaning we are the first quintile (17 per cent) of most deprived authorities in England. One in five residents aged 60 or over (21 per cent, 9,977 people) are living in income deprivation. However, in two LSOAs, one in Queens Park ward and one in St. Peters' & North Laine ward, more than a half of older people live in income deprivation. In another 21 LSOAs, more than a third of older people live in income deprivation.
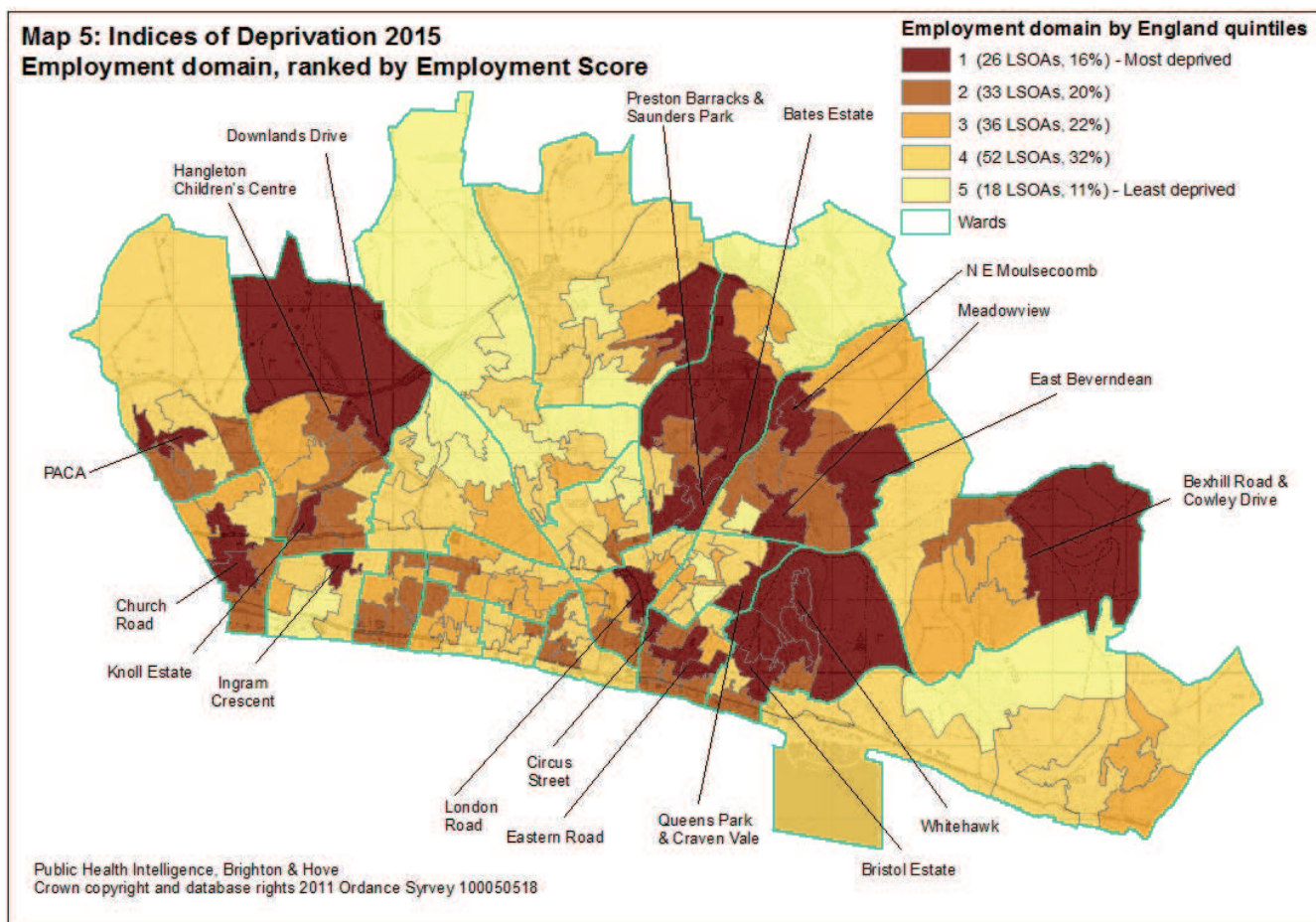
In total 17 LSOAs in Brighton & Hove (10 per cent) are in the 10 per cent most deprived in England and 40 LSOAs (24 per cent) in the 20 per cent most deprived. The most deprived LSOA is in Queens Park ward and is ranked 566 out of 32,482. Queens Park ward has three LSOAs in the five per cent most deprived areas in England (map 4 below).

Map 4: Indices of Deprivation 2015
Income Deprivation Affecting Older People Index (IDAOPI), ranked by Income Score

4.2   Employment domain

Of 326 authorities in England, Brighton & Hove is ranked 142 most employment deprived. This means we are just in the third quintile (44 per cent) of most deprived authorities in England. More than one in ten working aged residents aged 18 to 59/64 (11 per cent, 20,551 people) are employment deprived. However, in four LSOAs in the city (two each in East Brighton and Queens Park wards) more a third (33 per cent) or more of people aged 18 to 59/64 are employment deprived. For a further 16 LSOAs in the city one in five (20 per cent) or more working aged people are employment deprived. In the 2010 index 17,855 working aged residents were estimated to be employment deprived, around 10 per cent of the 18 to 59/64 population at that time.

Two LSOA in Queens Park ward are in the one per cent most deprived in England. In total 14 LSOAs in Brighton & Hove (8 per cent) are in the ten per cent most deprived and 26 LSOAs (16 per cent) in the 20 per cent most deprived (map 5 below).
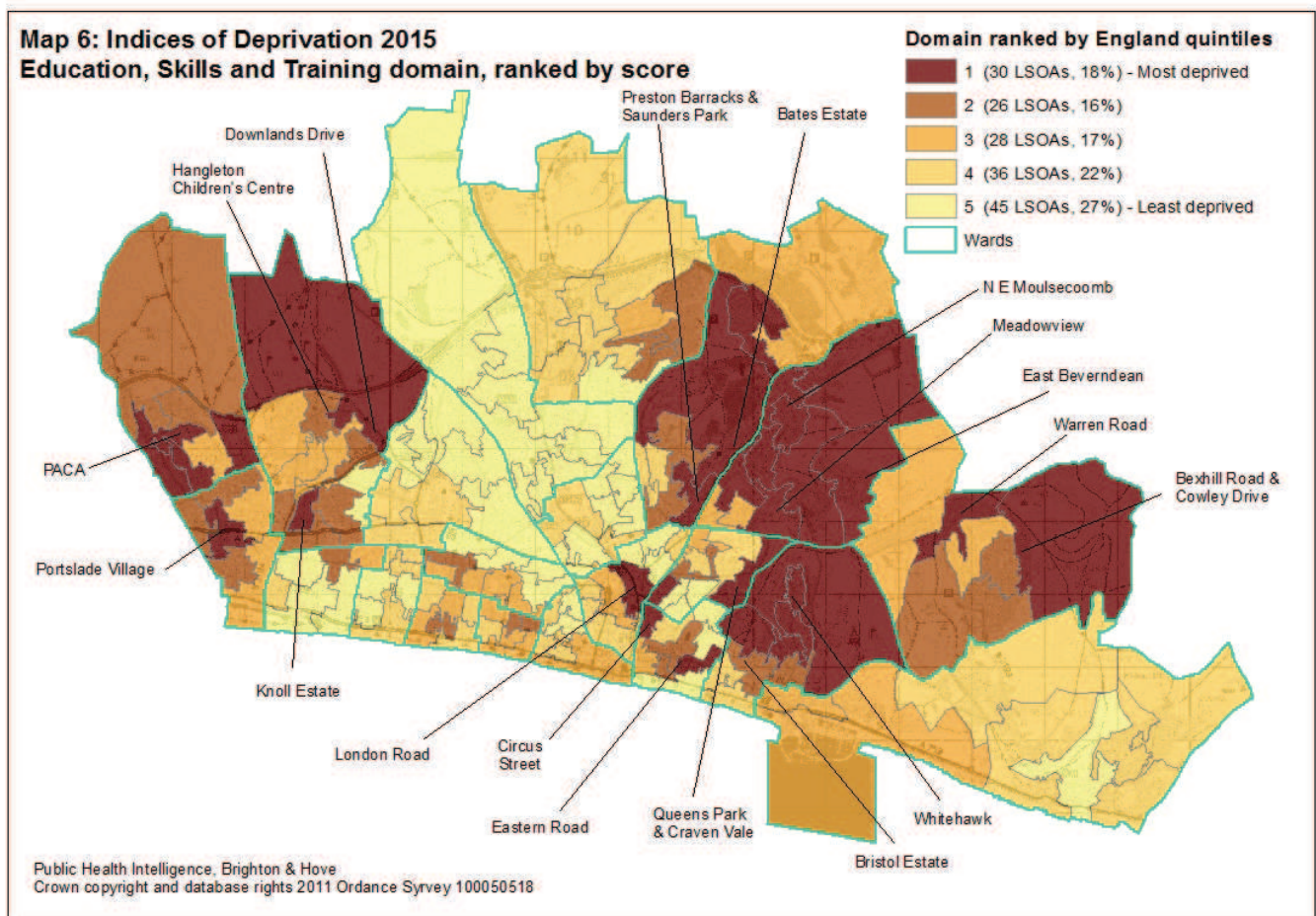
4.3   Education, skills and training domain

Of 326 authorities in England, Brighton & Hove is ranked 156 most deprived for education, skills and training. This means that we are ranked in the third quintile (48 per cent) of most deprived authorities in England.

Four of the city's LSOAs are in the one per cent most deprived LSOAs in England; three are in East Brighton ward and one in Moulsecoomb & Bevendean ward. In total 19 LSOAs (12 per cent) are in the 10 per cent most deprived LSOAs in England and 30 LSOAs (18 per cent) in the 20 per cent most deprived (map below).

Map 6: Indices of Deprivation 2015
Education, Skills and Training domain, ranked by score

Domain ranked by England quintiles
1 (30 LSOAs, 18%) - Most deprived
2 (26 LSOAs, 16%)
3 (28 LSOAs, 17%)
4 (36 LSOAs, 22%)
5 (45 LSOAs, 27%) - Least deprived
Wards

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Two sub-domains, available only at the LSOA level, make up the wider Education, Skills and Training domain;
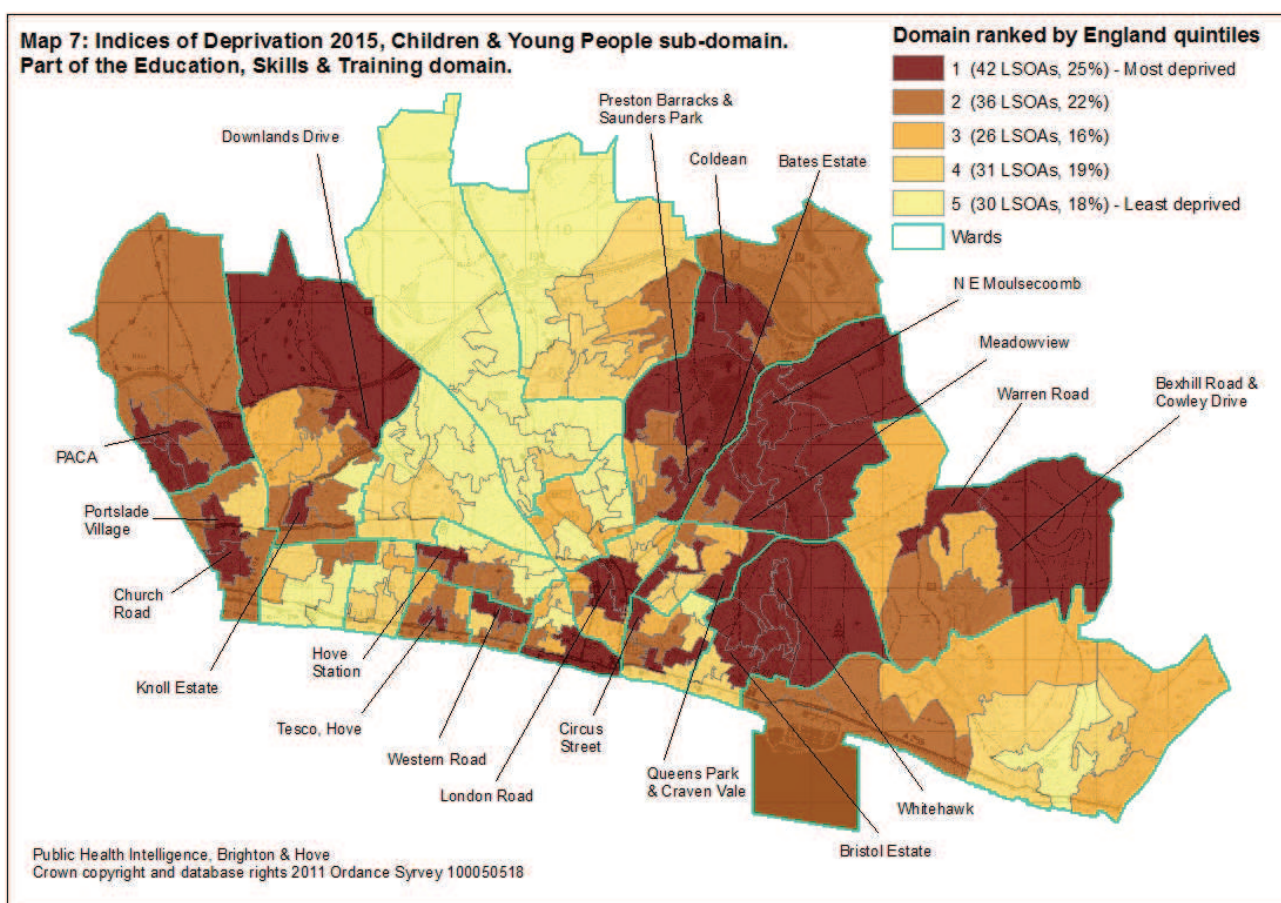- Children & Young People (map 7)
- Adult Skills (map 8)

The two sub-domains show very different levels of deprivation (table 3 below). The Children & Young People sub-domain has twice as many LSOAs in the 20 per cent most deprived while the Adult Skills sub-domain has nearly three times as many LSOAs in the 20 per cent least deprived.
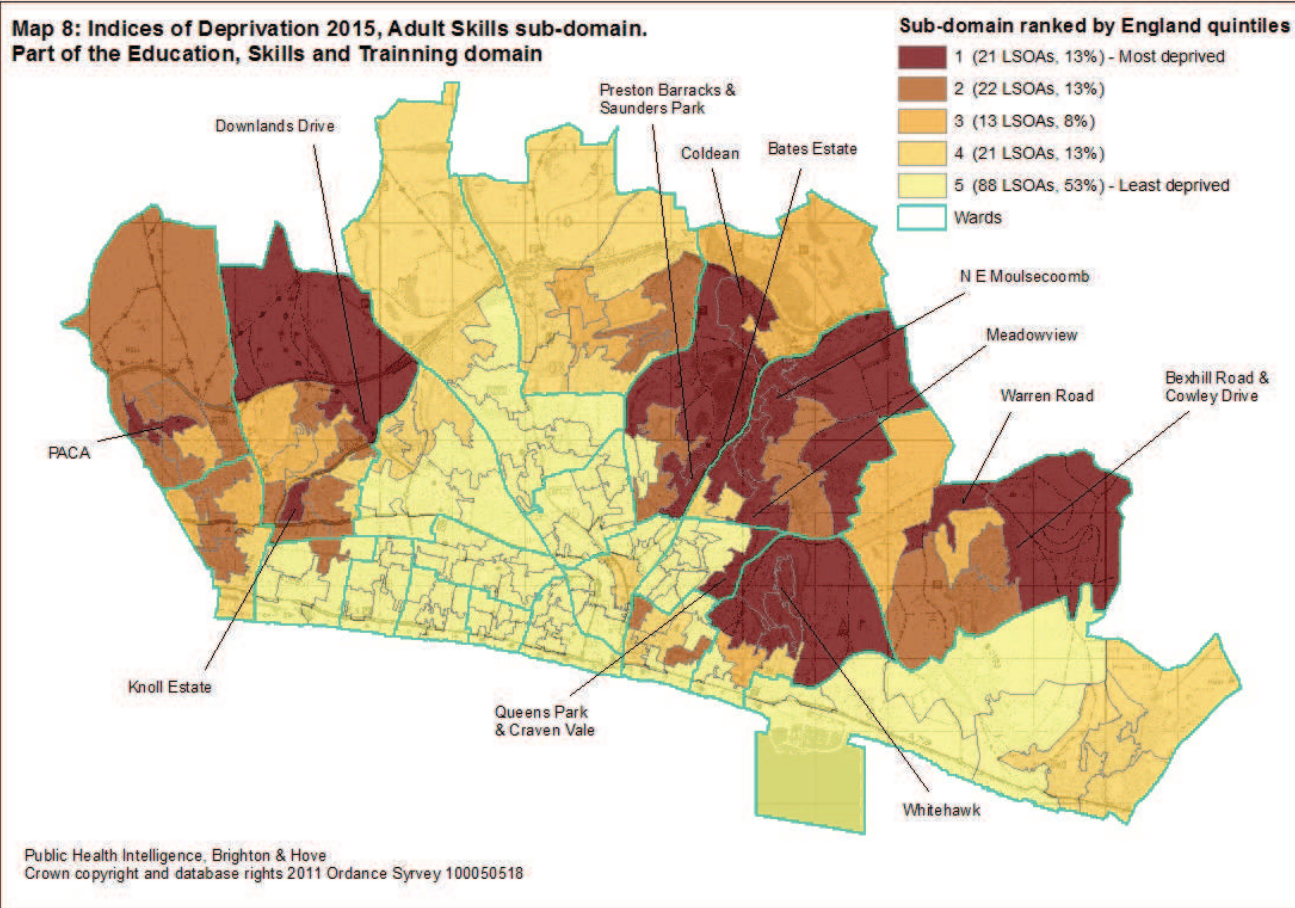
Table 3: Education, Skills & Training sub-domain's by number of LSOA in each England quintile

Quintile (1 most deprived)	Children & Young People Sub-domain	Adult Skills sub-domain
	Number of LSOAs (% of LSOA)	
1	42 (25%)	21 (13%)
2	36 (22%)	22 (13%)
3	26 (16%)	13 (8%)
4	31 (19%)	21 (13%)
5	30 (18%)	88 (53%)

For the Children & Young Peoples sub-domain, seven LSOAs (four per cent) are in the one per cent most deprived areas in England and 34 LSOAs (21 per cent) in the 10 per cent most deprived. Eight out of ten LSOAs in Moulsecoomb & Bevendean ward, six out of nine LSOAs in East Brighton ward and four out of seven LSOAs in North Portslade ward are in the ten per cent most deprived areas in England (map 7 below).

Map 7: Indices of Deprivation 2015, Children & Young People sub-domain. Part of the Education, Skills & Training domain.

Domain ranked by England quintiles
- 1 (42 LSOAs, 25%) - Most deprived
- 2 (36 LSOAs, 22%)
- 3 (26 LSOAs, 16%)
- 4 (31 LSOAs, 19%)
- 5 (30 LSOAs, 18%) - Least deprived
- Wards

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Map 8: Indices of Deprivation 2015, Adult Skills sub-domain.
Part of the Education, Skills and Trainning domain

Sub-domain ranked by England quintiles
- 1 (21 LSOAs, 13%) - Most deprived
- 2 (22 LSOAs, 13%)
- 3 (13 LSOAs, 8%)
- 4 (21 LSOAs, 13%)
- 5 (88 LSOAs, 53%) - Least deprived
- Wards

Downlands Drive

Preston Barracks & Saunders Park

Coldean

Bates Estate

N E Moulsecoomb

Meadowview

Warren Road

Bexhill Road & Cowley Drive

PACA

Knoll Estate

Queens Park & Craven Vale

Whitehawk

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4.4   Health Deprivation & Disability domain

Of 326 authorities in England, Brighton & Hove is ranked 91 most deprived. This means we are ranked in the second quintile (28 per cent) of most deprived authorities in England for health deprivation and disability.

Two of the city's LSOAs (both in Queens Park ward) are in the 50 most deprived LSOAs in England, while in total, three LSOAs are in the one per cent most deprived (the third in East Brighton ward). Twenty three LSOAs (14 per cent) are in the 10 per cent most deprived in England and 35 LSOAs (21 per cent) in 20 per cent most deprived. Of the LSOAs in the 10 per cent most deprived in England, six are in East Brighton ward, four in Queens Park Ward, three each in Moulsecoomb & Bevendean and Hollingbury & Stanmer wards, two in St. Peter's & North Laine ward and one each in Brunswick & Adelaide, Goldsmid, Hangleton & Knoll, South Portslade and Wish wards (map 9 below).

Map 9: Indices of Deprivation 2015
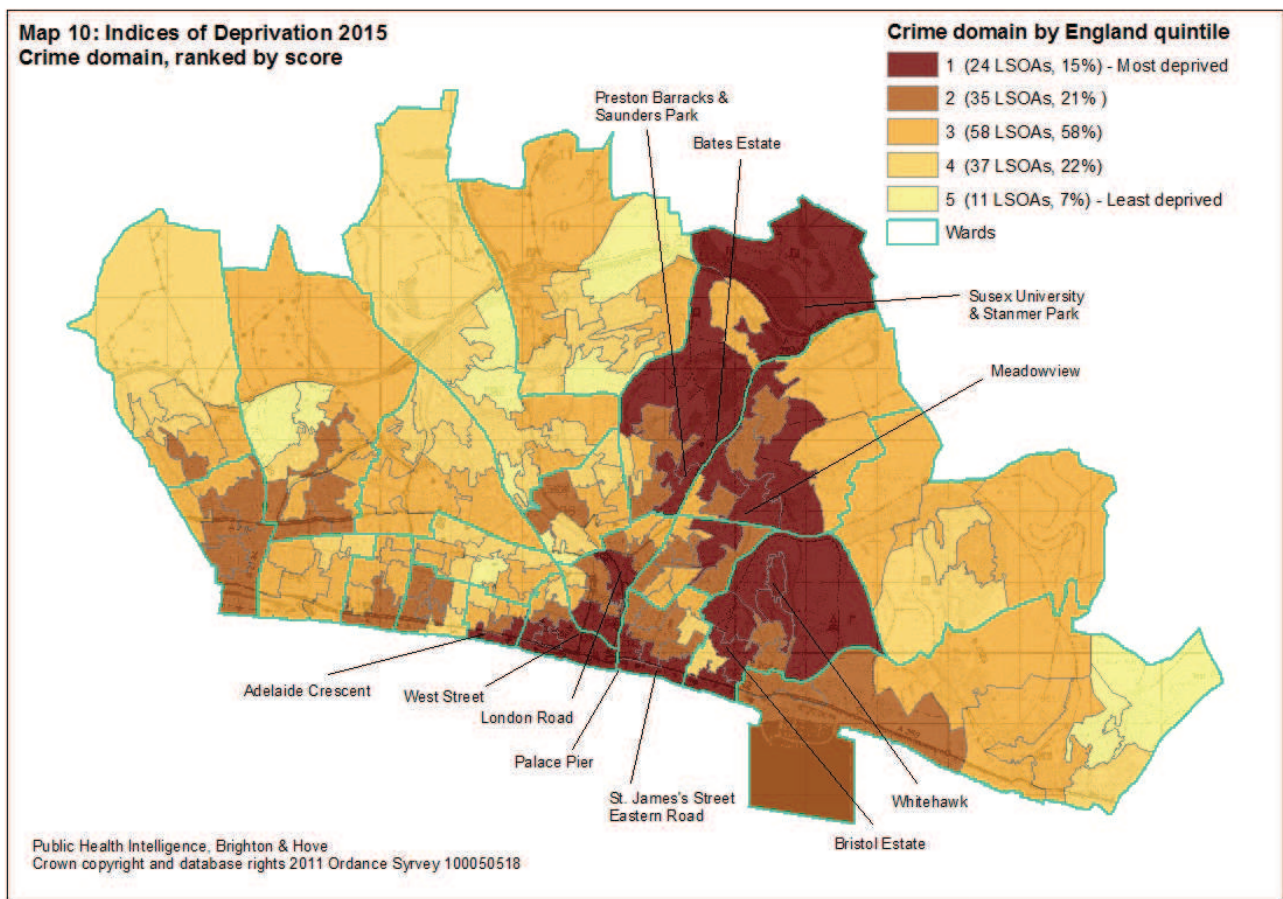Health Deprivation & Disability domain, ranked by score
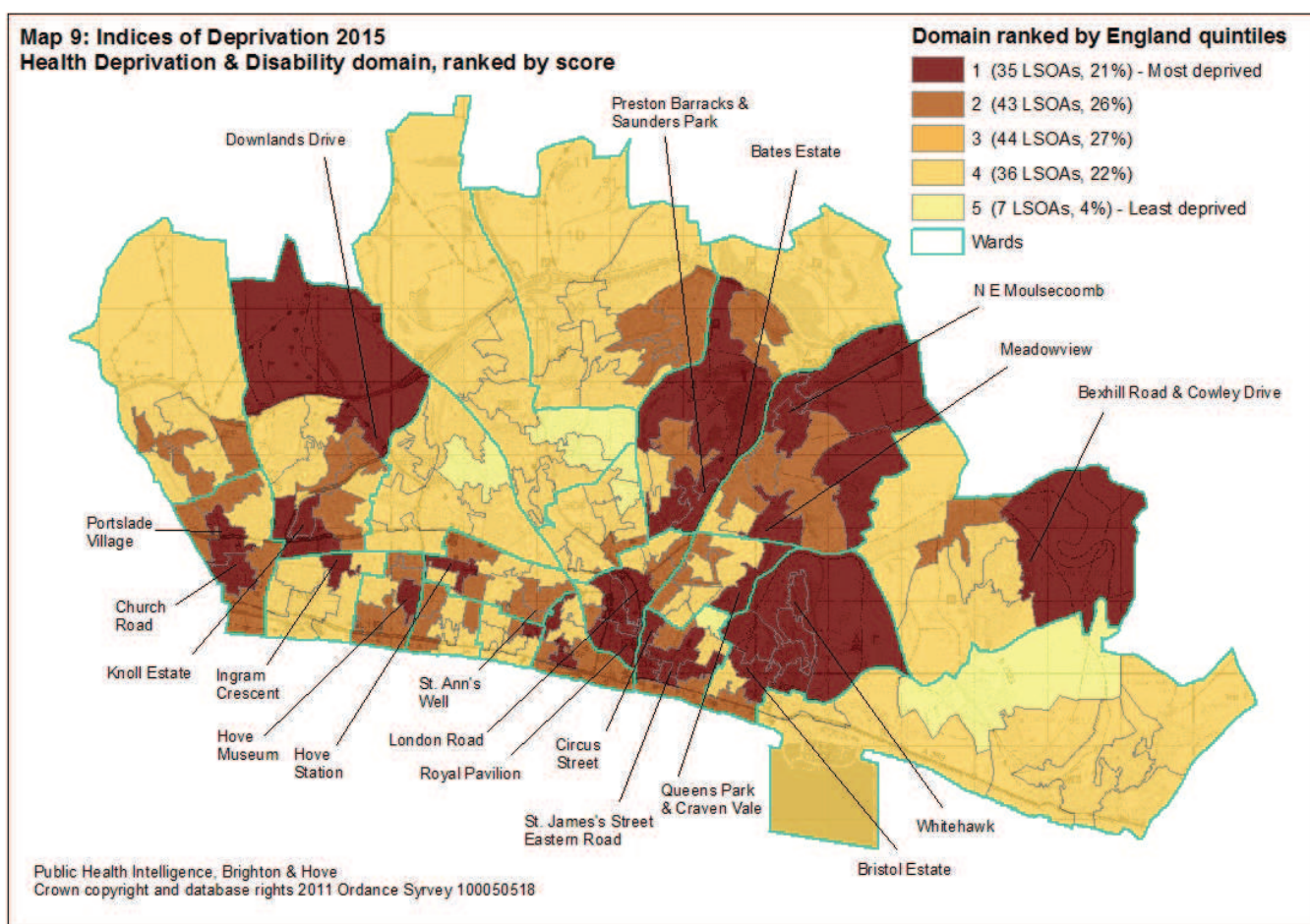
4.5   Crime domain

Of 326 authorities in England, Brighton & Hove is ranked 98 most deprived meaning that we are ranked in the second quintile (31 per cent) of most deprived authorities in England for crime deprivation.

The seafront LSOA to the west of the Palace Pier is ranked number 15 most deprived LSOA in England for crime. Another LSOA in East Brighton ward is ranked 72 most deprived in England. In total 13 LSOAs (8 per cent) are in the 10 per cent most deprived in England and 24 LSOAs (15 per cent) in the 20 per cent most deprived.

Of the 13 LSOAs in the 10 per cent most deprived in England, four LSOAs are in East Brighton ward, three each in Queens Park and St. Peters & North Laine wards, two in Regency ward and one Hollingbury & Stanmer ward (map 10 below).

Map 10: Indices of Deprivation 2015 Crime domain, ranked by score

4.6   Barriers to Housing & Services domain

Of 326 local authorities in England, Brighton & Hove is ranked 73 most deprived, meaning that we are ranked just in the second quintile (22 per cent) of most deprived authorities in England for barriers to housing and services.

In total 16 LSOAs (10 per cent) are in the 10 per cent most deprived in England and 29 LSOAs (18 per cent) in the 20 per cent most deprived (map 11 below).

Map 11: Indices of Deprivation 2015
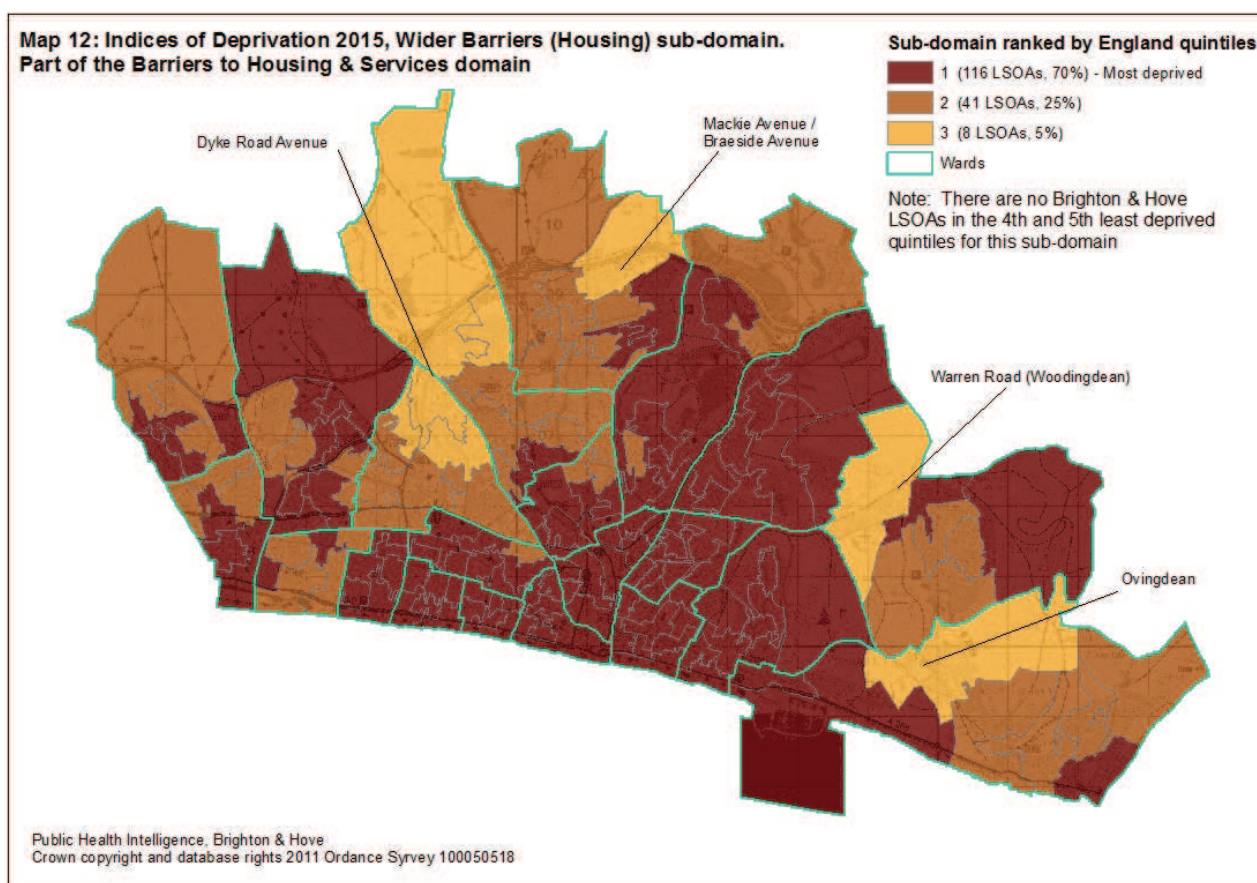Barriers to Housing & Services domain, ranked by score
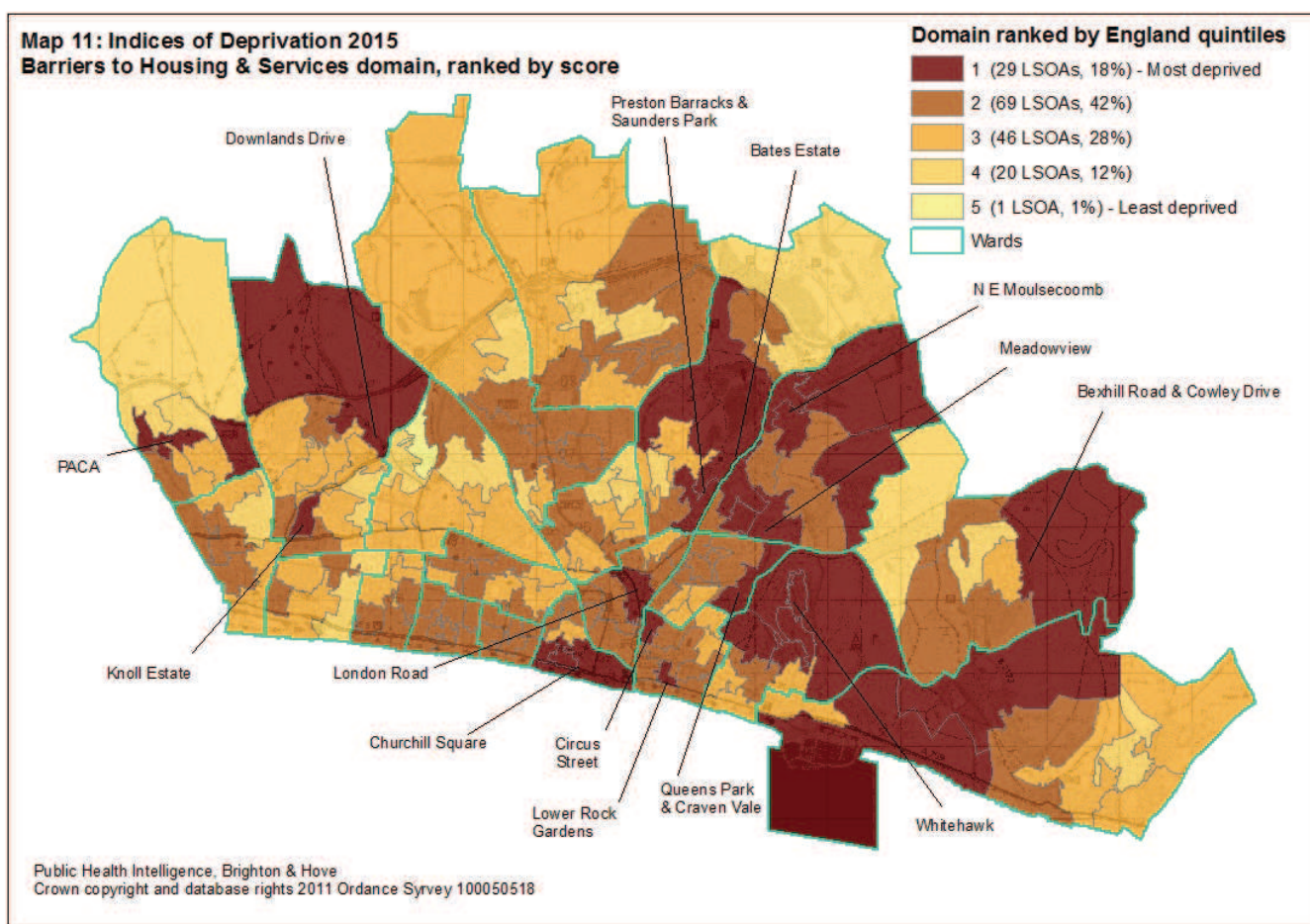
However, there are huge differences when you look at the two sub-domains (available only at the LSOA level) that make up the Barriers to Housing & Services Domain (table 4 below).

While 83 (50 per cent) of Brighton & Hove LSOAs are in the 20 per cent least deprived in England for geographical barriers, no LSOA is in the least deprived 40 per cent for the wider barriers (housing) sub-domain.   More than two thirds of Brighton & Hove's LSOAs (116, 70 per cent) are in the most deprived 20 per cent for the wider barriers (housing) sub-domain.   Only 17 LSOAs (10 per cent) are in the 40 per cent most deprived for geographical barriers.
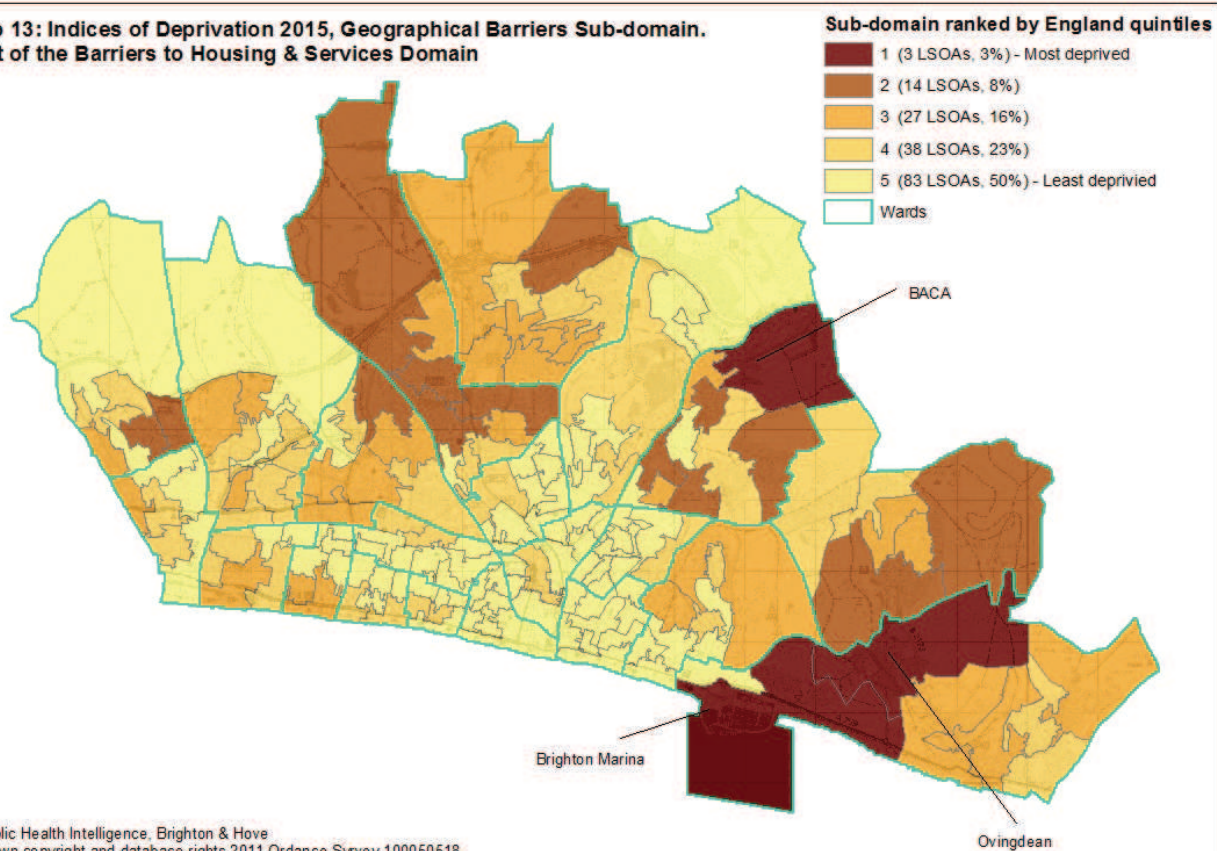
Table 4: Barriers to Housing & Services' sub-domains by number of LSOA in each England quintile		
Quintile (1 most deprived)	Geographical Barriers	Wider barriers (housing)
	Number of LSOAs (% of LSOA)	
1	3 (2%)	116 (70%)
2	14 (8%)	41 (25%)
3	27 (16%)	8 (5%)
4	38 (23%)	0 (0%)
5	83 (50%)	0 (0%)

For the wider barriers sub-domain (map 12 below), in nine Brighton & Hove wards (Brunswick & Adelaide, Central Hove, East Brighton, Hanover & Elm Grove, Moulsecoomb & Bevendean, Queens Park, Regency, St. Peters & North Laine and Westbourne) all LSOAs are in the 20 per cent most deprived in England. For a further five wards (Goldsmid (8/9), Hangleton & Knoll (7/10), Hollingbury & Stanmer (6/8), North Portslade (4/7) and Preston Park (6/9)) the majority of LSOAs are in the 20 per cent most deprived in England.


Map 12: Indices of Deprivation 2015, Wider Barriers (Housing) sub-domain. Part of the Barriers to Housing & Services domain

Map 13: Indices of Deprivation 2015, Geographical Barriers Sub-domain. Part of the Barriers to Housing & Services Domain

Sub-domain ranked by England quintiles
- 1 (3 LSOAs, 3%) - Most deprived
- 2 (14 LSOAs, 8%)
- 3 (27 LSOAs, 16%)
- 4 (38 LSOAs, 23%)
- 5 (83 LSOAs, 50%) - Least deprivied
- Wards

BACA

Brighton Marina

Ovingdean

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4.7   Living Environment domain

Of 326 authorities in England, Brighton & Hove is ranked 36 most deprived, meaning we are the in the first quintile (11 per cent) of most deprived authorities in England for our living environment.

One LSOA between Eastern Road and Marine Parade is the seventh most deprived LSOA in England for the living environment. In total 17 LSOAs (10 per cent) are in the 1 per cent most deprived in England, 45 LSOAs (27 per cent) in the 10 per cent most deprived and 69 LSOAs (42 per cent) in the 20 per cent most deprived (map 14 below).


Map 14: Indices of Deprivation 2015
Living Environment Domain, ranked by score
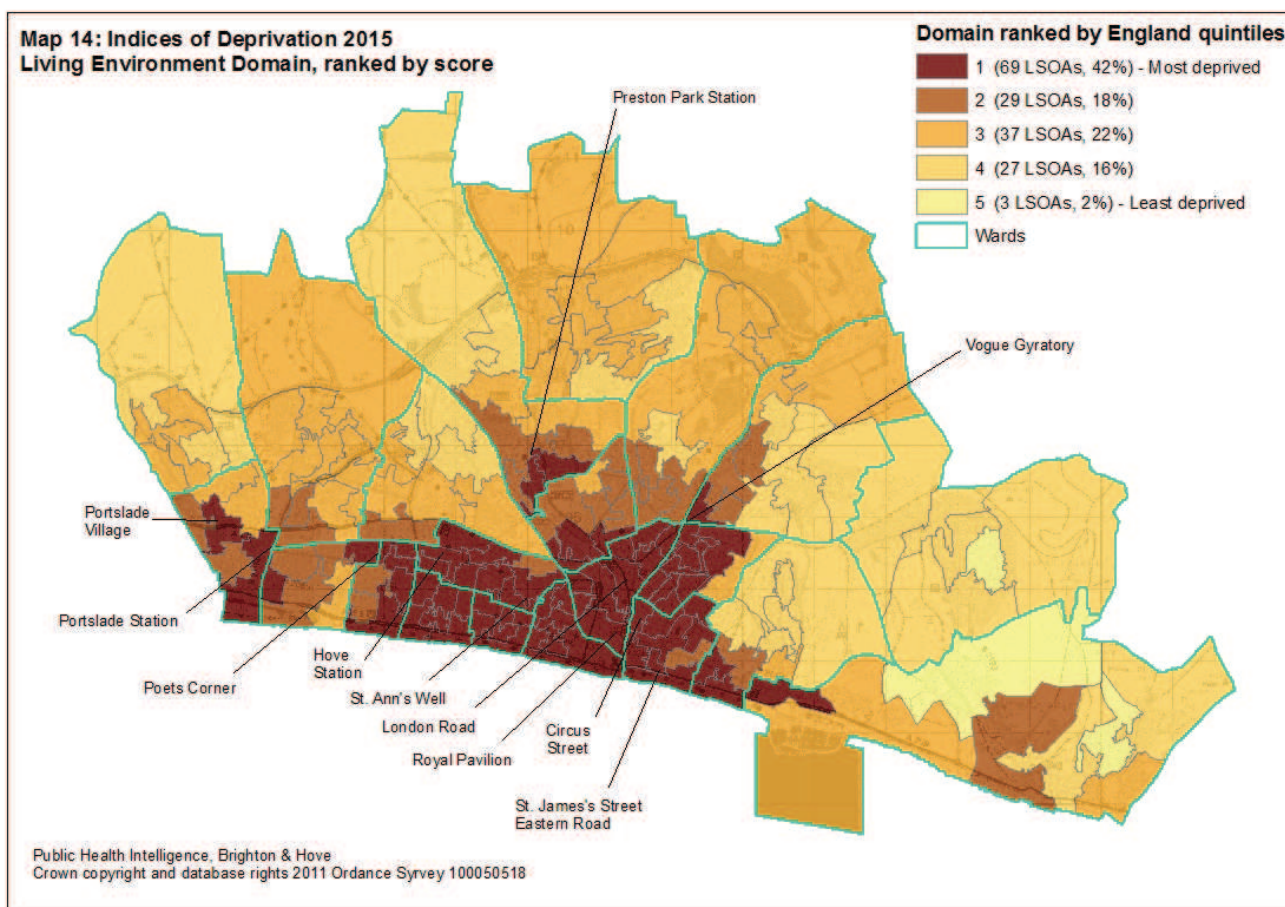
Two sub-domains, only available at the LSOA level, make up the wider Living Environment domain (table 5 below).

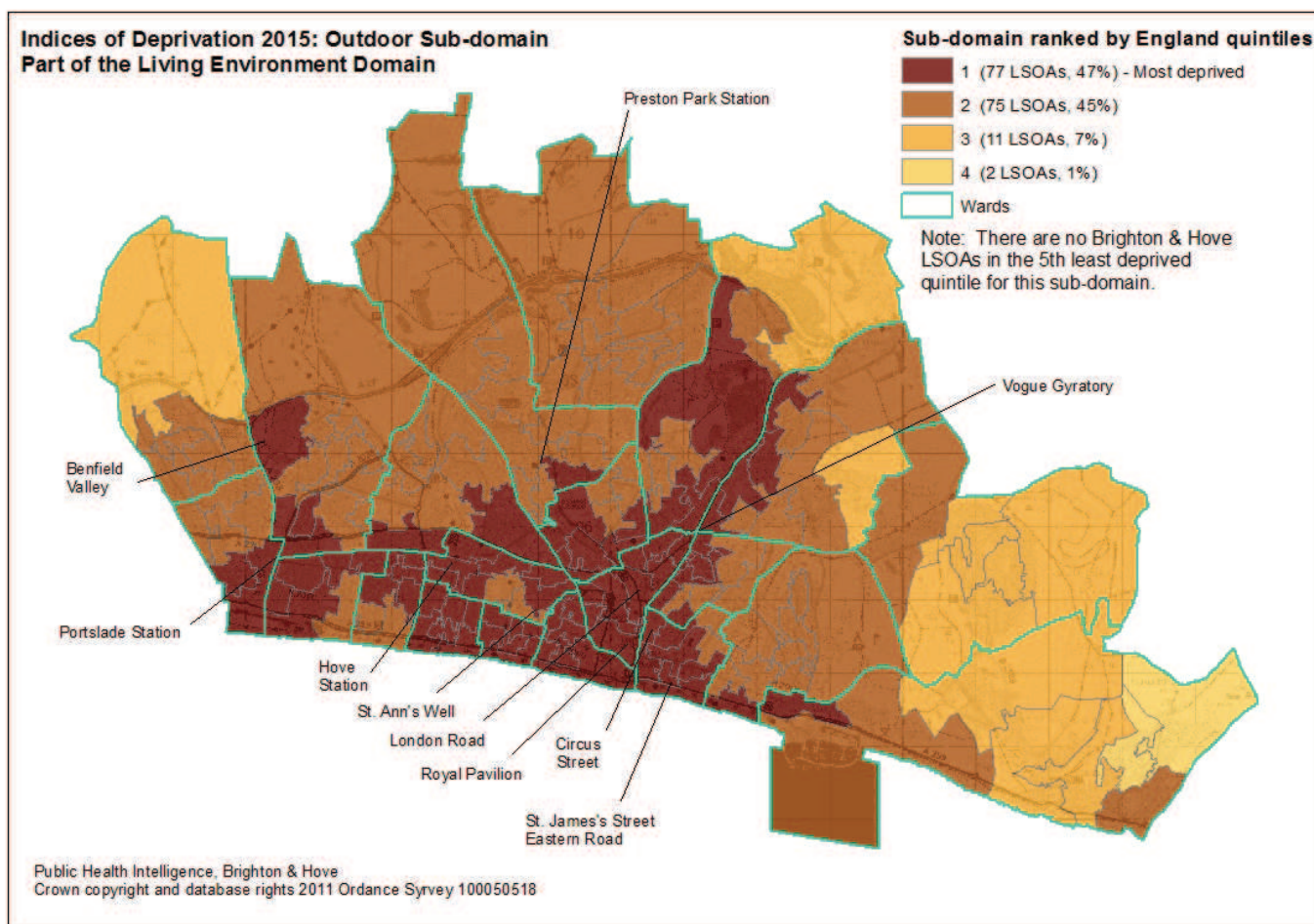| Table 5: Living environment sub-domain's by number of LSOA in each England quintile		
Quintile (1 most deprived)	Indoor Living Environment Sub-domain	Outdoor Living Environment sub-domain
	Number of LSOAs (% of LSOA)	
1	65 (39%)	77 (47%)
2	21 (13%)	75 (45%)
3	28 (17%)	11 (7%)
4	26 (16%)	2 (1%)
5	25 (15%)	0 (0%)

For the Indoor Living Environment, 65 Brighton & Hove LSOAs (39 per cent) are in the 20 per cent most deprived areas in England with more than half (86 LSOAs, 52 per cent) in the 40 per cent most deprived. All six LSOAs in each of Brunswick & Adelaide and Regency wards are in the 10 per cent most deprived in England. All 10 LSOAs in St. Peter's & North Laine ward and all six LSOA in Central Hove ward are in the 20 per cent most deprived, with the majority of LSOAs in Hanover & Elm Grove (8/9), Goldsmid (7/9) and Queens Park (6/9) also in the 20 per cent most deprived (map 15 below).

Map 15: Indices of Deprivation 2015, Indoor Sub-domain. Part of the Living Environment Domain
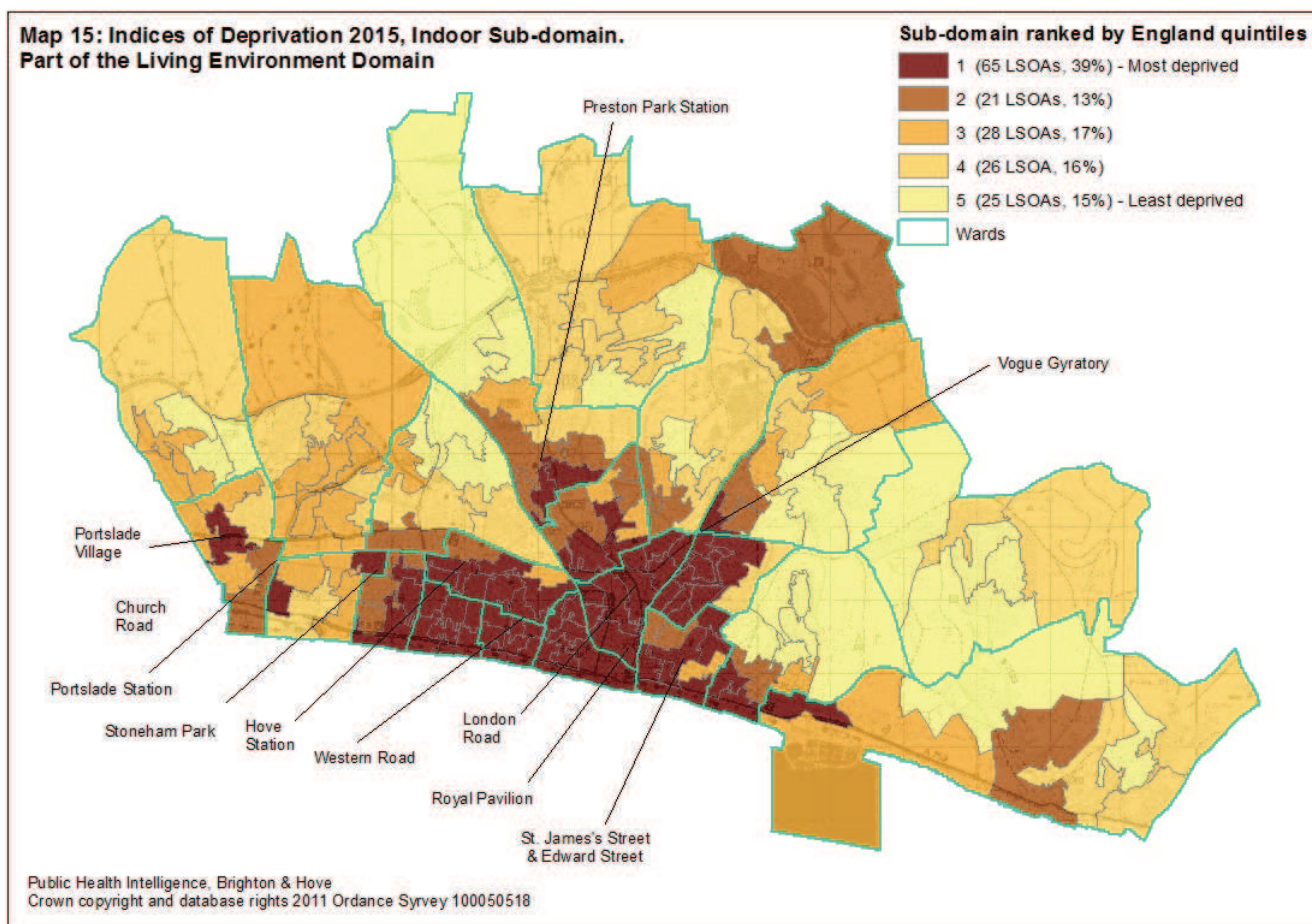
For the Outdoor Living Environment nearly a half of all Brighton & Hove's LSOAs (77, 47 per cent) are in the 20 per cent most deprived in England with more than nine out of ten of LSOAs (152, 92 per cent) in the 40 most deprived. All six LSOAs in each of Brunswick & Adelaide, Regency and Central Hove wards are in the 20 per cent most deprived in England. The majority of LSOAs in St. Peter's & North Laine (9/10), Wish (5/6), Goldsmid (7/9) and Queens Park (7/9) are also in the 20 per cent most deprived (map 16 below).

Indices of Deprivation 2015: Outdoor Sub-domain Part of the Living Environment Domain

Sub-domain ranked by England quintiles
- 1 (77 LSOAs, 47%) - Most deprived
- 2 (75 LSOAs, 45%)
- 3 (11 LSOAs, 7%)
- 4 (2 LSOAs, 1%)
- Wards

Note: There are no Brighton & Hove LSOAs in the 5th least deprived quintile for this sub-domain.

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6   Comparison between Indies of Deprivation 2010 and 2015

The Indies of Deprivation are a relative measure of deprivation. This means you can tell if one area is more deprived than another but not by how much. Similarly, deprivation cannot be compared between 2010 and 2015 because an area's score is affected by the scores of every other area. So it is impossible to tell whether a change in score is a real change in the deprivation level of an area or whether it is due to the scores of other areas going up or down.

However, it is possible to compare the number of LSOAs in Brighton & Hove in the first (most deprived) and fifth (least deprived) quintiles in England for both the Indices of Deprivation 2010 and 2015 (table 6 below).

Table 6: Number of Brighton & Hove LSOAs in the first and last quintiles of the seven main domains of the 2015 and 2010 Indices of Deprivation.

	First quintile - most deprived			Fifth quintile - least deprived		
	ID 2015	ID 2010	Difference 2010 to 2015	ID 2015	ID 2010	Difference 2010 to 2015
Index of Multiple Deprivation	**34**	**37**	**-3**	**12**	**7**	**+5**
Income domain	25	27	-2	12	9	+3
Employment domain	26	30	-4	18	12	+6
Health Deprivation and Disability domain	35	72	-37	7	0	+7
Education, Skills & Training domain	30	28	+2	45	56	-11
Barriers to Housing and Services domain	29	46	-17	1	0	+1
Crime domain	24	18	+6	11	16	-5
Living Environment domain	69	73	-3	3	8	-5

For the IMD, Brighton & Hove has three fewer LSOAs in the first and most deprived quintile and five more in the fifth and least deprived quintile. For four of the seven main domains (Income, Employment, Health deprivation and Disability and Barrier to Housing & Services) this pattern of fewer LSOAs in the most deprived quintile and more in the least deprived quintile can also be found.

The Crime and Education, Skills & Training domains have seen the opposite effect with increases in the number of LSOAs in the most deprived quintile and fewer LSOAs in the least deprived quintile. For the Living Environment domain there has been a decrease in the number of LSOAs in both the most and least deprived quintiles.

Map 17 below, shows how the ranking of LSOAs in Brighton & Hove in the 2015 IMD has changed in comparison to the 2010 IMD. The areas shaded green have become relatively more deprived while the areas shaded blue have become relatively less deprived. A third of LSOAs (109, 66 per cent) in the city are ranked within nine places of where they were ranked in the 2010 indices. A quarter of LSOAs (32, 20 per cent) have seen improvement in their ranking of ten or more places while 23 LSOAs (14 per cent) have seen a deterioration in the ranking of ten or more places.

Map 17: IMD 2015, change in rank for LSOAs in Brighton & Hove. LSOAs are ranked by IMD average score

Change in rank within Brighton & Hove

- Fall of 20+ places (7 LSOAs, 4%)
- Fall of 10 to 19 places (16 LSOAs, 10%)
- Fall or rise of 0 - 9 places (109 LSOAs, 66%)
- Rise of 10 to 19 places (24 LSOAs, 15%)
- Rise of 20+ places (8 LSOAs, 5%)
- Ward boundary

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The is no clear pattern to which LSOAs in the city are becoming relatively more or less deprived, however those LSOAs that have become relatively less deprived tend to be more central and those that have become relatively more deprived tend to further from the city centre.

6. Other administrative areas

New for the 2015 Index of Deprivation, the IMD, the seven main domains and the IDACI and IDAOPI are available for Clinical Commissioning Groups (CCGs) and Local Enterprise Partnerships (LEPs) in England.

6.1 Clinical Commissioning Groups

NHS Brighton & Hove CCG shares the same boundary as Brighton & Hove City Council. Among the 209 CCGs in England, Brighton & Hove CCG is ranked 82 most deprived and is just in the second quintile of most deprived CCGs. Looking at the other domains, Brighton & Hove CCG is ranked in the second or third quintile for all domains apart from the Living Environment where we are ranked the 29th most deprived CCG in England and in the first quintile (table 7).

Table 7: Domains of the 2015 Indices of Deprivation by Clinical Commissioning Groups in England.			
	Rank out of a 211 CCG (1 most deprive)	Quintile (1 most derived)	Percent of most deprived (1 most deprived)
Index of Multiple Deprivation (IMD)	**82**	**2**	**39%**
Income Deprivation	102	3	49%
Income Deprivation Affecting Children (IDACI)	113	3	54%
Income Deprivation Affecting Older People (IDAOPI)	55	2	26%
Employment Deprivation	110	3	52%
Education, Skills & Training Deprivation	111	3	53%
Health Deprivation & Disability	75	2	36%
Crime	84	3	40%
Barriers to Housing & Services	45	2	22%
Living Environment Deprivation	29	1	14%

6.2   Local Enterprise Partnerships (LEP)

There are 39 LEPs in England and Brighton & Hove is part of the Coast to Capital LEP. The Coast to Capital LEP region covers Brighton & Hove, the London Borough of Croydon, Gatwick Diamond, Lewes and West Sussex (http://www.coast2capital.org.uk/about-us/coast-to-capital-zone.html#sthash.vjOI3gdA.dpbs).

From table 8, the Coast to Capital LEP is not particularly deprived in comparison to other LEPs with the region, ranked the 29 most deprived in England (fourth quintile). Looking at all the main domains, only for Barriers to Housing & Services (ranked nine, second quintile) and Crime (ranked 19, third quintile) is the region ranked outside of the fourth most deprived quintile for LEPs.

Table 8: Domains of the 2015 Indices of Deprivation by Local Enterprise Partnerships in England.

	Rank out of a 39 Local Enterprise Partnerships (1 most deprived)	Quintile (1 most derived)	Percent of most deprived (1% most deprived)
Index of Multiple Deprivation (IMD)	**29**	**4**	**74%**
Income Deprivation	28	4	72%
Income Deprivation Affecting Children (IDACI)	28	4	72%
Income Deprivation Affecting Older People (IDAOPI)	30	4	77%
Employment Deprivation	31	4	80%
Education, Skills & Training Deprivation	31	4	80%
Health Deprivation & Disability	33	5	85%
Crime	19	3	49%
Barriers to Housing & Services	9	2	23%
Living Environment Deprivation	24	4	62%

Appendix 1: Domains and indicators for the Indices of Deprivation 2015.

The percentages reported brackets show the weight the domain receives in the Index of Multiple Deprivation 2015.

Income Deprivation (22.5 per cent)

- Adults and children in Income Support families
- Adults and children in income-based Jobseeker's Allowance families
- Adults and children in income-based Employment and Support Allowance families
- Adults and children in Pension Credit (Guarantee) families
- Adults and children in Child Tax Credit and Working Tax Credit families, below 60% median income not already counted
- Asylum seekers in England in receipt of subsistence support, accommodation support, or both

Employment Deprivation (22.5 per cent)

- Claimants of Jobseeker's Allowance, aged 18-59/64
- Claimants of Employment and Support Allowance, aged 18-59/64
- Claimants of Incapacity Benefit, aged 18-59/64
- Claimants of Severe Disablement Allowance, aged 18-59/64
- Claimants of Carer's Allowance, aged 18-59/64

Health Deprivation & Disability (13.5 per cent)

- Years of potential life lost
- Comparative illness and disability ratio
- Acute morbidity
- Mood and anxiety disorders

Education, Skills & Training Deprivation (13.5 per cent)

- **Children and young people**
  - Key stage 2 attainment: average points score
  - Key stage 4 attainment: average points score
  - Secondary school absence
  - Staying on in education post 16
  - Entry to higher education
- **Adult skills**
  - Adults with no or low qualifications, aged 25-59/64
  - English language proficiency, aged 25-59/64

Crime (9.3 per cent)

- Recorded crime rates for;
    - Violence
    - Burglary
    - Theft
    - Criminal damage

Barriers to Housing & Services (9.3 per cent)

- **Geographical barriers**
    - Road distance to: post office; primary school; general store / supermarket; GP surgery

- **Wider barriers**
    - Household overcrowding
    - Homelessness
    - Housing affordability

Living Environment Deprivation (9.3 per cent)

- **Indoor living environment**
    - Housing in poor condition
    - Houses without central heating

- **Outdoor Living environment**
    - Air quality
    - Road traffic accidents

Communities, Equality & Third Sector

Brighton & Hove City Council Communities & Third Sector Commissioning Prospectus

2014-17

NHS

Brighton & Hove City Council

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Foreword

Welcome to the third Commissioning Grants Prospectus published jointly by Brighton & Hove City Council and the local NHS.

In December 2013 Brighton and Hove City Council approved the Communities and Third Sector Policy, which sets out the council's recognition of and need for resilient communities and a thriving and diverse Third Sector.

The policy states that we need to ensure that the city has an increasingly efficient and more effective Third Sector which

- is ready and able to bid for and deliver public services
- enables citizens and communities to have a strong voice in decision making about public services
- supports community resilience and well-being through independent citizen and community activity

It recognises the need for the council's culture and systems to support a collaborative and productive relationship with communities and the Third Sector that promotes flexibility, creativity and adds value.

Intrinsic to the policy is the establishment of an improved framework for coordinated Communities and Third Sector commissioning that will enable the Local Authority and its partners to work more collaboratively and pool budgets more effectively.

This Prospectus provides an exciting opportunity to bring together investment from different parts of the Council (Communities, Equality and Third Sector & Public Health) and the local Clinical Commissioning Group (CCG). In addition we are continuing to explore the portfolio of services that might be supported through the Community and Third Sector Prospectus in the future.

We are grateful to our colleagues in East Sussex County Council who have continued to generously share their approach and learning with us. We are also thankful to the residents and colleagues who have engaged with and contributed to the process and especially to the Communities and Third Sector Steering Group who have been vital to the development of both the policy and the prospectus.

Brighton & Hove City Council & Clinical Commissioning Group

SECTION ONE: Overview

1.1   Introduction

Brighton & Hove City Council and the local NHS are committed to working in partnership with communities and the Third Sector to support growth and development.

We want to cultivate a climate that develops flexible and creative responses to address the increasing and changing needs of people in Brighton and Hove.

This Commissioning Prospectus represents the City Council's principle corporate investment aimed at ensuring effective:
- Infrastructure support for the Third Sector so that it is ever more efficient, effective and sustainable;
- Community development which uses an asset based approach; that improves community well-being, resilience and builds social capital;
- Community engagement with Communities of Identity, Interest and Place. Particularly engaging with marginalised groups and communities and people not previously engaged; so that communities are better supported to research and articulate their issues, and feed into council decision making.

Commissioning through the Prospectus aims to balance a fair and transparent procurement process with the advantage of welcoming partnership working in order to achieve agreed outcomes and objectives.

This process links with the following:
- The Public Services (Social Value) Act 2012
- The Equality Act 2010
- Brighton & Hove City Council's Corporate Plan
- Brighton & Hove City Council Communities and Third Sector Policy
- Brighton & Hove City Council Corporate Values
- Community Development Strategy

1.2   Social Value

The Public Services (Social Value) Act 2012 encourages all public bodies to consider how the services they are commissioning might improve the environmental, social and economic well-being in the area. It expects commissioners to think about how scarce resources can be allocated and used to best effect and reminds them to look not only at the price of a service but also at the collective benefit to a community as a result of a service being commissioned.

As part of this commissioning process, we have conducted numerous engagement and consultation processes with key stakeholders. This has shown the additional value and implications of this work in terms of social value. In commissioning these services Brighton and Hove City Council wish to implement the Act by considering what social benefit the bidding applicant can bring.

Consequently, whilst funding applications will still be evaluated against value for money and quality criteria they will also be critically measured in terms of the contribution they will make to social value in the City.

1.3   Equalities

The Equality Act 2010 simplifies and strengthens the law around tackling discrimination and inequality. The public sector equality duty ensures that all public bodies play their part in making society fairer by tackling discrimination and providing equality of opportunity for all. It ensures that public bodies consider the needs of all individuals in their work, and the impact of all their functions, when shaping policy, delivering services and in relation to employees.

The Equality Duty covers the following protected characteristics and, by association, those who care for them:

- Age
- Disability
- Sex
- Gender reassignment
- Race
- Religion and belief
- Sexual orientation
- Pregnancy and maternity
- Marriage and civil partnership (in respect of having due regard to eliminate discrimination)

Some groups and communities in the city find it more difficult to have their voices and experiences heard, and therefore may require additional support and resource in order to feedback, participate and help shape and improve local services.

Commissioners are committed to engaging with the widest possible range of people and groups in order to inform the development, commissioning and review of services. Therefore, successful bids for funding through the Prospectus will have considered the unique and diverse make-up of the City's communities and will ensure that their proposed service can demonstrate that it is accessible and that it reflects need.

Guidance on the public sector equality duty and procurement can be found here:

http://www.equalityhumanrights.com/advice-and-guidance/public-sector-equality-duty/guidance-on-procurement/

Further statistical information about the citizens and Third Sector of Brighton and Hove is available through the Brighton & Hove Local Intelligence Service (Bhlis) and the Joint Strategic Needs Assessment (JSNA) at:

http://www.bhlis.org/
http://www.bhlis.org/communities_and_involvement/
http://www.bhlis.org/jsna2013

1.4 Brighton & Hove City Council's Corporate Plan

Our Plan places great importance on the relationship between the council and the communities it serves. The plan recognises that our citizens and communities are the lifeblood of the city and engaged and active communities are not the by-product of a successful city; rather they are a prerequisite for its success.

The city council's corporate Plan is structured according to the four priorities:

- Tackling inequality
- Creating a more sustainable city
- Engaging people who live and work in the city
- Modernising the council

Through the Plan's priorities and outcomes the council is committed to engaging and building the capacity of communities and the Third Sector. As part of tackling inequality *"we will retain the balance between fulfilling our statutory duties and working proactively with partners, communities and individuals……. We will prioritise our work with communities through community development and engagement to develop low-level community support and social value linking in with existing city wide and neighbourhood networks and activities.*

We will continue our support for Community & Voluntary Sector organisations as service providers, and as advocates and voices for our most vulnerable citizens. ……Partnership working with the Community & Voluntary Sector is critical to our cultural success. The city has effective partnership working in community safety and through our constant drive to deliver a more effective and integrated system, bringing down crime rates, tackling anti-social behaviour and making the city feel safer. However, there is always more that could and should be done, including ever closer working between organisations, communities and residents."

1.5 Brighton & Hove City Council Communities and Third Sector Policy

Agreed in December 2013, the policy supports and sits alongside the City's volunteer strategy 'Joining the Dots', the Community Engagement Framework and Social Enterprise Strategy as well as the council's Community Development Strategy. It has an overarching outcome:

> *'To ensure that the city has an increasingly efficient and more effective Third Sector; one that is ready and able to bid for and deliver public services, that enables citizens and communities to have a strong voice in decision making about public services and supports community resilience and well-being through independent citizen and community activity. That the council's culture and systems enable a collaborative and productive relationship with the Third Sector making the best use of its flexibility, creativity and added value'.*

This outcome is followed by five objectives:

1. Sustainable and Effective Third Sector: Ensure that Third Sector groups and organisations in the city have access to high quality, local infrastructure support. This

support will enable them to be more efficient, effective and sustainable in increasingly complex funding environments and service users demand.

2. Effective and Inclusive Community Engagement: Ensure that Third Sector groups and organisations are able to deliver high quality community engagement with Communities of Identity, Interest and Place. Particularly engaging with marginalised groups and communities and people not previously engaged; so that communities are better able to inform council decision making.

3. Strong Communities: Ensure that Third Sector groups and organisations are able to deliver high quality community development using an asset based approach; such that it improves community well-being, resilience and builds social capital.

4. Better Collaboration: Ensure high quality collaboration between communities, the Third Sector and the council to improve the design and delivery of public services and, maximise the impact of public investment.

5. Sustainable Resourcing and Support: Ensure high quality council resource and support available that will continually improve strategic and operational work between the council and the sector.

1.6   Community Development Strategy

The 2011 Community Development Strategy provides a framework for commissioning and implementing Corporate Plan commitments. The council Community Development Strategy adopted the following definition of Community Development, (which is taken from The Federation of Community Development - http://www.fcdl.org/home).

> *"Community Development is a long-term, value based process which aims to address imbalances in power and bring about change founded on social justice, equality and inclusion. The process enables people to organise and work together to:*
>
> - *identify their own needs and aspirations,*
> - *take action to exert influence on the decisions which affect their lives,*
> - *Improve the quality of their own lives, the communities in which they live, and societies of which they are a part."*

The Strategy recognises that our citizens and communities are the lifeblood of the city, engaged and active communities are not the by-product of a successful city; rather they are a prerequisite for its success.

The council believes that people in communities can drive change and development processes themselves. However, it also recognises that community development plays a key role in unlocking some of the barriers that exist to make this happen; particularly for the most disadvantaged people and places.

The council's community development approach is based on the principles of equality and solidarity and as such community development resources will be targeted at those people and communities who are more disadvantaged and/or experience discrimination.

The term "community" can be used in different ways and the Brighton and Hove Community Engagement Framework sets out useful definitions of community that have been adopted as part of the Community Development Strategy.

'Community' can be used to describe the common bonds that arise as a result of living in the same neighbourhood, or having some common identity or interest. However, the definition of 'community' also recognises that different people identify themselves in different ways, (and at different times), and that we should be sensitive to this when carrying out any type of activity.

The places in which we live, work and socialise will often include the people we share our lives, interests and backgrounds with. It may be a place with a physical or locally agreed boundary or simply a shared understanding or 'feeling' about a place – this is commonly defined as – a community of place.

Some people will also define themselves in addition to their community of place. This is quite often as part of a group of people with a shared interest or identity/experience – a community of interest or identity.

A community of interest or identity can include:
- People who identify themselves or are identified by society, by demographic characteristics, for example, children and young people, faith groups, older people, Black and minority ethnic people, lesbian, gay, bisexual and transgender people or people with a shared social background,
- People with a shared or similar interest, for example, in climate change, art, a local school or allotment,
- People with a similar or the same profession or place of work, for example, hoteliers, council workers, police officers, business associations.

1.7 Brighton & Hove City Council Purpose, Ambition, Priorities and Values

In December 2012, Penny Thompson, Chief Executive, introduced a new focus to the organisation by defining our purpose, ambition, priorities and values.

In line with the above we will work with all commissioned organisations to uphold this focus. We have an expectation that any commissioned organisations approach, delivery and partnership working would work to support the council in achieving these.

Our purpose

- To represent citizens through democratic processes
- To ensure and assure services for the city including statutory responsibilities
- Safeguarding of the most vulnerable
- Leadership and co-ordination of council and the capacity and capability of partners
- Value for money ensuring a best deal for council taxpayers

Our ambition

- A high performing authority, a fantastic and distinctive place to live, work and visit
- A leader of the city region
- Demonstrably making best use of all resources.
- Seeking to become a self-sustaining organisation serving its customers well

Our priorities

- Tackling inequality
- Creating a more sustainable city
  Engaging people who live and work in the city
- Modernising the council

Our values

Respect, embrace diversity with kindness and consideration and recognise the value of everyone

Collaboration, work together and contribute to the creation of helpful and successful teams and partnerships across the council and beyond

Efficiency, work in a way that makes the best use of resources, always looking at alternative ways of getting stuff done and asking, 'How can I improve that?'

Openness, deliver our 'Customer Promise' to colleagues, partners, members and customers. We will be easy to reach, be clear and treat you with respect, listen and act to get things done.

Creativity have ideas that challenge the 'tried and tested', use evidence of what works, listen to feedback and come up with different solutions

Customer Focus share and communicate with honesty about our service and self, whenever appropriate. Accept where we have to change in order to improve.

1.8   Commissioning in Brighton and Hove

Commissioners are responsible for planning the provision of public services. In Brighton and Hove we see commissioning as the process by which commissioners ensure that appropriate services are available at the right quality and cost to meet needs and deliver strategic outcomes now and into the future.

The Communities and Third Sector prospectus commissioning outcomes have been developed and informed through a range of processes:

- ➢ Use of comprehensive evidence to understand the needs of our communities in relation to community development and engagement, and residents involved in running Third Sector organisations and groups.

- ➢ A secondary evidence assessment and Equalities Impact Assessment included listening to the view of communities and the Third Sector. It drew on 'Taking Account 2' (2008) and 3 (2013) – social and economic audits of the Third Sector in Brighton and Hove and the Transforming Local Infrastructure Project, as well as census data and performance monitoring of the current community development, engagement and representation and influence work

- ➢ A cross sector steering group involving commissioners from across the council, the Clinical Commissioning Group, members of the Third Sector and individuals from communities oversaw the development of the Communities and Third Sector Policy and Prospectus commissioning outcomes; meeting monthly between July and November 2013.

➢ A range of engagement events and meetings with communities, Third Sector organisations and councillors (across all three groups). Specific consultation events were held with groups that work with faith, LGBT, BME and the disabled people.

➢ There was also an Open Space Listening Event, inviting over 400 different groups from across the city as well as council staff and colleagues from other public sector organisations (Appendix 3 Open Space Listening Event Report).

➢ Enabling staff and volunteers from the Third Sector to help review and design services; valuing and capitalising on their knowledge and experience and avoiding wasted effort.

➢ Designing the future shape of services with residents and the Third Sector, harnessing their knowledge and experience; ensuring services focus on what matters most to residents (Co-Production)

➢ Joining up delivery where appropriate across the council, NHS and our partners; maximising all resources available

➢ Using good practice and innovation to add value and maximise resources

Section Two: The commissioning plans, funding, outcomes and objectives

In this Prospectus we are looking to select services that ensure outcomes in the following areas:

- **Third Sector Infrastructure** –To ensure that Brighton and Hove's Third Sector groups and organisations in the city have access to high quality, local infrastructure support which will enable them to be more effective, equitable, efficient and sustainable.

- **Community Development** – Delivers high quality community development provision, using an asset based approach that improves community well-being, resilience and builds social capital

- **Community Engagement** - To enable effective engagement with marginalised groups and communities and people not already involved, so that communities are better able to inform council decision making

These outcomes are not distinct from each other and need to be thought of as a continuum in order to create opportunities, services and activities that serve our citizens best. We wish to see that all organisations bidding to deliver this work have carefully considered how they may work in partnership or collaboratively to ensure a consistent, joined up approach for the benefit of the citizen, group or organisation.

2.1 Funding

In year one of the Prospectus, the funding period will be from 1st July 2014- 31st March 2015 due to the rollover of the existing funding agreements from 1st April- 30th June 2014. There is the potential for another £100,000 which would be allocated across key priorities subject to council wide budget discussions and decision making.

The funding for 1st July 2014 - 31st March 2015 is as follows:
£387,750 is available from the BHCC Communities, Equality and Third Sector Team. A further £68,275 will be pooled from Public Health and will specifically relate to the outcomes highlighted above. A further £64,393 will be added from the Brighton & Hove Clinical Commissioning Group. This is a total sum of £520,418 in year one.

In the second and third year *(subject to annual budget setting)* the funding is as follows:
£517,000 annually is available from the BHCC Communities, Equality and Third Sector Team. A further £68,275 per annum will be pooled from Public Health and will specifically relate to the outcomes highlighted above. A further £85,858 per annum will be added from the Brighton & Hove Clinical Commissioning Group. This totals £671,133 per annum.

In order to provide commitment and some security for the delivery of these outcomes, funding grants through this Prospectus will be offered on a three-year basis to enable Third Sector organisations to develop their services and improve their capacity to meet emerging need.

The funding period is 1st July 2014 – 31st March 2017. In the first financial year of funding the award will be made on a pro-rata basis of 9 months. Funding will be subject to an annual review, achievement of defined targets and budget availability.

The Council may at its discretion withhold some of the funding available if as a result of the equalities impact assessment, or through a shortfall in applications received, it has identified gaps in provision or there is potential for a lack of suitable provision through any proposed decommissioning activities.

In line with the City Council's corporate policy, organisations are required to complete the application form linked to this Prospectus. This includes a section for organisations to demonstrate which of the outcomes the provider aims to meet in its service delivery.

2.2 Third Sector Infrastructure Support

Brighton & Hove City Council wants to commission support services for the Third Sector so as to ensure that groups and organisations in the city have access to high quality, local infrastructure support.

The City Council Communities, Equality and Third Sector Team and Brighton & Hove Clinical Commissioning Group through this Prospectus want to commission infrastructure support that will enable Third Sector groups and organisations to be more efficient, effective and sustainable in an increasingly complex funding environments and service users demand.

The commission seeks to enable the Third Sector to build greater resilience and self-sustaining capacity within the sector to support the delivery of complementary priorities and objectives both in partnership with and on behalf of the City Council and Clinical Commissioning Group.

This approach also supports the NHS priority to "meaningfully engage with local communities and to expand the provider market".

The commission needs to address the issues of both people and places in order to achieve a range of outcomes within and across the Third Sector. The public spending climate and changes to the welfare state will mean that individuals and communities (particularly those facing most disadvantages) will face additional pressures over the coming years. Third Sector Infrastructure will need to integrate support to all communities to be empowered and proactive in the development of Third Sector groups and organisations so as to be able to deliver effective services and activities in the city.

The value of the Third Sector extends beyond the financial to the social, in that both paid staff and volunteers benefit from the opportunity to give something back to their local community. Communities themselves are often held together by the contributions made by those within them.

The Third Sector infrastructure outcomes below should be delivered within the context of the overall Communities and Third Sector Prospectus commissioning outcomes.

Brighton & Hove's Third Sector groups and organisations in the city have access to high quality, local infrastructure support, which will enable them to be more effective, equitable, efficient and sustainable.

Organisation	
1. Ensure that there are joined up infrastructure support services for the Third Sector which can operate sustainably	As a result, the local third sector infrastructure service:
	a Provides evidence of partnership arrangements made between generic and specialist infrastructure support and with council departments and clinical commissioning structures, to deliver flexible generic and specialist capacity building activity
	b Evidences the impact of working with the Brighton & Hove Community Health Fund Programme run through the Sussex Community Foundation and other similar funds
	c Provides evidence of partnership work with community development organisations, and how this adds value to the Infrastructure work
	d Provide evidence that your service or partnership will be able to show how it will communicate clear pathways of support for third sector groups and organisation
	e Improves equality standards and diversity practice in all activity
	f Demonstrates social value and value for money in supporting the Third Sector
	g Provides evidence of resource sharing between infrastructure organisations and where appropriate other Third sector organisations
	h Has genuinely accountable members involved in key local strategic initiatives including feedback to the whole sector
	i Provides evidence of how your service or partnership has enabled Third Sector groups and organisations to implement/embed IT, social and digital media as system, engagement and communication tools

Third Sector Groups and Organisations	
2. Develop skills, knowledge, opportunities and resources to work independently and in line with council and clinical	As a result of the Third Sector infrastructure Service, Third sector organisations and community groups:
	a Accessing the infrastructure's services reflect the diversity of the local Third Sector and its communities
	b Understand how to access and use the infrastructure support

commissioning group priorities	service, community development and community engagement
	c Are running more efficient groups and organisations
	d Are delivering their services/activities more effectively
	e Improve their ability to evidence and articulate their impact, value and contribution
	f Improve their equality and social value approaches
	g Are better able to strategically plan to take advantages of different income streams available to the Third Sector.
	h Have knowledge of different funding sources and are successful in their fundraising
	i Are better at joint working when delivering services and activities
	j Are effective at integrating more marginalised community groups and organisations into joint planning, activities and funding opportunities
	k Understand the need for, and have the skills & ability to implement, robust governance arrangements/structures
3. The infrastructure organisation assists local Third Sector organisations to deliver quality public services.	As a result of the Third Sector infrastructure service, Third Sector organisations and community groups: a Increase their knowledge of current local, regional and national government developments affecting their work; b Increase their ability to bid for and be successful in bids related to public sector delivery c Increase the knowledge, skills and qualifications in their workforce; d Are aware of and are being supported to bid into city council's and clinical commissioning group's commissions e Are encouraged to work with, collaborate and develop partnerships with the public sector and corporate partners as well as other Third Sector organisations to maximise effective services and activity for citizens
4. Ensure Third Sector groups and organisations have high quality volunteering	As a result of the third sector infrastructure service, Third Sector organisations and community groups: a provide more accessible, equitable and high quality volunteering opportunities for groups of people and communities including those that are vulnerable or at risk of

integrated in their service delivery and organisational structure, where appropriate	social exclusion b can access effective networking and good practice sharing processes which result in more effective volunteer co-ordination c Will be better able to show how they have embedded volunteering strategically and operationally at all levels in their organisation d Are more aware of their responsibilities in attracting, recruiting, placing and supporting volunteers e Are more aware of and can access corporate/business volunteering opportunities
5. Relationship building with amongst local Third Sector groups and organisations, public sector and corporate partners	As a result of the Third Sector infrastructure service, Third Sector organisations and community groups: a benefit from meeting and communicating with each other; b work more collaboratively and, where relevant, form partnerships or consortia to address particular needs or tasks; c evidence where they have merged and/or co-delivered services and/or projects and how this has been aided by the infrastructure service d evidence impact of brokered support by the infrastructure organisations from business, public and other Third Sector groups and organisations
6. Appropriate information technology, social and digital media support	As a result of the Third Sector infrastructure service, Third Sector organisations and community groups: a Improve their use of social and digital media as well as other technologies b Improve their knowledge of how to use social and digital media as an engagement tool c Understand and use online networks/forums and services
7. Voice and Influence	As a result of the Third Sector infrastructure service, Third Sector organisations and community groups: a Increase the skills and confidence to work positively with the city council and clinical commissioning group b successfully create or negotiate improvements to council and clinical commissioning group services c Increase their knowledge and skills to become more involved in local planning, policymaking and commissioning

	structures.
	d Provide equitable representation from a wide range of Third Sector organisations and groups to participate in partnership, planning and commissioning groups and forums
	As a result of Third Sector infrastructure services
	a There is an increased understanding and profile of the Third Sector within the Third Sector and within the city council and clinical commissioning group
	b There is improved solution focused joint working between Third Sector organisations and public sector
	c There is increased trust and co-operation between the Third Sector and Council services
	d Third Sector representatives or advocates on partnerships have wide credibility in their own sector and effectiveness in relation to the local authority
Performance and Quality Indicators	Performance Indicators will be measured against the NAVCA Quality Award Standards. Organisations should hold or be working towards the NAVCA Quality Award Volunteer related activity should have or are working towards volunteer centre quality accreditation
What we are NOT looking for	An uncoordinated infrastructure model which is NOT integrated with the community development or community engagement outcomes
Target groups and organisations	To provide flexible support to all Third Sector groups and organisations with a priority on those groups and organisations supporting communities of interest/identity working with ▪ BME people ▪ Disabled people including carers ▪ LGBT people ▪ Parents and families ▪ Third Sector groups and organisations who have not been involved or engaged previously For objective 5 as well as the above there needs to be a focus on the networking and support of Faith based groups and organisations supporting social justice Third Sector activities. The proposals will also need to demonstrate and maintain specific professional expertise in relation to Faith based groups and organisations
Total funding available	**Total Funding Year One - £182,143** 1st July 2014 – 31st March 2015

Year Two and Three £242,858 per annum *(subject to annual budget setting)*		
Year One	**BHCC**	**CCG**
Representation & Influence	50250	
Capacity Building	37500	
Consortium building	22500	28500
Performance Development Services		21975
Volunteer Centre		13918
Business and Corporate Responsibility	3750	
Faith based work	3750	3750
	£117,750	**£68,143**
Year Two & Three	**BHCC**	**CCG**
Representation & Influence	67000	
Capacity Building	50000	
Consortium building	30000	38000
Performance Development Services		29300
Volunteer Centre		18558
Business and Corporate Responsibility	5000	
Faith based work	5000	5000
	£157,000	**£90,858**

Duration of funding agreement	33 Months

2.3 Community Development

Brighton & Hove City Council want to build on its approach to community development to recognise that it is the capacities of local people and their community and voluntary activity builds powerful communities. The process of recognising this begins with the construction of a new lens through which communities can begin to assemble their strengths into new combinations, new structures of opportunity, new sources of income and control and new possibilities for production.

Brighton & Hove City Council Communities, Equality and Third Sector Team and Public Health wishes to jointly commission a range of neighbourhood and equalities based community development support. This will also include the delivery of a small grants approach to community health initiatives and is open to the provision of flexible support for small pockets of the city.

The commission needs to address the issues of both people and place in order to achieve a range of outcomes within and across communities. The public spending climate and changes to the welfare state will mean that individuals and communities (particularly those facing most disadvantages) will face additional pressures over the coming years.

Subsequently, there is a greater need to increase and strengthen communities and individual well-being and resilience. This will need to include supporting all communities to be empowered and proactive in the development of community groups, services and activities in the city and increasing social networks and individual skills and knowledge.

The community development outcomes below should be delivered within the context of the overall Communities and Third Sector Prospectus commissioning outcomes

Brighton and Hove delivers high quality outcome led community development provision, using an asset based approach that improves community well-being, resilience and builds social capital	
1. Ensure that there is joined up and effective, asset based community development provision	The Community Development organisations will: a Provide evidence of partnership working across community development organisations, community of interest/identity organisations, other CVS organisations and council departments - to deliver flexible generic and specialist provision to communities b Support community groups, organisations and individuals to acknowledge, understand and practice 'inclusion' in all community activity; c Improve equality standards and practice in all community development activity: d Provide evidence that your service or partnership will be able to show how it will support individuals and groups to communicate their views e Provide evidence that your service or partnership will be able to show how it will support individuals and groups to access to a

		wide range of information and skills development across the Third Sector
	f	Provide evidence of partnership work with local infrastructure organisations
	g	Provide evidence of how you will create a bridging role between communities and cross sector organisations including the council - without creating dependency
	h	Provide evidence of your service or partnership abilities to implement/embed social and digital media as a community development tool
	i	Provide evidence of how you will ensure issues and initiatives raised through neighbourhood and community groups are linked to city wide strategic priorities
2. Building the capacity of communities to develop groups and services that identify and meet their need- both independent of and in line with council priorities		As a result of community development provision:-
	a	There are increased opportunities for communities to learn and use new skills, competences and abilities
	b	Communities improve their ability to build relationships with key stakeholders, groups and organisations, including the council and Ward Councillors to identify common priorities and solutions
	c	Communities will develop their experience, skills, knowledge and capabilities to run self sustaining groups and services
	d	Communities understand how to access other opportunities to further develop their individual, or group skills, knowledge, interest and activity
	e	People of identity/interest are able to participate individually and collectively and address their priorities at a neighbourhood level
	f	People are enabled to work together and foster social inclusion and equality
	g	Identify health issues, interests, and support them to develop local health projects
	h	Communities will be able to manage local budgets and use participatory methods to allocate funding
3. Facilitate communities of interest, identity and place to work collaboratively and with other Third Sector		As a result of community development provision communities will be able to:-
	a	Increase their understanding and knowledge of the diverse needs and priorities of communities
	b	Understand and practice inclusion in all community activity

organisations, businesses and the council	c Improve the use of assets and resources across communities

d   Work better in partnership to understand and respond to common concerns and develop collective solutions

e   Share knowledge, information and experience to achieve community solutions

f   demonstrate the skills and abilities to manage relationships, differing views and expectations within communities to reach collective solutions |
| 4. Enable communities of interest, identity and place to articulate their views and priorities to develop solutions with public services at neighbourhood level | As a result community development provision communities of identity, interest and place will be able to:-

a   participate and communicate their views and priorities

b   understand the mechanisms and structures that enable community voice in council decision making

c   research and articulate views, issues and priorities and feed these into public sector decision making |
| 5. Ensure that community development provision includes the development of appropriate information technology, social and digital media support | As a result community development provision communities of identity, interest and place will:-

a   Improve their use of social and digital media as well as other technologies

b   Improve their knowledge of how to use social and digital media as an engagement tool

c   Understand and use online networks/forums and services |
| What we are NOT looking for: | We do not want community development providers to be leading community work; this is about empowering and supporting individuals and groups to drive change themselves. |
| Target groups | To provide flexible support to individuals and community groups to access community development support. This would include:

▪ BME people
▪ LGBT people
▪ Parents and families
▪ Disabled people and carers
▪ People who have not been involved or engaged previously
▪ Economically excluded communities

As well as the above consideration of the links to diverse Faith based groups and organisations at a neighbourhood level is welcomed |
| Total funding available | **Total Funding Year One - £288,400** 1st July 2014 – 31st March 2015 |

Year Two and Three £361,775 per annum *(subject to annual budget setting)*

Areas	Community Development	Healthy Neighbourhood Funds
Bevendean	15750	5850
Bristol Estate & Whitehawk	28875	7020
Coldean	0	3510
Hollingdean & Saunders Park	28830	5850
Moulsecoomb & Bates Estate	22732	5850
Portslade & Portland Road	22208	9360
Queenspark & Craven Vale	22005	5850
Tarner & Eastern Road	28125	7020
London Road	0	2925
Hangleton & Knoll	29475	5850
Woodingdean		4680
Hollingbury		4510
Flexible city wide support	22125	
	£220,125	**£68,275**

Areas	Community Development	Healthy Neighbourhood Funds
Bevendean	21000	5850
Bristol Estate & Whitehawk	38500	7020
Coldean	0	3510
Hollingdean & Saunders Park	38440	5850
Moulsecoomb & Bates Estate	30310	5850
Portslade & Portland Road	29610	9360
Queenspark & Craven Vale	29340	5850
Tarner & Eastern Road	37500	7020
London Road	0	2925
Hangleton & Knoll	39300	5850
Woodingdean	0	4680
Hollingbury	0	4510
Flexible city wide support	29500	
	£293,500	**£68,275**

Year One

Year Two & Three

Duration of funding agreement	33 Months

2.4 Community Engagement

Brighton & Hove City Council want to empower individuals through the provision of information, providing them with a "voice" in the shaping of local council services and Third Sector activity as well as to work with communities to support and develop effective partnership working with the City Council. We want individuals and groups to have a sense of "belonging", resilience and wellbeing as a result engagement activity.

Through this Prospectus, the City Council wants to ensure that Brighton and Hove's Third Sector is a key point for the engagement of those using local BHCC services, where individuals are enabled to feed back their views and experience and where they can be involved in shaping our commissioning decisions. We want to commission outcomes that can change people's lives for the better through meaningful engagement of individuals and communities. This can be supported through making the best use of local:

- Knowledge and experience
- Residents and community engagement
- Service user accountable structures, for example, user led organisations
- Networks
- Volunteers

We know that there are communities, and sections of communities, which find it harder to engage, and have not been engaged through existing mechanisms. We want to ensure that individuals are reached, and are able to have a voice in shaping activities for themselves as well as shaping local services.

The community engagement outcomes below should be delivered within the context of the overall Communities and Third Sector Prospectus commissioning outcomes

Effective engagement with marginalised groups and communities and people not already involved, so that communities are better able to inform council decision making	
1. Ensure engagement activity that enhances the lives of people and their communities which contributes and shapes council priorities	As a result of engagement activity a communities are supported to research and articulate their needs and issues, and feed into council and clinical commissioning group decision making b communities are supported to understand and engage with the mechanisms and structures that enable community voice in council decision making c communities develop their skills and use of new technologies in relation to community engagement d individuals participating in engagement are supported to develop their capacity or access other development/capacity building opportunities within or external to the Third Sector group/organisation e Engagement activities include working with service

	providers, citizens and groups to develop further coproduction and collaboration approaches to service development and redesign.
2. Ensure engagement activity that drives up quality of services and makes better use of resources	As a result of engagement activity, the successful applicant will be able to a Provide the city council with intelligence about their community's (ies) experience of Council and Council commissioned services with recommendations for change b Provide an effective conduit for the City Council to engage with the specific community (ies), or section of that community which it has traditionally found more difficult to engage with c Improved links with other communities not already involved to ensure engagement opportunities and best practice are shared d Provide evidence of partnership across community development, community of interest and identity organisations and with council departments, to ensure communities have the information, data and networks needed to engage in informed decision making. e Provide evidence that your service or partnership will be able to show it will support individuals and groups to express their views and have access to a wide range of information and skills development, across the range of Third Sector organisations e.g. training and learning
What we are NOT looking for:	Community engagement activity that is NOT integrated with community development or the capacity building of groups
Target groups	Our priority are marginalised groups and communities or those people facing barriers that deter them from getting involved • Disabled people and carers • LGBT people • BME people • People who have not been involved or engaged previously

Total funding available				
		BHCC	**Total Funding Year One**	
	Disability	11250	**£49,875** 1st July 2014 – 31st March 2015	
	BME	22125		
	LGBT	16500		
		£49,875		
		BHCC		
	Disability	15000	**Year Two and Three £66,500 per annum** *(subject to annual budget setting)*	
	BME	29500		
	LGBT	22000		
		£66,500		
Duration of funding agreement	33 months			

SECTION 3

3.1 How to Apply

Before you begin to complete the application form, please read through the simple self-assessment questions below to assess your organisation's suitability to apply for a grant through the Commissioning Grants Prospectus. You will need to have a constitution, a management committee, and the required policies in place by 1st July 2014 to be successful in being awarded a Funding Agreement.

Provide evidence that your service or partnership will have appropriate policies, procedures and practice as laid out below.

Your organisation has:	YES	NO	Approved policies and procedures relating to:	YES	NO
An approved constitution or Memorandum and Articles of Association			Equal Opportunities		
A formally appointed Trustee/Management Committee and/or Board of Directors which meets regularly			Health and Safety		
Can your organisation provide the following financial evidence	**YES**	**NO**	Safeguarding Adults at Risk (where appropriate)		
Full audited accounts (or if exempt from audit, signed by your accountant) for the last three years, including your income and expenditure sheet and balance sheet, or a business case*			ICT, Retention of Records and Data Protection Policy		
			Anti Corruption, Fraud and Bribery Policy		
			Register of Conflicts of Interest		
Details of your organisation's bank accounts and all signatories (names of account, account number, sort code, name of bank and address)			Complaints Procedure		
			Quality Assurance policy		
			Code of Conduct for Staff /volunteers and Whistle blowing Policy		
			Disclosure and Barring Service (DBS) checks for staff and volunteers		
			Safeguarding Vulnerable Adults policy		
			Child Protection Policy		

* NOTE: If you have been trading for less than three years, please send your most recent audited accounts and your latest income, expenditure and balance sheet, or a business case.

If you have ticked 'No' to any of these self-assessment questions or if you are unsure, please contact the Corporate Procurement Team.

If information is being sought via this prospectus which you have already submitted to Brighton & Hove City Council within the last 3 months, please indicate this in your submission with information on who the recipient was and for which contract / grant. Brighton & Hove City Council will be able to transfer the information internally to support your application.

3.2 Useful Contact information

Application and award process	Andy Witham	BHCC Category Manager- Adult Social Care, Corporate

	01273 291498 andy.witham@brighton-hove.gov.uk	Procurement Team
Third Sector Infrastructure Support	Michelle Pooley 01273 295053 Michelle.pooley@brighton-hove.gov.uk	Community Engagement Co-ordinator, Communities, Equality and Third Sector Team
Community Development	Sam Warren 01273 296821 sam.warren@brighton-hove.gov.uk	City Neighbourhood Coordinator, Communities, Equality and Third Sector Team
Community Engagement	Sam Warren 01273 296821 sam.warren@brighton-hove.gov.uk Michelle Pooley 01273 295053 Michelle.pooley@brighton-hove.gov.uk	City Neighbourhood Coordinator, Communities, Equality and Third Sector Team Community Engagement Co-ordinator, Communities, Equality and Third Sector Team

For formal questions during the application process please contact the procurement contact, Andy Witham, in the first instance.

3.3 Completing the Application

Please read through these guidance notes before completing your application form.

Step 1
Please register on the Council's e- procurement system which can be accessed via https://uk.eu-supply.com/.
This will enable you to access the relevant guidance and application form for the prospectus.

Step 2 – Preparing your application

Please read through the whole of the Prospectus and application form before you complete your application.

Read the Commissioning Grant Prospectus, the Application form and any supporting information	→	Identify your priority Outcomes and Objectives in the prospectus	→	Identify where your organisation/partnership can add the most impact and innovation
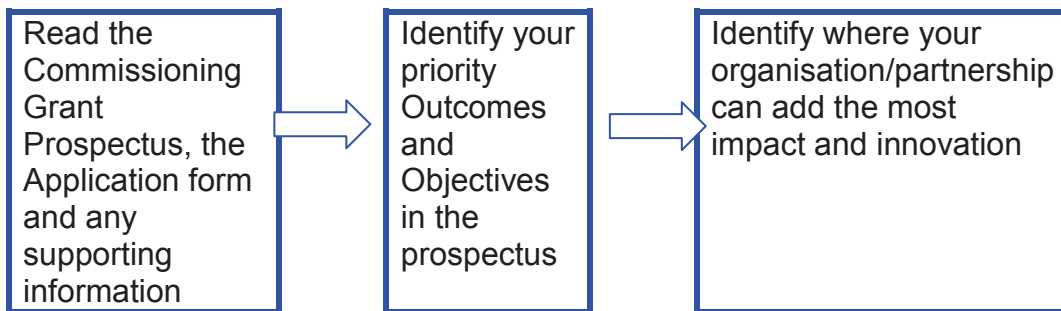
Step 3 – Submitting your application

Please make sure you complete your application in full and with the correct details, and that you include the correct financial information. We can not consider applications for funding which are incomplete. You should submit only the documents that are required to complete the application process, as we will not consider supplementary papers.

There are maximum word limits for some answers. It is important that you do not exceed these as text over the limit will be ignored.

Submission deadline

All applications <u>must</u> be submitted on the e-procurement system by 12 noon on 10th February 2014.

Bidders Briefing

There will be a bidders briefing to provide information to all those who are interested in submitting an application. The briefing date for the prospectus is
16th December 2013 - 1.45pm to 4pm – Jubilee Library

Questions raised during the bidders briefing, or at anytime from when the prospectus is published, will be recorded. A list of these questions and the corresponding answers will be sent to all registered bidders via the e-procurement messaging facility. The final date for receiving questions and the deadline for publishing the questions is detailed in the timetable at section 5.

TUPE

Based on information provided by the incumbent contractors, it is the view that the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) may apply to any award of a contract pursuant to this tendering exercise in respect of the incumbent contractor's employees. Organisations should take note of the following requirements regarding TUPE:

- the need to consult with recognised trade unions (if any)
- the need to maintain existing rates of pay and conditions of employment of employees; and
- the need for a successful organisation to accept liability in respect of claims passing under TUPE.

Due to the confidential nature of the TUPE Information we will only email this to bidders upon receipt of a non disclosure agreement (NDA) signed by the bidder. The signed NDA form should be completed and submitted using the messaging facility within the e-procurement system.

The TUPE information in respect of the incumbent contractor's staff has been obtained from the incumbent contractor. Whilst the Council has obtained this information in good faith, the Council give no guarantee as to the accuracy of this information and cannot be held responsible for errors or omissions in it. It remains the bidders' responsibility to ensure that their tender takes full account of all the relevant circumstances. The bidder will be expected to deal with the incumbent Contractor on TUPE issues that may arise

3.4 Evaluation and award process

Each application will be evaluated and scored against the criteria published in the prospectus application form. This includes the maximum weighting for each question. The criteria are divided equally between quality, social value and value for money. Each of the categories will be scored as shown in the table below

Score	Performance	Judgement
5	Excels in meeting the criteria	Excellent
4	Meets the criteria	Good
3	Meets the criteria in most aspects, fails in some	Satisfactory
2	Fails to meet the criteria in most aspects meets them in some	Unsatisfactory
1	Significantly fails to meet the criteria	Poor
0	Completely fails to meet the criteria	Not to be considered

Please note that submitting an application form does not guarantee funding.

There are four stages in the evaluation and award process. At each stage a judgement will be made about whether the application can progress to the next stage.

Stage 1 Eligibility Screening
Stage 2 Scoring
Stage 3 Clarification and negotiation

Stage 4 Award

Stage 1 Eligibility screening

Initially your application will be screened to ensure that all the essential criteria are met and that your proposal addresses the required outcome and objectives. Applications that meet the required criteria and are clearly linked to the outcome and objective will continue to the next stage.

Stage 2 Scoring

During the next stage your application will be evaluated by the relevant appraisal panel. The panel will assess the effectiveness of your application to deliver the outcomes, and will score how well it delivers the three criteria of quality, social value and value for money. Please see the guidance booklet for a simple description of the weighting criteria associated with each question. Applications will be ranked by the scores awarded to them against the agreed criteria; the impact on equalities will also be considered.

Stage 3 Clarification and Negotiation

Following scoring the applications taken forward may be subject to will be asked to a clarification meeting process. You may be invited to discuss any aspect of your application form. You will be provided with key clarification themes so that you know who to bring from your organisation. All applications that have been successful up to this point will then be viewed by the relevant appraisal panel to ensure that service areas are covered; where there is any overlap or duplication the strongest application will be chosen to provide the services. In some cases a process of negotiation may take place. Again, we will provide key negotiation themes so that you know who to bring to this discussion. Discussion will focus on identifying further creative and innovative solutions to delivering outcomes more effectively and efficiently.

At the completion of this stage the appraisal panel will have decided which applications have been successful.

Stage 4 Awards

Following notification of funding awards there will be a five-day standstill period before we award the funding agreements to all successful applicants in June 2014. All unsuccessful applicants will receive feedback outlining the main reasons for not awarding funding. This is intended to help organisations to make further improvements, which may lead to a successful application another time.

Beneficiary/Service user involvement: A small representative group of local people with experience of being part of community development, community engagement and running Third Sector organisations have been invited to assist with the evaluation of these bids and they will be part of the evaluation panel, focussing particularly on the aspects associated with social value from the users' perspective.

Section Four: Other Information

4.1 Funding agreement and duration

A funding agreement is similar to a service level agreement. It includes an overview of the agreement plus four sections.

- **Section One** sets out the service specification agreed between the applicant and Brighton & Hove City Council to deliver the outcomes specified in the Prospectus.
- **Section Two** gives details of the finance and payment schedule.
- **Section Three** sets out responsibilities, and terms and conditions of the commissioning grant.

Funding agreements available through this Prospectus cover the 33 months from 1 July 2014 to March 2017 (subject to Annual review and to successfully meeting the requirements for the commissioned service through the monitoring arrangements).

4.2   Monitoring and review arrangements

All performance returns will be returned to the Communities, Equality and Third Sector Team who will co-ordinate performance arrangements for each funding agreement. Where there are irregularities in performance we will require you to produce an exceptions report which will set out how you will recover performance within an agreed period of time. We may need to hold additional meetings with you to help recover performance.

Monitoring of Services will be agreed with respective commissioners and may include:

- Milestones and costs (based on your proposal).
- Satisfaction questions for beneficiaries which have been developed through a partnership project with local beneficiaries
- A minimum 50% return on beneficiary satisfaction questions, to be agreed with the relevant commissioner; and
- A minimum of 85% user satisfaction with the service.
- Annual reviews will consider a summary of the above elements and look at how the organisation is developing an effective, equitable service, together with forward-planning for future resources.

4.3   Payment arrangements

Payment for agreements will be made monthly in advance, subject to submission of monitoring information. There may be exceptions and this will be agreed on a case-by-case basis. Responsibility to inform Brighton & Hove City Council of a late payment rests with the organisation or group.

Organisations must submit their annual audited accounts to the Procurement Team within three months of publication. Audited accounts will need to show the joint Brighton & Hove City Council and the CCGs investment as 'restricted funds', and clearly identify Brighton and Hove City Council and the local NHS as the funders. All funding relates to the period

set out in the funding agreement and cannot be carried forward unless agreed by your commissioner.

4.4 Publicity requirements

Successful applicants must publicise the support of Brighton & Hove City Council and the local NHS to ensure that beneficiaries are aware that the service they receive is supported by Brighton & Hove City Council and the local NHS. This includes any promotional material produced to promote the service as well as annual reports. Please contact the Communities, Equality and Third Sector Team for details about the use of BHHC and NHS logos

4.5 Suspension or repayment of grant

In the event that Brighton & Hove City Council is of the opinion that a serious breach of the agreement has occurred, the City Council may deduct payment of the grant for failure to provide services. We may arrange for a third party to provide the services, deduct funding to cover the costs, and terminate part of the services. We may also require repayment of any part of the grant that has not been used to provide services set out in the funding agreement.

Section Five: Key Dates

Key Events	Date	Venue/Web Based Portal
Prospectus Advert Published	11th December 2013	Council's e- procurement system https://uk.eu-supply.com/login.asp?B=BRIGHTON-HOVE
Bidders briefings	16th December 2013 pm	Jubilee Library
Final date for questions from bidders	12 Noon on 17th January 2014	Council's e- procurement system https://uk.eu-supply.com/
Final Questions and Answers published	24 January 2014	Council's e- procurement system https://uk.eu-supply.com/
Closing date for Submissions	12 Noon on 10th February 2014	
Initial screening and scoring	Feb 2014	
Clarification / Negotiation meetings	March 2014	Kings House
Evaluation complete	April 2014	
Award	April 2014	
Service commences	1 July 2014	

Section Six: Glossary

BME (Black and Minority Ethnic) –a term applied to individuals or communities who are identified (or self identify) as Black or are from a minority ethnic culture or racial group. The term includes gypsies and travellers. Asylum seekers and refugees are sometimes included in this category although this is not always accurate as it often depends how these people self identify themselves. Migrants and Economic Migrants are also sometimes included within this category.

Commissioning Teams– City Council officers responsible for assessing need and planning, commissioning and putting in place community services

Communities, Equality and Third Sector team- The City Council department responsible for communities and third sector policy and development, community engagement, neighbourhood support, targeted community work aimed at reducing inequality and the council's discretionary grant, Third Sector infrastructure and community development commissioning programmes.

Equality Act (2010) – The Equality Act brings together for the first time all the legal requirements on equality. It replaces all the existing equality law. The law protects everyone. As an employee or when using a service everyone has the right to be treated fairly. The Act protects people from discrimination on the basis of certain characteristics. These are called 'protected characteristics'. These are Age – people all ages, Disability, Gender reassignment – people who propose to start, have started or have completed a process to change their gender, Marriage or civil partnership , Pregnancy and maternity, Race - this includes ethnic or national origins, colour or nationality, Religion or belief - this includes lack of belief, Sex (gender) – men/women and boys/girls, Sexual orientation – heterosexual, lesbian, gay or bisexual people

Funding agreement – A service level agreement. See Section 4.1 for more details.

LGBT – Lesbian, gay, bisexual and transgender, or people who adopt one or more of these identities

Local NHS – Brighton and Hove Clinical Commissioning Group

Milestone – a key success or achievement that indicates progress towards delivering the objective.

Objective – specific things that will be done to support the delivery of an outcome.

Outcome – the desired impact (the things that will be different) for beneficiaries as a result of delivering the service.

Output – a tangible or quantifiable product or result of an activity that can have a value in itself and/or lead to the desired objective or outcome.

Public Health Team- The City Council department responsible for promoting health equality across the city

Qualitative data- data that measures the experience

Quantitative data- data that has numerical significance

Social Value – the National Association of Voluntary and Community Action (NAVCA) notes Social Value as about maximising the impact of public expenditure to get the best possible outcomes, considering more than the financial transaction. It includes, but certainly isn't limited to: happiness, wellbeing, health, inclusion, and empowerment. These types of value often accrue to different people, communities, government department or organisations and are not always easy to measure.

Social return on investment – a broader concept of value that incorporates the consideration of social, environmental and economic costs and benefits

Target – a specific and measurable activity that will help deliver an objective.

Transgender*- an inclusive, umbrella term used to describe the diversity of gender identity and gender expression. The term can be used to describe all people who don't identify to the common ideas of gender roles, including transsexuals.

Transsexual* - a term used to describe people who feel they are born into the wrong physical sex – this includes pre-operative, post-operative and non-operative female-to-male and male-to-female transsexuals. Known as gender dysphoria.

Third sector – Comprises not-for-profit and non-governmental organisation. It is a term which encompasses the voluntary and community sector (VCS) and not-for-private-profit organisations, e.g. social enterprises (SE) and charities. These can also be referred to as civil society organisations or not for profit sector.

Universal services – mainstream services, for example, leisure, learning and general advice services that are accessible to everybody, including people who need social care and support.

Brighton & Hove City Council
Community Development Strategy
2011-2015

Draft

This document sets out Brighton & Hove's approach to community development, with a clear path towards strong, engaged and cohesive communities; capable of resilience and civic activity and participation.

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CONTENTS

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1.   **Vision**

Brighton and Hove City Council's new corporate plan[1], (2011-15), places great importance on the relationship between the council and the communities it serves.

The plan recognises that our citizens and communities are the lifeblood of the city. Engaged and active communities are not the by-product of a successful city; rather they are a prerequisite for its success.

The council recognises that supporting and engaging communities is a shared agenda. The council's public sector partners including the Police, Health Services and community and voluntary sector, are all committed to co-producing solutions to some of the city's most difficult issues; including the impact of the current recession and public spending measures.

As part of its 'A Council the City Deserves' programme the council has committed to embedding community engagement throughout its commissioning and delivery approaches. As part of its leadership role, the council wants to turn its services inside out and rediscover the human resources within communities.

This strategy recognises that community development provides a vital underpinning role in order to enable engagement to happen. Without grass roots support, some services struggle to connect to citizens.

The council believes that people in communities can drive change and development processes themselves. However, it also recognises that community development plays a key role in unlocking some of the barriers that exist to make this happen; particularly for the most disadvantaged people and places.

The council's community development approach is primarily about social justice and as such community development resources will be targeted at those people who are more disadvantaged and/or experience discrimination.

The council recognises that many people feel or perceive themselves to be powerless to change key features of their lives and of the many constraints they experience. This strategy seeks to enable them, through working together with others, to discover the confidence, knowledge and skills necessary to affect such changes.

This strategy also recognises that it is the capacities of local people and their community and voluntary activity that build powerful communities. The strategy sets out the construction of a new framework for implementation

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[1] Brighton and Hove City Counci − Corporate Plan 2011-15. http://corporateplan.brighton-hove.gov.uk/

which aims to support communities to assemble their strengths into new combinations, new structures of opportunity, new sources of income and control and new possibilities for production.

2.   What do we mean by 'community development'?

In 2004, the council adopted the following definition of Community Development, (which is taken from The Federation of Community Development - http://www.fcdl.org/home), and this will continue to be used for the purposes of this new strategy.

"Community Development is a long-term, value based process which aims to address imbalances in power and bring about change founded on social justice, equality and inclusion. The process enables people to organise and work together to:
- *identify their own needs and aspirations,*
- *take action to exert influence on the decisions which affect their lives,*
- *improve the quality of their own lives, the communities in which they live, and societies of which they are a part."*

3.   What do we mean by 'community'?

The Community Engagement Framework[2] sets out a range of useful definitions of 'community' that are used in this strategy. These were created through extensive city wide consultation with community and voluntary organisations and members of the public. The results and statements therefore have strong foundation and acceptance:

The term "community" is used to describe the common bonds that arise as a result of living in the same neighbourhood, or having some common identity or interest.

This definition of 'community' also recognises that different people identify themselves in different ways, (and at different times), and that we should be sensitive to this when carrying out any type of engagement activity. Moreover, the strategy recognises that people who see themselves as members of a community are also individual citizens.

The places in which we live, work and socialise will often include the people we share our lives, interests and backgrounds with. It may be a place with a physical or locally agreed boundary or simply a shared understanding or 'feeling' about a place – this is commonly defined as – a community of place.

Across the city and within the areas in which we all live, some people define themselves in addition to their community of place. This is quite often as part

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[2] The Brighton and Hove Community Engagement Framework. http://www.brighton-hove.gov.uk/downloads/bhcc/BH_CEF_Community_Engagement_Framework.pdf

*of a group of people with a shared interest or identity/experience – this is
described as communities of interest or identity.*

A community of interest or identity can include:
- *People who identify themselves or are identified by society, by
  demographic characteristics, for example, children and young people,
  faith groups, older people, Black and minority ethnic people, lesbian,
  gay, bisexual and transgender people or people with a shared social
  background,*
- *People with a shared or similar interest, for example, in climate
  change, art, a local school or allotment,*
- *People with a similar or the same profession or place of work, for
  example, hoteliers, council workers, police officers, business
  associations.*

4.   Why do we need this strategy?

There are a number of reasons why this strategy is required and timely.

While latest data, (The Place Survey, 2009[3]), indicates that many Brighton
and Hove residents feel involved and able to participate and influence
decisions in the city, the council recognises that there are large groups of
people who feel unable to do so, or would like to do so, but are unsure how.

The corporate plan describes a range of devolution priorities which will require
engaged and mobilised communities able to take up the opportunities on
offer.

The public spending climate, recession and changes to the welfare state all
mean that individuals and communities (particularly those facing most
disadvantage) will face additional pressures over the coming years. The ability
to be resilient will be a critical factor affecting the experience of this period of
unrest.

The council also recognises the evidenced value that community development
brings to the city:

- Increasing and strengthening community and individual well-being and
  resilience, (as evidenced by the Annual Report of the Director of Public
  Health Report 2010[4]).

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[3] The Brighton and Hove Place Survey, published 2009. http://present.brighton-
hove.gov.uk/mgConvert2PDF.aspx?ID=13314

[4] Annual Report of the Director of Public Health, Brighton and Hove 2010.
http://www.brightonhovecitypct.nhs.uk/about/documents/3559CouncilDPHReport2011newlores.pdf

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- Increasing the numbers of volunteers that are active in the city, (as evidenced by the City Volunteering Strategy – Joining the Dots[5]).

- Increasing the numbers of community groups in the city, (many of which are established for self-help and/or providing community based support to vulnerable people. This has been evidenced by monitoring returns from existing community development commissioning[6]).

- Increasing public satisfaction with community/neighbourhood and services provided there; increasing social networks; increasing individual skills and knowledge; and increasing the ability to be involved in decision making. (As evidenced by the Social Return on Investment, (SROI), analysis 2010[7]).

- The SROI study also showed that for every £1 that Brighton and Hove City Council invests in community development it receives £11 return in social value.

4a.   The national picture

Recently, there have been a number of legislative changes, (some of which are still going through Parliament at the time of writing), which will have a significant impact on public services and communities. Particular measures will impact on, or require support from, community development activity in order to be possible to implement. These include the new Localism Bill, (with its associated community rights proposals), and changes to the NHS which has led to the creation of new Clinical Commissioning Groups in Brighton and Hove.

Reductions in public spending, the associated changes to the welfare state, together with the ongoing recession mean that vulnerable people and communities are being exposed to challenging times. Community resilience is dependent on individual and collective ability to respond to such challenges and community development plays a pivotal role in promoting this. With a focus on the 'Big Society' central government hopes to foster greater civic

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[5] Brighton and Hove City Volunteering Strategy – Joining the Dots. http://www.i-volunteer.org.uk/assets/profile/vcbrightonandhove/files/Brighton%20&%20Hove%20Volunteering%20Strategy%20-%20Action%20Plan.pdf

[6] Monitoring information collected from community development commissioning held by the Communities and Equalities Team of the City Council. Contact communitiesteam@brighton-hove.gov.uk for further information.

[7] Social Return on Investment (SROI), undertaken by the Communities and Equalities Team of the City Council as part of the Strengthening Communities Review. Contact communitiesteam@brighton-hove.gov.uk for further information.

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responsibility, volunteering and self help – all of which are key outcomes for community development.

4b.   The local picture

In Brighton and Hove, a new Administration was elected in May 2011 and with the consequent production of its Corporate Plan, the council continues to maintain a strong focus on community engagement and community development as tools for empowerment and social justice.

The Council's recent State of the City Report[8], as well as various needs assessments undertaken as part of the Intelligent Commissioning programme have demonstrated that inequality continues to exist in the city and affects particular people and places disproportionately.

The Annual Report of the Director of Public Health showed that community resilience levels were affected by factors associated with social inclusion, such as education, employment and housing. The resilience of a community is influenced by is social relationships, networks and social capital. These affect its ability to cope during difficult times, such as those we currently face.

5.   Impact and Needs Assessments

This strategy is informed by two important activities that have helped the council to understand the need for community development and its impact on key outcomes:

  a. The Strengthening Communities Review 2011[9]

  b. Initial Neighbourhood Needs Assessment 2011[10]

a. The Strengthening Communities Review, (SCR)

Undertaken during 2010/11, the council established the SCR to review community engagement, community development and representation work in the city. The review was set in the context of 'Creating a Council the City Deserves' change programme which

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[8] Brighton and Hove City Council – The State of the City Report. 2011. http://www.brighton-hove.gov.uk/index.cfm?request=b1149084&action=show_pr&id=261445

[9] The Strengthening Communities Review, undertaken by the City Council's Communities and Equalities Team. Final Report. http://www.brighton-hove.gov.uk/index.cfm?request=c1212096

[10] Neighbourhood Needs Assessment, undertaken by the City Council's Communities and Equalities Team. Contact communitiesteam@brighton-hove.gov.uk

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established need for stronger engagement with citizens and communities as a key strand.

Findings from this review, (part of which included an independent evaluation), showed that community development had strong and positive impact on neighbourhoods and improved perceptions of place and well-being. It found evidence of individual empowerment, new community groups forming and the work supported resident involvement in service design, delivery and planning.

The review found that community development is most effective in areas where residents have a sense of attachment to their neighbourhood. In areas with transient populations, such as student areas, and areas of high density rented property, it was found to be considerably more difficult to engage residents in community activities as they have little or no stake in the long term development of the immediate community/area.

b. Initial Neighbourhood Needs Assessment.

Using data which includes Census 2001, the Place Survey 2009 and Index of Multiple Deprivation 2010[11] an initial needs assessment has been undertaken to establish target areas for community development resource. The assessment identified that those people most at risk of inequality were those:

- least able to meet their own needs,

- have the least opportunity to engage and participate,

- lacking access/not taking up services and facilities,

- from 'protected groups' such as those from Black and Minority Ethnic, disabled, older and younger, and Lesbian, Gay, Bi-sexual and Transgendered communities.

6.   Background

This strategy updates the existing Community Development Strategy, published in 2004. Its revision was agreed as part of the Strengthening Communities Review and by the Stronger Communities Partnership as an action under the Community Engagement Framework action plan. As a council policy, its implementation is being led by the Communities and Equalities Team working in close collaboration with the Stronger Communities Partnership.

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[11] Index of Multiple Deprivation 2010.
http://www.centreforcities.org/assets/files/2011%20Research/11-04-08%20IMD%202010.pdf

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The strategy has been developed in collaboration with key stakeholders and builds on the consultation undertaken to create the Community Engagement Framework. Additional consultation activity was undertaken during the SCR, including 500 people as part of the SROI process.

A workshop was held with key community and voluntary sector organizations in the city and was also attended by representatives from the new Clinical Commissioning Groups as well as council staff responsible for community development and engagement.

This strategy is limited to the delivery and commissioning activity of the council and does not seek to create a city-wide community development strategy. This enables the council to identify and focus on its delivery and commissioning commitments to community development as part of its corporate plan and objectives.

7.   Resource Implications

The council has accessed regeneration funds, (such as Neighbourhood Renewal and New Deal), to fund its place based community development over the last 15 years. With the demise of these initiatives and a growing awareness of the importance of community development, the council has increasingly invested core funding into its commissioning programme.

This core funding ring fence is likely to be under pressure with the current economic climate. Therefore decisions regarding annual spend will be subject to normal council budget setting processes and are separate to, but informed by this strategy.

As such this strategy reflects the importance of joint commissioning, (both internally and with external partners) and a continued focus on value for money.

The strategy also recognises the positive impact that community development can have in such challenging economic times, by:

- Enabling more funding to be levered into the local economy through a focus on independent resources from charitable sources.

- Supporting people to support themselves through self help activities and community based services.

- Increasing the numbers of volunteers and therefore contributing significant economic equivalent value, (the SROI analysis showed that residents directly involved in community development projects gave on average 21 hours of volunteer time per month - 9 hours more than the Brighton and Hove average described in the Brighton and Hove -

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Community and Voluntary Sector Forum, Taking Account[12], report of September 2008 - and that the average value of this volunteering per annum is £153,530).

8. Approach

The strategy uses an approach based on outcomes to promote the value of the work, to provide a structure for corporate action and to inform the commissioning of services in the city. It is designed to provide a clear but flexible framework, with council leadership in place to steer a pathway towards stronger communities.

Recognising the need for flexibility, it sets outcomes to allow council services, commissioners and partner organisations to engage with our priority objectives.

9. Outcomes

The following outcomes for community development have been developed and agreed in consultation with members of the community and community development professionals. They were created through the SROI process and are clearly evidenced by a range of performance indicators. As part of a national pathfinder using SROI to assess the impact of community development, the outcomes are well researched and evidenced.

a. High Level Outcome One:
   Improving community and personal well-being by:
   1. Increasing levels of trust;
   2. Increasing a sense of belonging;
   3. Increasing people's opportunities to take part in decision making;
   4. Improving skills, confidence and knowledge;
   5. Increasing people opportunities to take part in community activity

b. High Level Outcome Two:
   Building community and individual resilience by:
   1. Increasing collective community activity;
   2. Increasing the engagement of groups in decision making;
   3. Increasing community links;
   4. Increasing opportunities for groups and individuals to influence the design and delivery on services;
   5. Increasing the sense of positive functioning in communities.

10. Performance and Reporting

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[12] Brighton and Hove Taking Account. A report of the Brighton and Hove Community and Voluntary Sector Forum. http://www.cvsectorforum.org.uk/takingaccount

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Progress on the implementation of this Strategy will be through a number of mechanisms:

- Progress on the overall objectives will be reported to the Strategic Director – Communities and Cabinet Member for Communities, Equalities and Public Protection through the business planning processes of the Council.

- Progress will also be shared with the Members Advisory Group (a cross party steering group), and the Stronger Communities Partnership (on behalf of the Local Strategic Partnership).

- All commissioning and grant agreements will be subject to the council's standard monitoring and evaluation processes and will be summarised and reported periodically through the mechanisms described above.

- Outcomes will be measured using agreed performance indicators (developed as part of the SROI process). These will be reported on quarterly and data received shared with key stakeholders, (including local communities) and used to inform future work.

11.   The Model – 'The Four Building Blocks of Community Development'

This Strategy describes the council's approach and 'theory of change' for community development and is described as 'the four building blocks of community development':

1. Core community development work
2. Engagement that works
3. Building effective partnerships
4. Shared service design and delivery

The following section describes these blocks and some of the activities that are being delivered, or planned, to achieve it.

11.1   Building Block 1 - Core community development

The council will develop, fund and support a critical mass of community, social and environmental groups, residents' associations and other local voluntary groups and networks that provide the foundations for communities to articulate their needs and issues, take control to help themselves and develop their understanding of how to work best with local and central government bodies.

How will this be achieved?

- Provision of grant aid in support of community and voluntary groups to support both people and places.

- Commissioning of neighbourhood based community development.

- Continued implementation of the City Volunteering Strategy which supports active citizenship internally and externally.

- By ensuring that front-line council workers understand the role of community development work and activity, groups and networks and respond to and support them where appropriate.

- By strengthening and improving the quality of community activity which in turn builds social capital.

- Through the work of the Council's Housing Participation Team and implementation of the new Tenant Involvement Strategy.

11.2   Building Block 2 - Engagement that works

Communities need to have the ability to engage effectively with those who deliver services to ensure that such services meet their needs. Groups therefore need the skills and information necessary to both identify priorities and propose solutions. The council recognises that it needs the skills and capacity to engage meaningfully and effectively with communities.

How will this be achieved?
- Ongoing implementation of the Community Engagement Framework (and related action plan), in order that we:
    o engage communities to help inform and shape Council policy and decision making;
    o Work with partners in the public and community sectors to identify and apply good practice.
- Support engagement activity linked to Community Development provision
- Facilitate shared learning on community engagement within the council and with the community and voluntary and public sector partners through the Corporate Learning and Development team.
- Continue to work with and assist council delivery units to design and undertake community engagement.
- Embed engagement processes into the intelligent commissioning framework.
- Engage with user groups, advocacy groups and community networks to stimulate feedback and invite informed influence.
- Diversify the range of engagement methods used; including exploring the role of social media.
- Strengthen and improve the quality of Equalities Impact Assessments to ensure that they include strong engagement (and therefore voice) of vulnerable people and communities.

- Through the work of the Partnership Community Safety Team in supporting Local Action Teams and other forums to engage with community safety and environmental improvement services.

11.3 Building Block 3 - Building effective partnerships

Increasingly, partnership-working is at the heart of many of the relationships between communities and successful service delivery. The council recognises that our staff, services, partners and communities need the capacity to co-design, deliver and evaluate services that address local need through partnership working. There is also a need to understand the wider interlocking social, economic and environmental issues which impact on local areas.

How will this be achieved?

- Continued support for the involvement of community and voluntary sector representation on the city's Family of Partnerships.
- Develop effective partnership through Community Development provision.
- Support to enable community and voluntary sector groups to be equal partners in the intelligent commissioning process (by monitoring and reviewing commissioning and procurement decisions).
- By Increasing and strengthening the role of the Stronger Communities Partnership as the policy lead for engagement in partnership working.
- The development of a Neighbourhood Planning model for Brighton and Hove that ensures communities have an effective means of participating in community planning processes.

11.4 Building Block 4 - Shared service design and delivery

Although not always appropriate, in some instances communities may wish to move to a position where they are the delivering local services. At this level community groups become delivery partners in meeting local needs, developing community assets and delivering local services.

How will this be achieved?

- Support community organisations in the development of social economy enterprises.
- Community Development provision to support groups wishing to deliver services.
- Through the facilitation of an area planning approach, (neighbourhood forums) to bring together service providers and communities to understand share issues and produce shared solutions
- Implementation of a new neighbourhood councils programme where communities hold responsibility for budgets and decisions.
- Through the Council's new youth work commissioning strategy which will include a participatory budgeting programme with young people.
- Implementation of the Council's 'Embrace' model for adult social care, which will support community based services and personalised services

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12.   **Conclusion**

This strategy describes the vision, need and proposed approach to community development for Brighton and Hove City Council. It is not intend to be a city-wide strategy for community development but will complement partner activity in this respect.

It focuses on support to tackle inequality, involve communities in all aspects of the City Council's work and create sustainable communities through improved social capital and resilience.
It describes our model of 'building blocks' that illustrate the different ways in which community development supports our corporate objectives and illustrates some of the ways in which these are being implemented.

It sets a framework for both corporate work focussed on delivery units and front line services and also describes commissioning and funding priorities.

Most importantly it presents a starting point for the council's vision, with an invitation to partners and stakeholders to work together on shared agendas.

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THE
COLLABORATIVE
CITIZEN

REPORT 2014

collaborate

ACKNOWLEDGEMENTS

Ipsos MORI

ABOUT COLLABORATE

Collaborate is an independent CIC based at London South Bank University that promotes effective and sustainable collaboration between the public, business and social sectors to secure improvements in public service outcomes, build sustainable communities and foster a strong civil society.

Collaborate has been established as a place for creative thinking, policy development and practical action. We aim to be a centre of leadership and skills development and a 'shared space' for conversation, debate and problem solving between the business, social and public sectors. You can find out more about Collaborate at **www.collaboratei.com**

collaborate

ABOUT THE CONTRIBUTORS

Dr Henry Kippin is executive director of Collaborate CIC. He is a visiting fellow at Queen Mary, University of London and the UNDP Global Centre for Public Service Excellence.

Lord Victor Adebowale, CBE is chair of Collaborate. He is Chief Executive of Turning Point, a Non Executive Director of NHS England, and a cross-bench peer in the House of Lords.

Daniel Cameron is Associate Director of the Social Research Institute at Ipsos MORI, with a special interest in public services.

Julia Unwin CBE is the Chief Executive of the Joseph Rowntree Foundation and the Joseph Rowntree Housing Trust.

Dr Greg Parston is the Executive Advisor to the Director at the Institute of Global Health Innovation, Imperial College London. He is a non-executive director of Collaborate.

REPORT CONTENTS

THE COLLABORATIVE CITIZEN AND SERVICES TO THE PUBLIC

LORD VICTOR ADEBOWALE & DR HENRY KIPPIN, MARCH 2014

This report is an important intervention at a critical time for public policy. It highlights the voices of citizens in a debate that is dominated by public finance and rising service demand. It is a debate in which we are crying out for long-term thinking that matches the scale of the challenges ahead.

We think that this long-term thinking should be centred around collaboration for better outcomes – with and between citizens, across service silos, and between sectors of the economy that have too long behaved as adversaries, rather than allies of the public. What we argue – drawing on the findings of new and important Ipsos MORI citizen survey research – is that we need a new system of 'services to the public' that has the collaborative citizen at its heart. We use the term 'services to the public' markedly and deliberately, because debates on public service reform are too narrow, and too constrained by short-term agendas for efficiency and improvement. The problems faced by society are multi-layered and complex. They require us to get beyond linear notions of change, think outside the service lens, and embrace what the sociologist Richard Sennett has called our 'capacity to co-operate in complex ways'. [1]

'Services to the public' is a way of signifying such an approach, and Collaborate was established to explore this territory. We focus on thinking, culture and practice because it is not enough to think creatively about the future; we also need to make it happen through changing culture and practice today. It all needs to start with citizens. So what are they telling us? The following pages set this out in some detail. We think that three strong implications emerge.

1. Sennett, R. (2012) Together. London: Allen Lane

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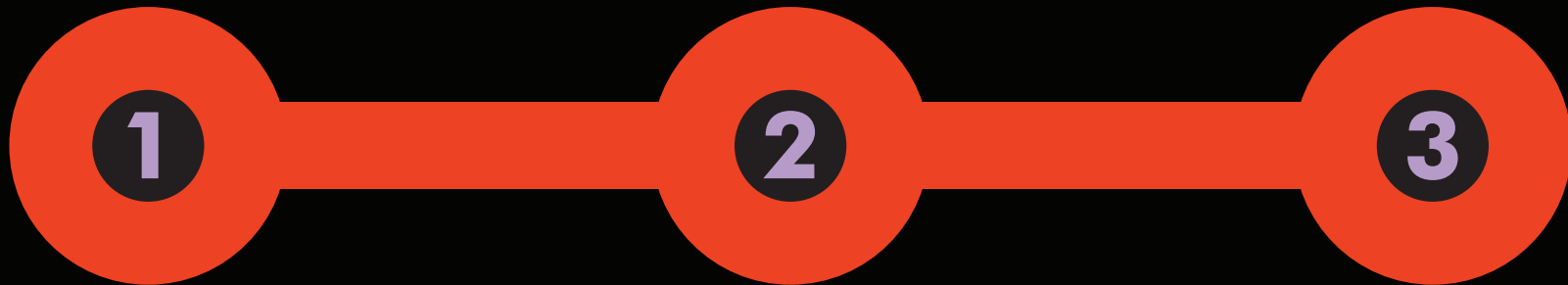
1 Citizens' notions of 'public good' appear increasingly out of step with reforms being made to our current public service model. New social risks cut across traditional sectors, and service provision is not keeping pace. Without rethinking how we work together against shared goals, we risk further marginalising communities and atrophying public value.

2 Citizens want to be treated as human beings: with dignity, respect, competence and understanding. In public services, both state and market are falling short against this goal – particularly for those already at the sharp end of society. Future providers of 'services to the public' should be held to account by these processes and outcomes. This is just as important as cost and risk to future sustainability.

3 The Collaborative Citizen is alive and well – but policymakers and public service providers don't know how to engage her. We need new partnerships and a focus on relationships and engagement to leverage the public's skills, energy and capability. This is not about pulling back or 'letting go' – but getting serious about investing early and co-producing to turn today's service demand into tomorrow's social capital.

THE FUNDAMENTAL CHOICES AHEAD

The findings above pose some fundamental challenges and present a fork in the road for policymakers, public managers and practitioners. Ignore their implications, and we risk heading into a future in which the role and purpose of the state, market and society is transformed – but not in ways we would recognise as progressive.

CHOICE 1 – the Path of Least Resistance?

The risk of sustaining the status quo is immense. Professor Mariana Mazzucato was on to something when she asserted that we have "socialised the risk and privatised the rewards" of innovation.[2] Perhaps the same could be said for public services, fiddling while Rome burns as society and economy change rapidly around a foundational yet creaking model that was designed for another time. As reform agendas look further inwards, the worst case scenario is that public services will be forced into retreat to rump provision of a steadily decreasing set of entitlements, with quality eroded and welfare further stigmatised. Far from being 'locked in', social gains go quickly into reverse.

The public service market doesn't work. It is dominated by too few players, it is too resistant to social innovation, and it systematically shifts unacceptable levels of social risk to the citizens and communities that can least bear it.[3] The state's moral high ground is similarly suspect. Top-down policy is still largely designed behind closed doors amidst the dying embers of the same New Public Management framework that has reduced people to 'econs', playing out the designs of those seeking to lever change from the comfort of government departments.[4]

In the post-crisis world, reform is framed almost exclusively in terms of the financial bottom line. This has created massive – but myopic – imperatives for change based on efficiency, productivity and cost control. Where local actors have improved social outcomes through collaboration, creativity and innovation, they have worked against the grain, in spite of vested interest, and outside the mainstream.

2. Mazzucato, M. (2013) The Entrepreneurial State London, Anthem Press

3. See for example findings from recent research from Collaborate and the Institute for Government at Crowe, D., Gash, T. & Kippin, H. (2014) 'Beyond Big Contracts: commissioning public services for better outcomes' online at http://www.collaboratei.com/media/4617/Beyond%20Big%20Contracts%20Report.pdf

4. See for example Stoker, G. & Moseley, A. (2013) 'Motivation, Behaviour and the Microfoundations of Public Services' in Griffiths, S., Kippin, H. & Stoker, G. (2013) Public Services: a new reform agenda London, Bloomsbury

CHOICE 2 – the Collaborative Alternative?

It doesn't have to be like this, but the alternative will not happen by accident. Imagine: Financial crisis and ensuing period of austerity has served as a wake up call to government and public services. Awesome projections of demand driven spending (£14.4 billion by 2020 is the LGA's estimated expenditure gap for local government) have created a new enthusiasm for creative thinking around some of the most intractable and 'wicked' problems. Commissioning is diverse but radically improved, with the Public Services (Social Value) Act spearheading a renewed focus on co-production that places citizens at the centre of new commissioning models encouraging dynamic social markets.

A culture of shared risk and responsibility pervades the public sphere. In response to a changing political economy and labour market, perceptions of the 'welfare state' have shifted. The safety net has become a supportive cushion – that supports livelihoods and fosters resilience with active and preventative investment, underpinned by a recognition across the income spectrum that societal cohesion and social inclusion matter profoundly to us all.

Collaboration for the public good is commonplace, with unthinkable alliances producing exciting results. Shared value is the watchword for business, whose realisation that social outcomes and shareholder value are not mutually exclusive has been transformative. The social market is alive and well, with a mix of social enterprises and forward-thinking charities trading on the richness of the experience they bring to citizens, and recognised for the role they play in improving the long-term productivity and economic viability of UKPLC.

In this post-crisis world, reform and renewal is driven not only by the numbers, but by a stark realisation that we need to move towards a shared notion of 'services to the public' – and that the future security, prosperity and wellbeing of communities is a shared commitment that needs a cross-sector response.

The second future sounds better than the first, right? The reality is that both of these scenarios are already playing out to some extent, and they represent real-time, competing tensions for practitioners, public managers and policymakers. What is clear is that the second future will not happen without a fundamentally different approach, in which citizens are at the centre. So what can we do about it?

GETTING FROM HERE TO THERE: PRINCIPLES FOR SERVING THE COLLABORATIVE CITIZEN

We think there are tangible things we can do now to start shifting the dial towards the issues citizens point to. They speak to principles that Collaborate is trying to embed into everything it does.
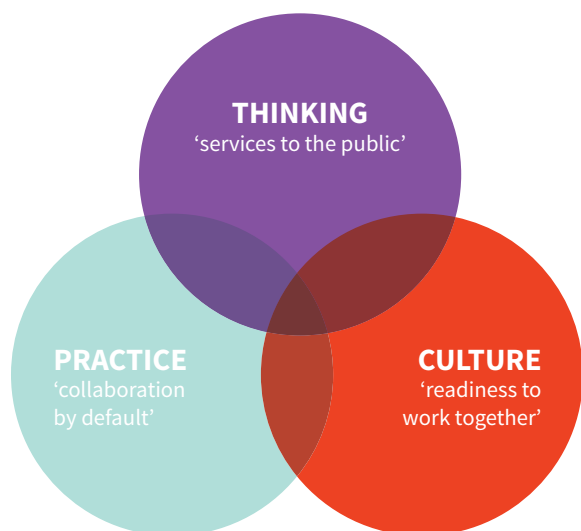
1. THINK 'SERVICES TO THE PUBLIC', NOT PUBLIC SERVICES

- **BUILD INSIGHT WITH COMMUNITIES** – Services to the public must be based on real insight into the needs, wants, assets and aspirations of communities, with citizens themselves leading this process. We cannot effect demand management, behaviour change, prevention or collaborative commissioning without this. Creating the right conditions and methodologies to do this is a vital first step which the public sector should lead.

- **LOOK BEYOND TODAY'S SERVICE LENS** – We need to use this insight to pull policymaking beyond individual services. Problems of political economy (like poverty and worklessness) need a cross-sector response. For public agencies, this requires an account of how to partner, engage and influence as much as directly provide. Private and social sectors need to recognise the role they play in creating (or stifling) social and economic value beyond the terms of their contracts.

- **CHALLENGE PROVIDERS TO TAKE RESPONSIBILITY** – 'Services to the public' is a massive challenge to the private sector in particular. Commercial players are *de facto* public services when they capture big market share – particularly when public patronage contributes to the profits they are making. This is clearly true inside the public services market, but also more

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broadly. We need to get real about shared responsibility, and start holding the private sector to account on principles of inclusiveness, redistribution, fiscal integrity and public value. In this sense, recent comments by PAC chair Margaret Hodge and the 'transparency' agenda of the CBI are to be welcomed.[5]

2. *IMPROVE READINESS TO WORK TOGETHER*

- **ADDRESS VALENCE TO COLLABORATE** – We don't pay enough attention to our readiness to collaborate – and this is a crucial barrier to making it happen in practice. In the health service for example, working across care settings and the health/social care divide has been a policy goal for years. It continues to be a central and vital plank of reform. So it is curious that far less attention has been afforded to the individual and collective valence of clinicians, managers and public leaders to work together. Without this, structural change will struggle to change cultures and frontline practice.

- **RE-THINK PUBLIC LEADERSHIP** – Collaborating with citizens and across sectors requires a different form of leadership – less command and control, more adaptive and distributed, and more attuned to the need for give and take without complete control. This is well-trodden ground in theory, and in the private sector

in particular.[6] For the public sector (in which management is arguably more complex),[7] adopting this stance in a period of extreme uncertainty is difficult. Yet we are seeing emerging examples in local government, and a groundswell of enthusiasm for the value of 'leading across the sectors', as a recent Collaborate report sets out.[8]

- **FOSTER AN ENABLING RISK CULTURE** – We need a new approach to risk in cross sector partnerships. This must signal a shift from a mindset of management and aversion, to one of enablement and innovation, as Lewisham Council CEO Barry Quirk has argued. Our research with the Institute for Government and the Calouste Gulbenkian Foundation suggested that this is rarely apparent. That is partly because we rely on contracting as our means of building partnerships. Our forthcoming risk framework, conversely, starts with trust and relationships, and values the aptitude it takes to create adaptive and learning cultures that frame the contracting process.

5. Hodge, M (2014) Public Accounts Committee Meeting, 14 March 2014, online at http://www.parliament.uk/business/committees/committees-a-z/commons-select/public-accounts-committee/news/public-services-private-contractors-report/

6. See for example Goleman, D. & Boystzis, R. (2008) 'Social Intelligence and the Biology of Leadership' HBR; and Ibarra, H. & Hansen, M. (2011) 'Are You a Collaborative Leader?' HBR

7. Stevenson, A. (2013) The Public Sector: managing the unmanageable. London, Kogan Page

8. Hukins, C. & Kippin, H. (2013) Leading Across the Sectors: the new career pathways for social change' online at http://www.collaboratei.com/media/4011/leading_across_the_sectors_report_collaborate___clore_social_leadership_prog.pdf

3. PRACTICE COLLABORATION BY DEFAULT

- **DEVELOP COLLABORATIVE COMMISSIONING** – Collaboration for social outcomes should feel like a challenge and a risk – yet this must be properly shared. It is not good enough to create mechanisms for service provision that transfer risk from the state, but leave public accountability wanting when providers respond to short-term market incentives. We need balanced incentives for the private and social sector to compete on the basis of social and public value; and financial mechanisms that allow local agencies to pool budgets and work across silos. Most important of all is that the practice of collaboration is accountable to the citizens who stand to benefit – a challenge to all commissioners and providers.

- **EMBRACE SOCIAL INNOVATION** – Without valuing public spending on collective goods, we will sleepwalk into the malign future we described. But the case for investment has to be based on a different kind of state and services, better aligned and co-produced with the citizens we are today. This inevitably means working across traditional lines of demarcation in the pursuit of holistic ways to support people. We need to learn from social innovations that have worked and build these lessons into mainstream practice. Collaborate will be working with the Social Innovation Exchange to develop these ideas in Autumn 2014.

- **USE EVIDENCE TO ADAPT AND CREATE** – The use of evidence is vital – yet the way we understand it, collect it, and deploy it in policy and practice needs to change. Initiatives such as The Social Innovation Partnership's Project Oracle point the way to a more integrated approach, linking academia to policy and practice in a way that front-line workers can use. Big data affords a massive opportunity, but it is not a panacea. Services to the public require deep and meaningful insight and multi-methodological evidence into what matters for communities.

TAKING THIS AGENDA FORWARD – BOLD STEPS FOR TESTING TIMES

The survey data in this report is all the more powerful for showing how the public view can belie easy and often binary solutions put forward by policy makers. Private good, public bad (or vice versa) is too simplistic. The public cares about outcomes more than provider, and the values of the provider over the nature of their business model. In changing times, they expect things of government that go beyond its wit to directly provide. If public goods are indeed still defined as things that benefit the whole community and not just individuals or 'consumers', then we need a different approach.

The challenge is thus set – to government, to today's spectrum of providers, and to the public services industry as a whole. Those organisations that have blindly put private profit or producer interest over social purpose must change. And the contracts and relationships that have enabled them to do this are clearly no longer fit for purpose.

We opened this introduction signalling a cognitive shift towards 'services to the public', and argued that this should frame how we think about the next steps of reform. A small tweak in terminology has potentially profound implications, opening up what we consider to be a public service, challenging the basis on which we hold the market to account, and re-thinking the social contract that underpins it all.

To the market, we must ask: at what point does a private service become a public utility, with its attendant externalities and responsibilities? Perhaps when market share puts the 'socialisation of risk' at such a level that failure is not only a risk to shareholders, but a critical risk to the public good. The banking crisis shows how quickly this notion can flip from theory to reality: at a stroke, institutions that had been accumulating profit with "no socially useful purpose" (as FSA chief Lord Adair Turner noted) were bailed out at huge cost to citizens and taxpayers. Their failure has been borne by us all in the shape of public spending cuts that are the deepest and widest for generations.

The public service market has been equally flawed, with some of the biggest and highest-profile private providers held inadvertently to account for putting the incentive to accumulate above the responsibility to provide. We urgently need to re-discover a sense of public service ethos that goes beyond the contract, transcends the business model, and that prioritises the public desire to be listened to, understood and treated like human beings. As the citizens surveyed for this report make clear, delivery, competence and financial integrity is not enough.

Predictions of rising demand and shrinking budgets make all too clear that the status quo in public services is unsustainable. If we want a future in which the bottom line is a cohesive society and communities with a proper stake in their economy, we need to get serious about working together more effectively for the public good – across the sectors; in partnership with citizens. Adaptation, innovation and collaboration must drive the new social settlement without exception based on sector prejudice. Services to the public must contribute to social good or they should not recover the patronage of public support or funding. On this, the public are likely to agree.

SOMETHING FOR EVERYONE? – OUR VIEWS OF PUBLIC SERVICES

Q. WHICH ONE OR TWO OF THESE, IF ANY, ARE CLOSEST TO WHAT YOU MEAN BY 'PUBLIC SERVICES'?
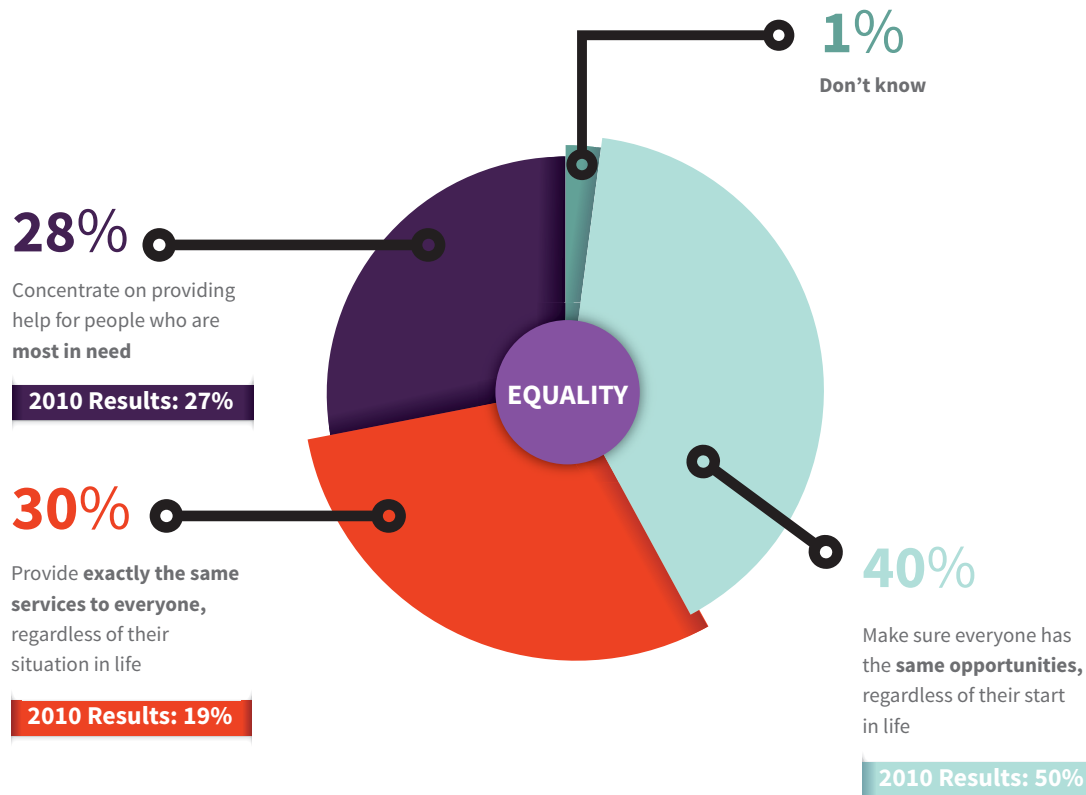
Category	Percentage
A service that is important to the whole community	33%
Available for everybody to use	33%
Paid for through taxes	24%
Services that improve society	22%
Managed by central government or local councils	21%
Staff who are employed by central government or local councils	15%
Non-profit making	9%
Services that help me personally	8%
Free at the point of use	7%
Other	1%
Don't know	3%
None of these	1%

Base: 989 GB adults 15+; 31 January – 6 February 2014

- The public still clearly value public services as collective, universal goods – things of 'benefit to the whole community', and 'available for everyone to use'. Remarkably, this has hardly shifted since 2001 – the crisis and austerity agenda have had little effect.

- These findings run at odds with the current political discourse, which has been about targeting, efficiencies, cuts and, at the extreme, debates over 'deserving' and 'undeserving' welfare recipients. They show us that strong narratives about citizen-consumers, and the 'rise of the individual' should be seen in the context of public goods that need to work for everyone.

- No major party talks any more in terms of universal entitlements or the 'same services for everyone' – partly because of public finances, but also because a batch of studies tell us postcode lottery is already a reality. When Julia Unwin argues that 'local shops and businesses are the new front line of public services', she is pointing to a broader truth: that we need to think beyond traditional notions of what we consider to be a public service, and how we meet our collective needs in a challenging new context.

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EQUALITY, UNIVERSALISM AND THE PURPOSE OF PUBLIC SERVICES

Q. WHICH ONE OF THE FOLLOWING WOULD YOU SAY IS MOST IMPORTANT FOR GOVERNMENT AND PUBLIC SERVICES TO DO TO BE 'FAIR'?

1%
Don't know

28%
Concentrate on providing help for people who are **most in need**
2010 Results: 27%

EQUALITY

30%
Provide **exactly the same services to everyone,** regardless of their situation in life
2010 Results: 19%

40%
Make sure everyone has the **same opportunities,** regardless of their start in life
2010 Results: 50%

Base: 989 GB adults 15+; 31 January – 6 February 2014
Where results do not sum to 100 this may be due to multiple responses or computer rounding.

- When it comes to our understanding of fairness in public services, there is a marked – and perhaps surprising – shift away from support for equality of opportunity (40%, a decrease from 50% in 2010), and towards universal provision (30%, up from 19% in 2010). Almost three in ten people think that public services should be targeted at those who are most in need. This reflects underlying differences in people's views of how public entitlements should be distributed, but with a number of post-crisis trends potentially making an impact.

- Tentatively, we might wonder if loss aversion may explain some of the shift towards universalism. People may want to protect what they have in response to austerity and the squeeze on living standards – this fits with the finding that the oldest and youngest age groups are most likely to support universalism. A higher percentage of broadsheet readers advocate 'equality of opportunity', which perhaps reflects their position as (generally) less intensive service users.

- Equality has been somewhat downgraded as a political priority,[9] and this may be having an impact on public perception. The Coalition government's focus on fairness and social mobility reflects a shift in ideology and a concern for 'individuals' over the 'identity politics of the past'. The economist Milton Friedman famously wrote that 'a society that puts equality … ahead of freedom will end up with neither equality nor freedom'. But recent evidence contests that most people are uncomfortable about high levels of societal inequality, and some argue that more equal societies perform better against most indicators of social and economic progress.[10]

9. Kippin, H. (2013) 'Public Services and Equality: why it matters and why we need a new approach' British Council, online at http://www.britishcouncil.org/dk_d160_book_3_public_services_and_equality_henry_kippin.pdf

10. Wilkinson, R. & Pickett, K. (2009) The Spirit Level: why equality is better for everyone. London: Allen Lane

OUTCOMES MATTER, BUT SO DOES DIGNITY AND RESPECT

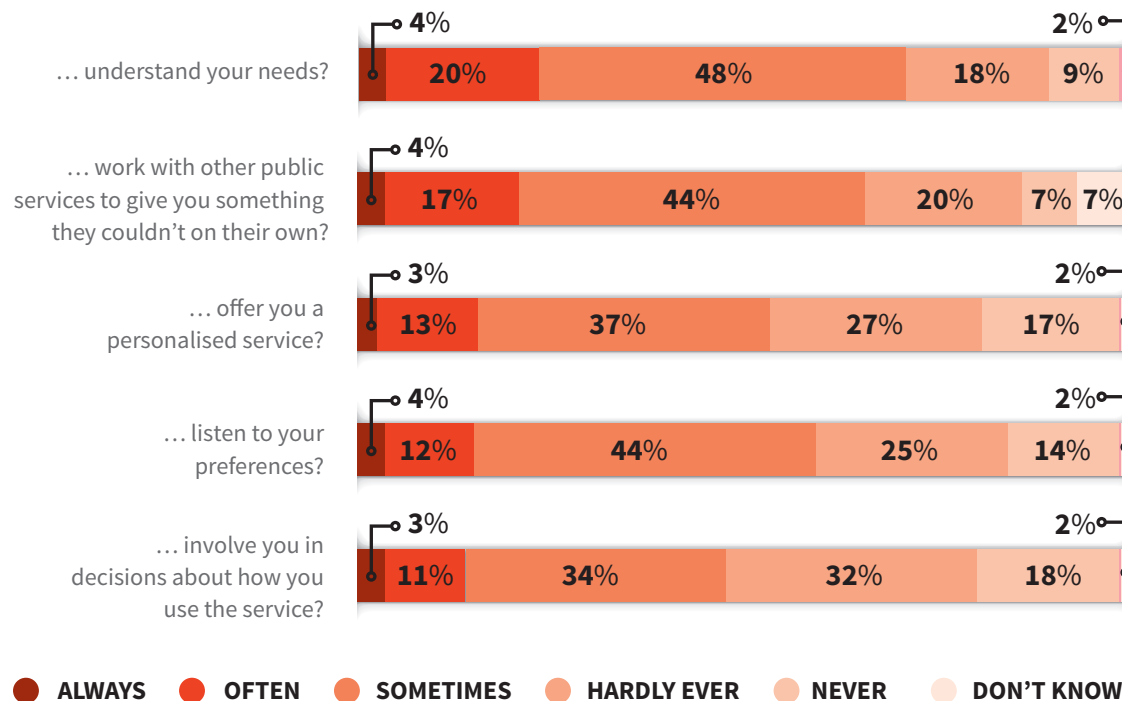## Q. TO WHAT EXTENT, IF AT ALL, DO YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENT ABOUT PUBLIC SERVICES?

Public services giving people the final outcome they need is **much more important** than whether they treat people with dignity and respect

6%
22% | 16% | 29% | 26%

Public services treating people with dignity and respect is **as important** as giving people the final outcome they need

9% | 4%
45% | 34%
7%

- **STRONGLY AGREE**
- **TEND TO AGREE**
- **NEITHER/ NOR**
- **TEND TO DISAGREE**
- **STRONGLY DISAGREE**
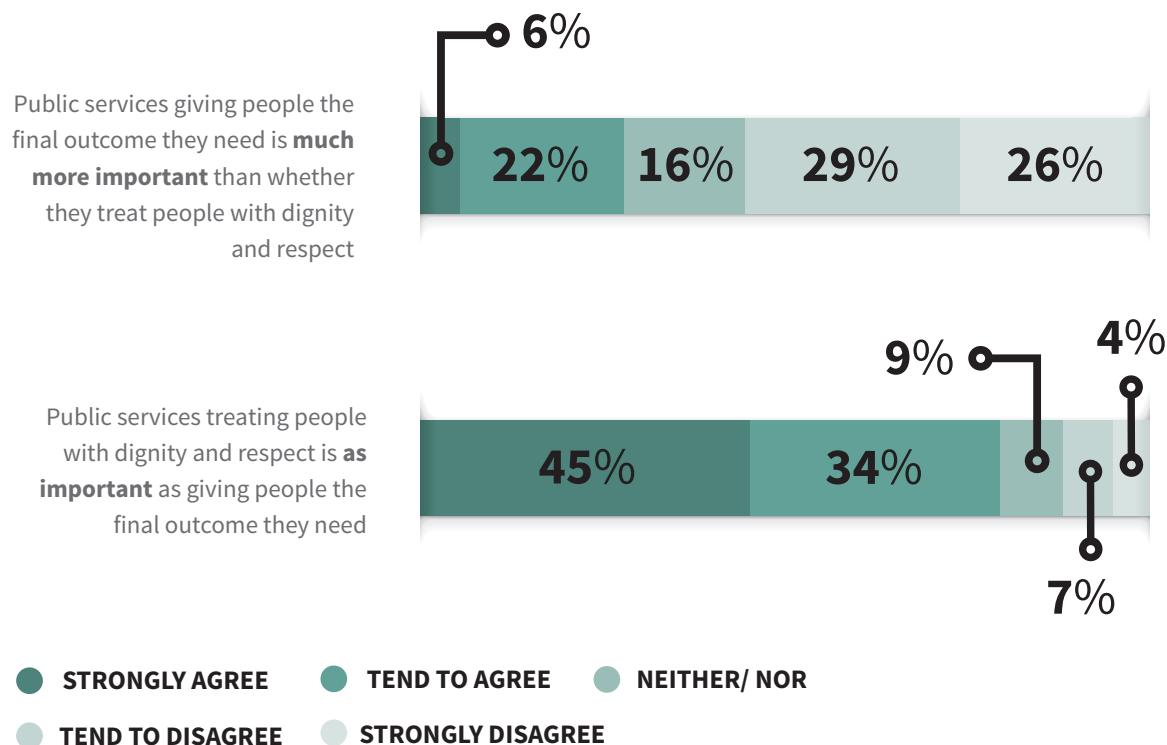
Base: 989 GB adults 15+; 31 January – 6 February 2014, split sample, c500 respondents per statement

- Eight in ten (79%) of the public agree that treating people with dignity and respect is as important as the final outcome of public service delivery and only 13% disagree. And even when we forced the issue, most people say outcome alone is not enough (55% disagree that final outcome is much more important than being treated well). This sends a clear message to government and public service providers: it is not enough to provide services that meet satisfactory outcomes or just 'do the job' at cost; the way people are treated through the process also matters greatly. The means must reinforce the ends – a challenge to some of our current ways of working.

- Perhaps more worryingly, opinions are more balanced among older people and those from lower socioeconomic backgrounds when it comes to trading off outcomes and treatment– two of the most intensive service user groups. This is hard to fully interpret without further research but could suggest that (a) the expectations of this cohort are low because they are used to being treated with very little respect or dignity, or – for the most marginalised – not being treated at all; or (b) because of their greater reliance on public services, outcomes are more important for these groups. Either way, this is a concerning finding.

- Recent Collaborate research with the Institute for Government suggests that, as new commissioning and contracting mechanisms (such as outcome commissioning and payment by results) change old relationships and create new ones, the onus is being put on commissioners and service providers to understand and contract for more 'relational' services. Our research suggests that many are not well set up nor have the incentives to do this, with over 80% of public service providers we surveyed more concerned about financial sustainability in rapidly changing context.

DO PROVIDERS OF PUBLIC SERVICES UNDERSTAND AND ENGAGE THE PUBLIC?

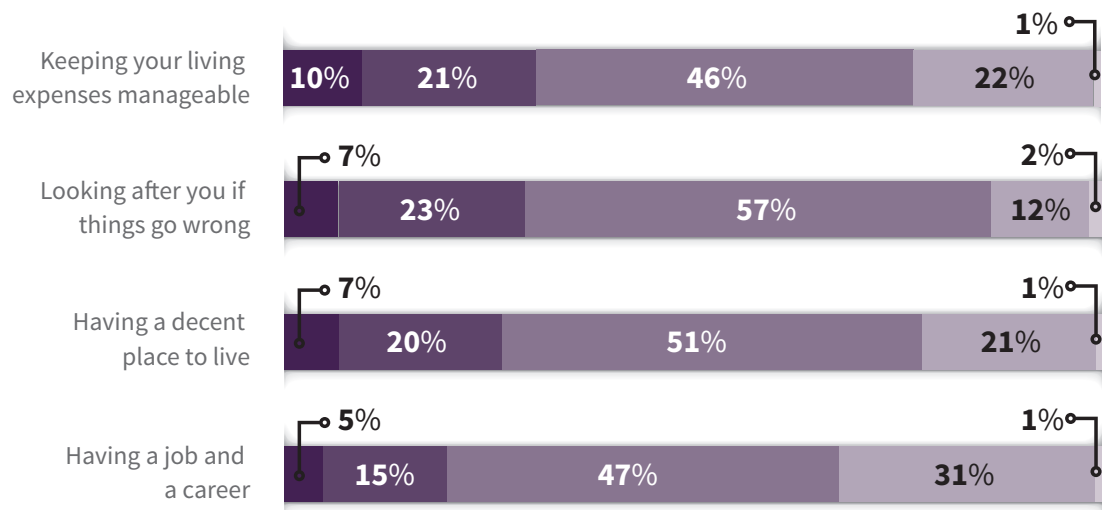## Q. HOW OFTEN, IF AT ALL, DO YOU THINK ORGANISATIONS THAT DELIVER PUBLIC SERVICES…

… understand your needs?
4% | 20% | 48% | 18% | 9% | 2%

… work with other public services to give you something they couldn't on their own?
4% | 17% | 44% | 20% | 7% | 7%

… offer you a personalised service?
3% | 13% | 37% | 27% | 17% | 2%

… listen to your preferences?
4% | 12% | 44% | 25% | 14% | 2%

… involve you in decisions about how you use the service?
3% | 11% | 34% | 32% | 18% | 2%

● ALWAYS   ● OFTEN   ● SOMETIMES   ● HARDLY EVER   ● NEVER   ● DON'T KNOW

Base: 989 GB adults 15+; 31 January – 6 February 2014

- Our survey data shows that a minority of people (only 24%) feel that public services always or often understand their needs, and as we ask about higher quality relationships and engagement with public services (i.e. personalisation, understanding preferences as well as needs, involving you in decisions) this number gets progressively smaller.

- Despite the rhetoric around these issues, public services are seen to often fall short of understanding and engaging with citizens, and particularly when it comes to truly involving them in co-producing services. This is a challenge to providers, and also to the policy community who set the terms for providers.

- People with no access to the internet more likely to say they are hardly ever or never understood by public services (37% vs 27% overall) – suggesting serious 'digital divide' issues, particularly if citizen engagement activities are pursued via online or social media channels. Older people are also more likely to say they are not well understood, though people with young children are more likely to feel so – perhaps reflecting cumulative policy successes in primary education and early years.

RIGHTS AND RESPONSIBILITIES – WHAT IS GOVERNMENT'S ROLE?

Q. IN YOUR VIEW, HOW MUCH RESPONSIBILITY, IF ANY, DO YOU THINK GOVERNMENT HAS FOR THE FOLLOWING ASPECTS OF YOUR LIFE?

					1%
Keeping your living expenses manageable	10%	21%	46%	22%	

7%					2%
Looking after you if things go wrong	23%	57%	12%	

7%					1%
Having a decent place to live	20%	51%	21%	

5%					1%
Having a job and a career	15%	47%	31%	

- **ALL THE RESPONSIBILITY OF GOVERNMENT**
- **MOSTLY THE RESPONSIBILITY OF GOVERNMENT**
- **PARTLY THE RESPONSIBILITY OF GOVERNMENT**
- **NOT THE RESPONSIBILITY OF GOVERNMENT AT ALL**
- **DON'T KNOW**

Base: 989 GB adults 15+; 31 January – 6 February 2014

- Our survey suggests that many people expect government to play a key role supporting them with the biggest issues in their lives. For example:

  – *Around three in ten people (31%) think government is solely or mostly responsible for keeping their living expenses manageable. Only 22% think government has no responsibility to act. Young people and poorer people are also more likely to say government has responsibility in this area.*

  – *Almost everyone (87%) feels that government has at least some role in helping them things go wrong – the safety net is very much alive and well across social classes and different demographic groups – despite the wealthier cohort often effectively opting out of public services where they can.*

  – *Jobs are a key area in which government is seen to play a role, but has had obvious trouble acting against this. One in three (33%) of 15-24 year olds see government as mostly or wholly responsible for them having a job and a career. Overall, two in three (67%) see government as playing some role, even if this is less than for other issues – suggesting that it needs a different relationship with the labour market.*

If government cannot, and perhaps should not, be acting alone against these issues, then we need government, civil society and the market to align more effectively against clearly stated issues of importance to peoples' lives.

NEW PARTNERSHIPS TO IMPROVE SERVICES TO THE PUBLIC

Q. WHAT IMPACT, IF ANY, DO YOU THINK THESE DIFFERENT WAYS OF ORGANISING PUBLIC SERVICES WOULD HAVE ON EACH OF THE FOLLOWING? WOULD IT MAKE THINGS BETTER OR WORSE, OR WOULD IT MAKE NO DIFFERENCE?

65%
58%
48%

DIFFERENT PUBLIC SERVICES WORKING TOGETHER MORE OFTEN

54%
49%
45%

PUBLIC SECTOR, BUSINESSES AND CHARITIES ALL WORKING TOGETHER TO DELIVER PUBLIC SERVICES

% BETTER

- ⬤ **QUALITY OF SERVICE**
- ⬤ **COST EFFECTIVENESS**
- ⬤ **ACCOUNTABILITY TO THE PUBLIC**

Base: 989 GB adults 15+; 31 January – 6 February 2014

39%
39%
35%

CHARITIES DELIVERING PUBLIC SERVICES ON BEHALF OF CENTRAL AND LOCAL GOVERNMENT

39%
39%
33%

BUSINESSES DELIVERING PUBLIC SERVICES ON BEHALF OF CENTRAL AND LOCAL GOVERNMENT

- The research shows clear support for the idea of public services collaborating across silos to improve service delivery. Citizens view partnership working between public services as an important way of improving quality, cost effectiveness, and accountability. Significantly, 65% of respondents felt that doing this would improve quality.

- Around half of survey respondents feel that creating public-private-social partnerships to deliver services would have a positive impact on quality (54%) and cost (49%), with slightly less (45%) thinking that accountability would be improved – perhaps reflecting recent high-profile problems with third-party contracting and the behaviour of major private contractors.

- On balance, perceptions of charities or businesses delivering services on their own are more positive than negative, with more thinking that this would make things better than worse when it comes to quality, cost effectiveness and public accountability. However, views are more mixed than for partnerships within the public sector or across sectors – for example, two in five say that charities and businesses would improve both quality and cost effectiveness (39% in each case for charities and for businesses). And there are also more concerns about businesses on different aspects of service delivery (e.g. 27% think businesses running public services would make accountability worse, compared with 17% for charities).

- There are differences across demographic groups – broadsheet readers are more positive about the impact of improved public sector partnerships on quality (81% think this would make services better compared with 65% overall), but they are more negative about businesses (40% think businesses would make quality worse, compared with 23% overall). By contrast, older people are generally more likely than younger age groups to think that these alternative models of service delivery will make no difference.

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ENDS, MEANS AND OUTCOMES – WHAT DO CITIZENS VALUE?

Q. WHICH TWO OR THREE OF THE FOLLOWING, IF ANY, DO YOU THINK ARE MOST IMPORTANT FOR ORGANISATIONS DELIVERING PUBLIC SERVICES TO FOCUS ON?

Understanding people's needs	**45%**
Treating the public with dignity and respect	**33%**
Delivering the outcomes that matter to people	**29%**
Ensuring they deliver with value for money	**27%**
Having the right expertise	**25%**
Providing a local, accessible service	**23%**
Being accountable to the public	**22%**
Being open and transparent	**22%**
Planning for the long term	**19%**
Other	**1%**
None of these	**1%**

Base: 989 GB adults 15+; 31 January – 6 February 2014

- It is difficult – but vital – to better understand the public's capacity for engagement in the design and delivery of public services. Our survey suggests that around one in three people would be willing to spend some time and effort improving public services with providers. This relatively low number perhaps reflects a consistent (and understandable) public perception that they have little influence. Previous survey data from Ipsos MORI suggests that only 14% of people feel they have influence over decisions made on public service delivery. This rises to 25% locally; still low, but suggesting more chance of change at a local level.[11]

- As the previous pages make clear, public service commissioners and providers have problems engaging people to create the opportunities and the space to co-design and co-produce public services. Two-thirds of the citizens surveyed say they are either unwilling or don't have the time to engage with providers. We know that many – in the social care market, for example – experience the opposite of engagement and co-production, with Leonard Cheshire Disability finding that 60% of councils use 15 minute visits to elderly and disabled people, for example.[12]

- The challenge is thus set: Society is diverse, and those designing and providing public services need to find a range of better ways to understand, engage and co-produce with citizens. Generic consultation exercises will not work – and indeed contribute to a sense of disaffection and distance from policymakers. But neither will relying on choice and competition or citizen activism without capacity building, which we know will not change public services from below without strong cultural, financial and structural incentives pushing in the same direction.

11. 2020 Public Services Trust & Ipsos MORI (2010) 'What do People Want, Need and Expect from Public Services?' online at http://www.ipsos-mori.com/DownloadPublication/1345_sri_what_do_people_want_need_and_expect_from_public_services_110310.pdf

12. http://www.bbc.co.uk/news/uk-24424785

ARE WE READY TO BE COLLABORATIVE CITIZENS?...AND HOW CAN PUBLIC SERVICES ENGAGE US?

Q. WHICH OF THE FOLLOWING OPTIONS, IF ANY, COMES CLOSEST TO YOUR VIEW ABOUT WORKING WITH PUBLIC SERVICES TO HELP IMPROVE THE SERVICES THEY OFFER?

2%
None of these

9%
I would be willing to spend **more than a few hours a month** with public services

23%
I would be willing to spend **a few hours a month** with public services

27%
I would be interested in working with public services, **but I don't have time**

39%
I am not interested in working with public services
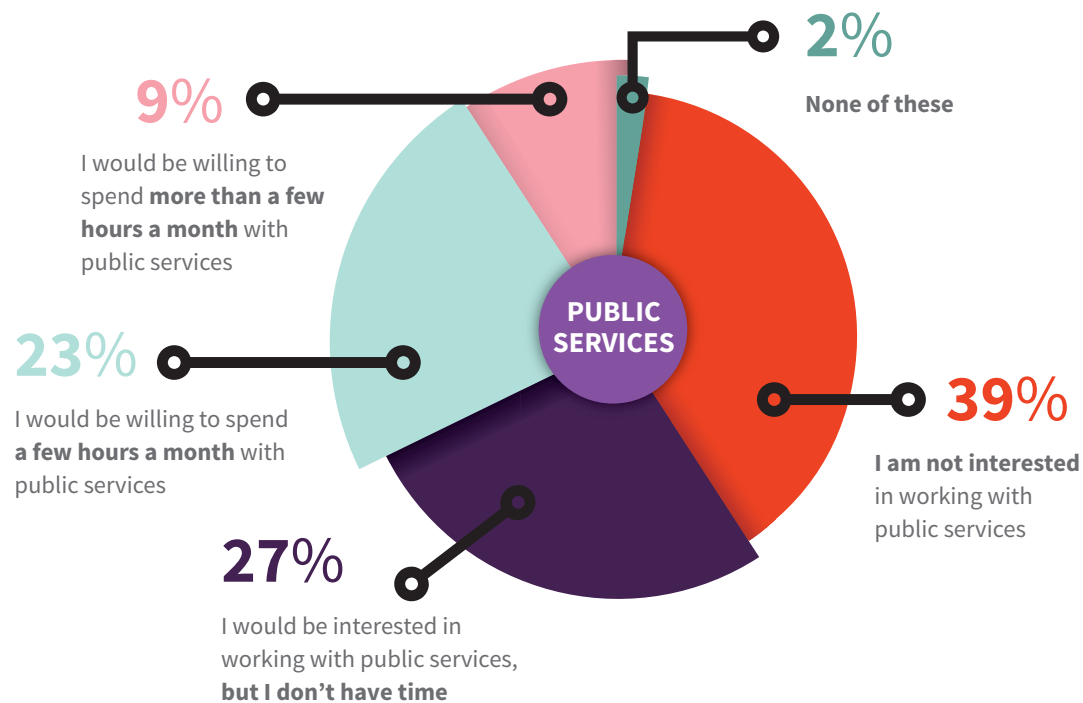
PUBLIC SERVICES

Base: 989 GB adults 15+; 31 January – 6 February 2014

- Public services must understand people's needs, treat them with dignity and respect, and deliver the outcomes that matter – these are clear public priorities that emerge from this and other research. There is less public focus on current policy priorities such as transparency (22%), accountability (22%), accessibility (23%) and strategic planning (19%). What does this imply?

- Firstly, we are seeing a disconnection between ends and means – government has not yet adequately articulated how agendas such as open data, open policymaking and localism translate into better treatment and outcomes for citizens. People don't see the connection; the policy world needs to get better at making it; and public service providers need to start embodying it more clearly.

- Secondly, we are seeing interesting differences in opinion across the population. Young people (for example) are more interested in local services, implying the possibility of a generational shift. More affluent cohorts are interested in the expertise of providers, perhaps implying less 'needs' to be met, and more concern about the way public money is spent. Readers of broadsheet newspapers – sometime used as a proxy for the most politically engaged – are similarly more concerned by what kind of organisations provide public services, and on what basis.

RESPONSE BY JULIA UNWIN CBE

JOSEPH ROWNTREE FOUNDATION

The great challenge confronting public services in the UK is well recognised. How do we continue to provide a solid supportive foundation, while keeping pace with changes in the social, political and economic environments? But problems of scale – shrinking budgets, growing populations, national responsibilities and local risks – can often cloud attempts to construct a fresh vision of a future of public services to meet this challenge.

The public service as monolithic institution, anchored by central government and impervious to the ebbs and flows of society and politics has long had a powerful resonance in our society. This narrative has arguably protected services from the volatility of politics. It ensures that policymakers pause for thought before intervening in ways that may not reflect the iconic nature of some of these institutions (see for instance the Health and Social Care Bill controversy). However, it has also had negative effects: the post-war settlement, now nearly 60 years old, created a system of service provision rooted in its time. Its form and structure continue to hold residual connections to a proud history of welfare and the common good. These connections can make conversations about change difficult, limiting scope to re-imagine the way in which we collectively provide for each other.

But re-imagine we must. Demographic change and budgetary pressures feed a thirst for new thinking about what public services should look like – their relationship to each other and to us as individuals, communities and nations. A reliance on centralised, top-down planning has long been at odds with what we know about how people prefer to receive support. We live in a society more willing to challenge the institutions meant to meet our needs and more frustrated when services are unable to intersect with the patterns of our lives.

In drawing out some of the aspirations that the public have regarding services, Collaborate's analysis helps us to clarify which characteristics of public service provision we must hold on to as we move into a challenging period for these institutions. For example, the data shows that people want their needs to be understood by services and to be treated with dignity and respect. They also want a system that is accessible to everyone, regardless of personal circumstances, and that can be counted on when things go wrong.

The public also have strong opinions about what public services should look like structurally. Many support joined up delivery that crosses boundaries between public, private and voluntary and some are willing to contribute their time and effort towards strengthening existing provision.

Alongside the public's perceptions of services, the environment in which they operate is shifting. There is a new frontline emerging. It is now the shopkeeper who could recognise the signs of dementia in a local resident, the plumber alerting agencies to a freezing home, or the taxi driver who spots a distressed teenager. We rely on citizens to flag potential need.

This prompts a conversation about relationships. More than ever, it is relationships and the balance of risk and trust between service users, providers and their communities which count. Public services must be driven by these relationships if they are to begin to join up and identify interconnecting needs in a manner that increases efficiency and offers society security and dignity. This framework would amount to a new social contract between the public and services, starting from an active understanding of people's aspirations for themselves, their families and others, rather than a negative, disempowering discourse of dependency and passivity.

By approaching service design through the lens of relationships we can look more closely at the contradiction between users' trust in sturdy hegemonic providers and their desire for flexible, personalised provision. We can begin to embed more horizontal service structures, ones more at ease with accommodating and leveraging the dense networks of connections that exist within a community. Structures which may be better suited to solving symptoms and tackling drivers by looking at individuals as a whole and shaping services to meet their needs.

Collaborate's work contributes to an emerging evidence base on which to develop such a shift, helping us to untangle perceptions of public service institutions from users' sense of how services should engage with them. By starting with public perceptions we can better understand how to create efficient, dynamic services that have a closer relationship with the people and places using them and are more resilient to the challenges that they face.

More than ever, it is relationships and the balance of risk and trust between service users, providers and their communities which count

RESPONSE BY DANIEL CAMERON

IPSOS MORI

Most people do not understand the local authority funding formula. They are unfamiliar with the increasingly complex supply chains involved in managing public services. And they are almost certainly not up to date on the latest ideas for encouraging innovation and bringing new models of delivery to public services. But none of this should be understood as a lack of care. Our research consistently shows that public services matter to the public.

This report, and the research it draws on, is grounded in the political and policy debates about how public services should respond to the challenges and opportunities they face. But it is important not to lose the public's voice in these discussions.

Through our research we find considerable nuance in people's views about public services, depending on the service in question and the specific context in which we ask for their opinions. However, when we ask the public about public services at a more conceptual level a clearer story emerges. There are broad priorities most of us share, both as users of public services and as those who pay for them.

When people think about their own experiences they emphasise two things: getting the outcome they need and being treated well in the process. The importance of both outcomes and treatment is highlighted by this research – eight in ten people agree that public services treating people with dignity and respect is as important as giving people the outcome they need. Concentrating on what public services deliver will not be enough; how they deliver is crucial too.

When people step back to take a citizen perspective on public services they again have two priorities: value for money and ensuring there is help for those who need it most. Political beliefs and personal circumstances shape people's views on what both of these ideas should mean in practice. But our qualitative research suggests that across the board there is an expectation that taxpayer's money will be spent wisely, and that there will be support for those who find themselves in difficult circumstances.

With all of this as context, the survey results point to a number of challenges and opportunities for future public services. While some of these may feel familiar, that does not mean their importance should be underestimated:

1. People don't feel understood by public services, let alone involved in shaping the services they use. Only one in four of us think that public services always or often understand our needs, and just one in seven say they are always or often involved in decisions about how they use public services. For more transactional

services this might not be that important. Yet the findings point to a deep-seated disconnect between the public and public services that needs to be addressed if reforms are to be successful. As we consistently find, there are some signs of willingness to get involved with public services to improve their services. But people need to be given real power and to see the impact of their involvement or they will quickly disengage.

2. Partnerships have potential. Better working across different parts of the public sector is seen as an obvious way to improve things (even if in practice this may be in tension with very strong concerns about issues such as privacy and data protection). Two in three of us agree that different public services working together more often would improve the quality of service we receive. And the public are generally open to partnerships across the public, private and voluntary sectors too, even if they have some reservations. The idea of different sectors working together reassures the public that the strengths and weaknesses they perceive in each can be balanced to achieve more than any sector could on its own.

3. Finally, despite (or perhaps because of) the way the world is changing, the safety net offered by public services remains a priority for the public. An overwhelming majority see at least some role for government in looking after them when things go wrong, and this cuts across age groups and different social classes. People can easily imagine a scenario where they or those they care about need to rely on public services. Reforming public services in a way that is not seen to undermine this safety net will be vital to secure public support.

People need to be given real power and to see the impact of their involvement or they will quickly disengage

RESPONSE BY DR GREG PARSTON

IMPERIAL COLLEGE LONDON

This new research by Collaborate presents important insights into the current role of the "collaborative citizen" and poses challenges to service providers to ready themselves for working across settings and sectors. But I believe the key challenge to those delivering services to the public in future lies in the more urgent need to ready citizens – first, through more intelligent public discourse about the direction of public policy and service provision and, second, in a more active co-productive relationship than is available in the current model of service delivery.

Politicians and the media personalities today argue about the role of government in health, education and public safety. The public, however, is noticeably absent or ignored in those debates, with 50% polled in this research saying that they are hardly ever or never involved in decisions about services. Changes in health services, in schools and in policing are imposed with little public engagement and sometimes in the face of strong public opposition.

Today, citizens are treated as objects of policy making and of service delivery decisions, rather than as active participants in the changes that will directly affects their lives. The consequence is apathy, disillusionment and even anger – with two-thirds of those polled saying they have neither the time nor the interest in working with public services to improve the quality of their lives.

An essential player

Citizens' notions of public good may be "out of step" with our current public service model, as Victor Adebowale and Henry Kippin suggest, but citizens' knowledge and access to detailed information about many public policy and service issues are often intentionally restricted, sometime distorted and almost always over-simplified. This disempowers citizens; and the culprits are shortsighted politicians, self-serving professional interests, a lazy media and service providers themselves.

The most noticeable public involvement today takes the form of reactionary protests against suspected privatisation; opposition to self-righteous efficiency cuts; demands for homogenous national standards that disallow local determination – a public discourse fuelled by inadequate information and poor understanding. Today's public service debates are about access and waiting times, but not health; severity or leniency of punishment, not public safety; exam results and school ratings, not how to help children go on to further learning or employment. Recent debates on commissioning for social value do little to right the knowledge and power imbalances between provider and citizen.

Public services form a main component of a 'social contract' between people and their governments – a cornerstone of civil society. But that

requires collective action from players on both sides of the contract, built on social capital, trust and shared values that allow and enable citizens to be co-productive agents in the relationship.

The active citizen

The missing condition in the current health of what Victor and Henry call the "alive and well" collaborative citizen is the informed, enabled and active citizen. This requires a deliberate commitment from service providers that is very different from their current disposition to citizens. Citizens can not collaborate with partners that consistently don't understand your needs, don't offer you personalised services and don't listen to your preferences.

Indeed, both sides in the current debilitating construct – citizens and service providers – lose by remaining ignorant of their collaborative potential: shared goals are impossible; working together is a myth. And without citizens' active collaboration, many new or alternative providers currently diminish their own role too, with respondents not seeming to trust the non-governmental providers to deliver better outcomes for them than the present public sector lot.

Of course, there are differences and divisions in belief and values among citizens, service organizations and politicians. But if civil society is to be strengthened, each must be able to develop a good understanding of all the issues that influence social well being, to express opinions and concerns, and to collaborate in decisions about, and the manner in which, those issues are addressed. Today's citizen is as weak a link in that type of collaboration as any other partner.

This research points to a number of principles to which service providers and commissioners should adhere in order to foster collaboration. But in addition to readying themselves, future providers of services to the public must work to develop the contribution of citizens with whom they can collaborate – by educating, supporting and including them in more informed discourse and in co-production of outcome improvement – a truly collaborative process that is aimed first at improving their health, learning and safety.

The key challenge to collaborative providers of service to the public is to help build now the collaborative polity it means to serve tomorrow.

Today, citizens are treated as objects of policy making and of service delivery decisions, rather than as active participants in the changes that will directly affects their lives
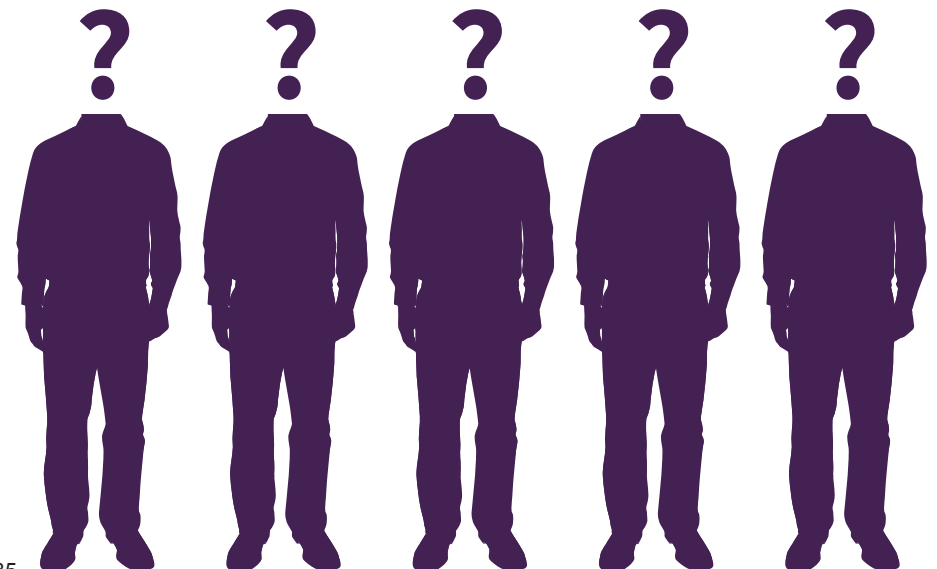
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increased volunteer and comm
life satisfaction social function,
integration and support raised self
efficacy expectations disease
management and acceptance
reduced depression lower intensity
grief reactions lower caregiver bur
decreased anxiety longer survival
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parenting skills improved physical
health and functioning increased lev
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concordance with medications and
attendance less need for hospital
outpatient treatment mediation or
improved relationships between
patients and health professionals

Volunteering England

Volunteering &Health

What impact does it really have?

There's plenty of anecdotal evidence to suggest that volunteering has a positive impact on health but apparently little hard evidence to support these anecdotes

In a bid to find out more precisely what impact volunteering can have on health, Volunteering England commissioned the University of Wales, Lampeter to undertake a systematic review of published research. We asked researchers to assess the health effects of volunteering both on individual volunteers and on health service users. Researchers identified nearly 25,000 potentially relevant articles from database searches. Of these, 87 meeting their inclusion criteria were reviewed.

What is a systematic review?

A systemic review is a review following pre-specified procedures to identify, evaluate and amalgamate all relevant research literature on a particular subject. For a research paper to be included in this review it must have addressed a well-defined question around volunteering and health.

Summary of findings

This is the first time any attempt has been made to bring this data together and it shows a clear link between volunteering and good health both for volunteers and health service users.

Volunteering can increase volunteers' longevity, improve their mental health, keep them fitter, and enable them to cope better with illness when it occurs. Volunteering also has a positive impact on a range of factors affecting health service users including their self-esteem, disease management, adoption of healthy behaviours, compliance with medical treatment and relationships with health care professionals.

Definitions

Health *'is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'*. (World Health Organization, 1946)

Volunteering *'is an activity that involves spending time, unpaid, doing something that aims to benefit the environment or someone (individuals or groups) other than, or in addition to, close relatives'*. (Volunteering Compact and Code of Good Practice, Home Office, London, 2005)
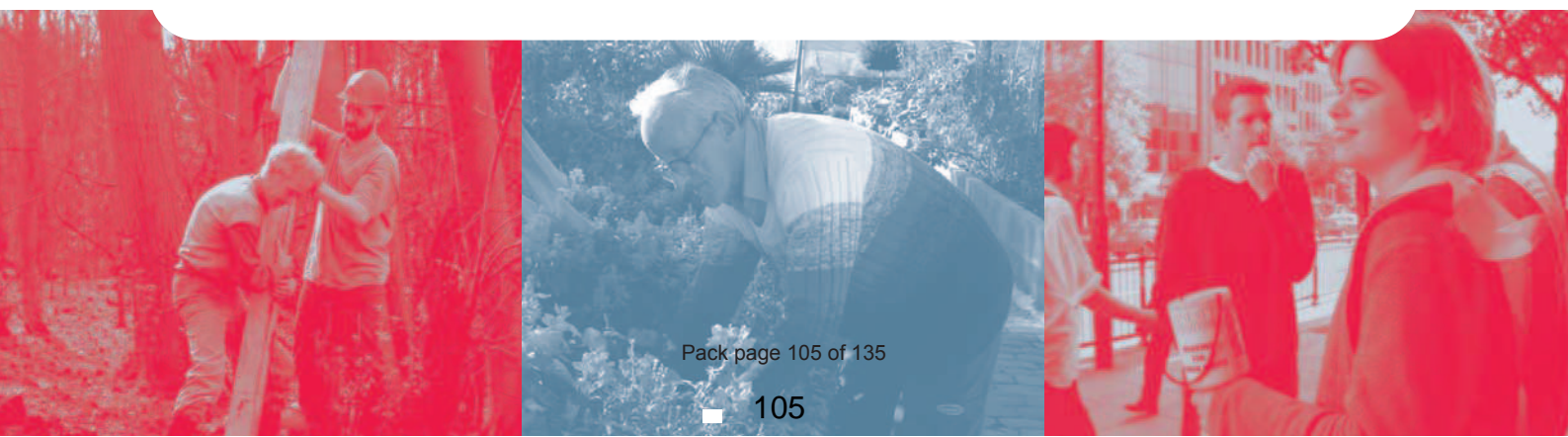
Findings

1. Impact on volunteers' health

The studies reviewed for this research showed that, under certain circumstances, volunteering has a positive effect on volunteers' health. It can impact on their:

- **longevity**
- **ability to carry out activities associated with daily living**
- **ability to cope with their own ill-health**
- **adoption of healthy lifestyles and practices such as HIV prevention behaviours and healthy levels of drinking**
- **family relationships**
- **quality of life**
- **social support and interaction**
- **self-esteem and sense of purpose**
- **view of their own health.**

The review has also shown that volunteering reduces the incidence of:

- **depression**
- **stress**
- **hospitalisation**
- **pain**
- **psychological distress.**

The only study included in this review that highlighted a negative effect of volunteering concerned care for older people and it found that volunteers tended to be less satisfied than paid employees.

The majority of studies examining the impact of volunteering on volunteers' health related to volunteering in general, rather than in any particular setting or role. However, a few studies did look at the impact of different types of volunteering. For instance, Musick and Wilson (2003) found that church-related volunteering had a bigger impact on depression than secular volunteering; and Librett and colleagues (2005) found that volunteers working on environmental projects were likely to be physically fitter.

It is worth noting that studies describing a volunteering intervention that was peer or lay led, or included an element of peer support, show this to be an important factor in terms of the health benefits of volunteering. Other contextual factors also appear to be important. For example, older volunteers appear to derive greater health benefit than younger volunteers. However, volunteering for more than one organisation has mixed effects depending on the age of the volunteer, their other commitments and the outcomes being measured.

Theoretical background

The literature covering the impact of volunteering on the health of volunteers has largely been informed by social integration theory. This suggests that multiple social roles provide meaning and purpose in life, and promote social support and interaction. They thus contribute to feelings of well-being and offer psychosocial resources that individuals can draw on in the face of disease or ill health. Because volunteering roles are typically valued by society and carry positive associations with altruism and contribution, engaging in these roles may be even more effective in promoting feelings of self-worth. Interestingly, volunteering appears to have acquired normative connotations as something good in itself that will do good.

Piliavin and Siegl (2007) differentiate between hedonic (feeling good about one's situation in life) and eudemonic (feeling good about oneself) well-being. While social activities and hobbies can contribute to the former, outward-looking activity such as volunteering adds to the latter, enabling individuals not only to enjoy the activity itself but to have a greater sense of satisfaction in feeling that they are contributing to society. Piliavin and Siegl contend that it is this focus outside ourselves that makes the greatest contribution to our mental health and well-being, not just as a result of enhanced self-esteem but as a result of 'mattering' – feeling that we are a significant part of the world around us and that people notice, care about and value our existence.

2. Effects on health service users

It is harder to generalise about the effect volunteering has on health service users than on volunteers because contextual factors play a key role. Nonetheless, it is possible to point to instances, documented in the studies reviewed, in which volunteering activity did make a difference to the health and well-being of service users. Positive outcomes included:

- **increased self-esteem and confidence**
- **better social interaction, integration and support**
- **improved disease management**
- **reduced depression**
- **less intense response to grief**
- **reduced burden on carers**
- **decreased anxiety**
- **longer survival times for hospice patients**
- **improved cognitive function**
- **increased uptake and duration of breastfeeding**
- **more childhood immunisation**
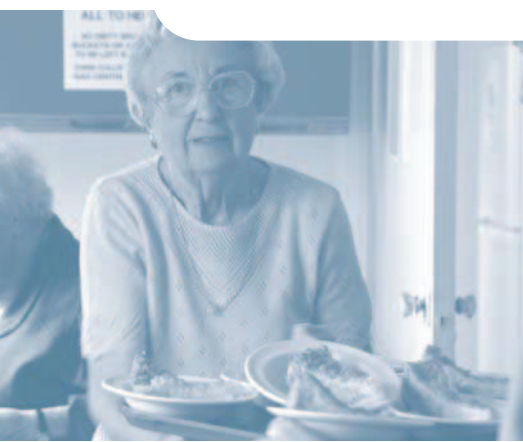
- **improved mental health of children**
- **better parenting skills**
- **improved physical health and functioning**
- **increased levels of physical activity**
- **improved diet**
- **compliance with medication and clinic attendance**
- **fewer hospital visits**
- **improved relationships between patients and health professionals**

None of the quantitative studies found negative effects from volunteering, although a number of studies failed to demonstrate a statistically significant effect for some or all of the measured outcomes.

Occasionally comments in the qualitative studies suggested minor negative aspects of a volunteering programme. These were primarily related to the level of supervision required by staff or abandonment issues caused when a volunteer befriender left a programme. However, on balance the qualitative accounts were positive about the impact volunteers could make in a health setting.

Volunteers reporting on the impact their own work had for clients' well-being is subject to significant bias. Nonetheless, volunteers occupy a unique space between the patient and objective outsider, and this vantage point may give them unique insight into the impact of their activities.

Controlled trials
The review included fifteen controlled trials evaluating the impact of volunteering on health service users. Several were randomised controlled trials, considered the gold standard of medical research.

Typically, the controlled trials compared groups receiving the volunteer intervention with groups receiving no special treatment, rather than the same intervention delivered by paid staff. Thus, the controlled trials lend some support to the ability of volunteers to deliver interventions that are beneficial to health, but do not address the question of whether these services are better delivered by volunteers or paid staff.

Managing volunteers
Volunteer management was outside the remit of this review. However, many of the papers reviewed highlighted the significance of training, management and support for volunteers when it comes to determining the benefits volunteers and health service users derived from volunteering. If the findings of this review are used to promote volunteering, and particularly volunteering in healthcare settings, then it will be important to ensure that there is sound support to enable volunteers to maximise their impact and benefit.

Further information

This work was led by Dr Rachel Casiday in the Department of Voluntary Sector Studies at the University of Lampeter. Her co-authors were Eileen Kinsman, Dr Clare Fisher and Dr Clare Bambra.

It was commissioned by Volunteering England with support from the Department of Health

A full copy of this report can be downloaded from **http://www.volunteering.org.uk/WhatWeDo/Projects+ and+initiatives/volunteeringinhealth/**

Further reading
Management matters: a national survey of volunteer management capacity is available from the Institute for Volunteering Research at **www.ivr.org.uk**

Volunteering England

Statement for the Brighton & Hove Fairness Commission, with references to evidence the impact of building stronger, supportive communities with greater capacity and resilience.

November 2015

The Trust for Developing Communities

www.trustdevcom.org.uk

Building Community Capacity can be defined as: "a broad range of approaches that sustain strong, supportive communities and grow and release social capital." Think Local Act Personal conference[1] report, (July 2015).

The Context

The 2011 census and multiple indices of deprivation shows us that we have high levels of child poverty, unemployment, disabilities and lone parent families in the most deprived areas of Brighton & Hove. For example, child poverty is at 52% in Moulsecoomb, and there is overwhelming evidence for the links between this and the potential for significant issues in adulthood. In their report 'The Public Service Cost of Child Poverty' Bramley and Watkins (2008) state: **"Reducing Child poverty is not just a question of fairness. Many of the consequences of poverty such as unemployment, ill health, and criminal activity are expensive for the state."[2]** The Office for National Statistics (2014)[3], Frank Field[4] (2010),and an HM Government[5] review (2014) amongst others, all agree with this link and just the single aspect of ill health finds that people with long term conditions account for 50% of GP appointments, 64% of outpatients appointments, 70% of in-patient bed days[6]. In addition and with a 79.7% increase in BME communities across Brighton & Hove since the 2001 census, more than a third of the Tarner area population (including Kingswood & Milner flats), is from BME, including white non British, communities[7]. Throughout the UK, people from BME groups are much more likely to live in poverty than white British people[8] and in March 2015 the Guardian Newspaper reported 41,000 16-to-24 year olds from BME communities are long-term unemployed – a 49% rise from 2010.[9]

There have been intensive targeted intervention services to mitigate these issues to date, but we are seeing the demand for these become overwhelming at a time when public sector is having to reduce expenditure and there is a general cross sector appreciation that the model of support must change.

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[1] Sam Bennett (2015), 'Empowering and engaging communities : Seizing the opportunity' TLAP conference presentation
[2] Bramley, G. and Watkins, D. (2008) The Public Service Cost of Child Poverty, JRF
[3] Office for National Statistics (Sept 2014) 'Intergenerational transmission of disadvantage in the UK and EU'. Childhood factors that predict poverty in adulthood:
[4] Field, F. (2010) 'The Foundation Years. Preventing Poor children becoming poor adults' (report of the independent review on poverty and life chances)
[5] HM Government. (2014) 'An evidence review of the drivers of child poverty for families in poverty now and for poor children growing up to be poor adults.'
[6] http://www.kingsfund.org.uk/time-to-think differently/trends/disease-and-disability/long-term-conditions-multi-morbidity
[7] BHCC. (2013) 'Black & minority ethnic communities in Brighton & Hove: A snapshot report'.
[8] http://www.irr.org.uk/research/statistics/poverty/
[9] http://www.theguardian.com/society/2015/mar/10/50-rise-in-long-term-unemployed-youngsters-from-uk-ethnic-minorities

2

Why asset based community development?

In this context, the most cost-efficient way forward is to invest in support for communities to become empowered, skilled, and self-sustaining. To grow in confidence to determine and access what they need. Communities themselves are the asset that will always be there and they are ever evolving, so best placed to recognise and voice their needs.

One of the iMPower, (2011) definitions of 'demand management' is: "Building the community skills and capacity to take on more responsibility and reduce needs in the long term – transforming the relationship with the citizen" and in a recent Mar 2015 report ('Inflection Point') they said "Savings available to councils from demand management will far exceed anything available from making economies in supplying services". A Local Government Assn report[10] (May 2013) refers to evidence that understanding the drivers for behaviour; data sharing; and the fact that behaviour change needs joined up collaborative working as the critical factors for success of demand management. In her 'Building community capacity – empowering and engaging communities' presentation (TLAP London, July 2015) Joanna David Assistant Director Social Care Reform[11] makes mention of the Care Act 2014:

"[local authorities] should …seek to identify the types of support and resources or facilities available in the local community which may be relevant for meeting care and support needs, to help build community capacity to reinforce the more formal, regulated provider market." (Care Act 2014)

If the number of 85yr olds is set to have increased by 106%[12], isolated and vulnerable older people, for example, can be supported through community connections and activity. 'A Vision for Adult Social Care: Capable Communities and Active Citizens (plans for adult social care services published by the DoH, Nov 2010): promotes "Practical approaches to improving the lives of disabled and older people by building stronger communities - 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…"

In March of this year, the Cabinet Office published 'Social Action – Harnessing the Potential'[13] : "Social action is about people coming together to help improve their lives and solve the problems that are important in their communities. It

1. Gives public services access to new expertise and knowledge
2. Increases the resources available to achieve social goals
3. Helps reduce the demand for public services
4. Creates new models for how society can respond to challenges

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[10]Local Government Association. (2013) 'Demand Management' report
[11] Joanna David Assistant Director Social Care Reform – ADASS/LGA Care Act Joint Programme Office
[12] http://www.kingsfund.org.uk/time-to-think-differently/trends/demography/ageing-population
[13] Cabinet Office. (2015) 'Social Action – Harnessing the Potential'

3

5. Empowers local groups, enabling local solutions and building resilient communities
6. Enables broader and better targeted support"

and Jane South, (PHE and Leeds Uni) talks of her model **Confident and Connected communities**[14]

"Local government, the NHS and third sector have vital roles in building confident and connected communities, where all groups, but especially those at highest health risk, can tap into social support and social networks, have a voice shaping services and are able to play an active part in community life."
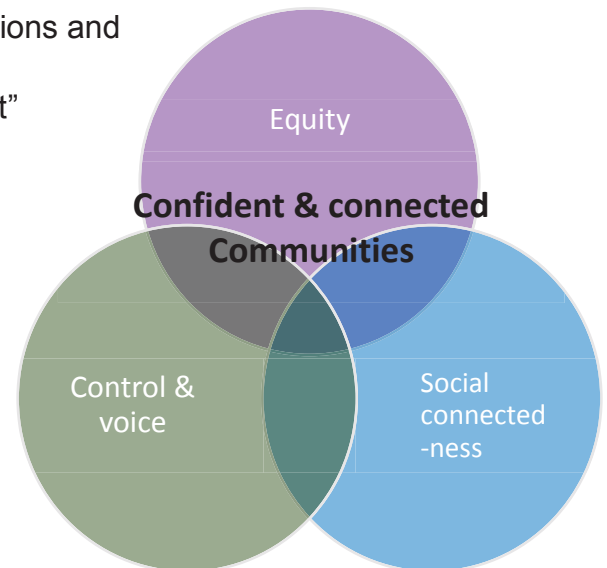
Recommendations

Investment in the areas that will be most affected by national 'austerity' policies to prevent widening health and economic gaps in the city.

Investment in asset based community development approaches where there are self-identifying communities that can build on resources to address some of their own needs.

Investment in meaningful engagement with communities to understand their needs and co-design responses to those needs.

To develop a collaborative ethos across all sectors delivering and using services in the city, enabling co-design and production that maximises resources and prevents waste.

Linda Saltwell – Chief Executive

The Trust for Developing Communities

www.trustdevcom.org.uk

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[14] Jane South, PHE and Leeds Uni, (2015) 'Community assets for health and well-being' (TLAP conference presentation)

APPENDICES

Appendix I – TDC examples of local asset based community development

> Outcomes:
>
> - Individuals and groups learn and use new skills, knowledge and abilities
> - Communities develop self-sustaining groups and services
> - Health priorities are identified and addressed

Community Drop-in, Foodbank & Advice Surgery run from Holy Nativity Community Centre, Bevendean

Bevendean food group is an unincorporated group of local residents. With development support they have constituted and opened a bank account, drafted policies for working with volunteers and applied for funding.

They are now an independent self-managing group and the development role is now working with the advice and referral agencies to build those links and this is coming to an end. (Voluntary contribution is approximately 500hrs p.a.)

Image: Food bank & drop in

Within 2 years a group of local volunteers have gone from identifying a local need, isolated low income households that were struggling. To debating issues around dependency and deciding to move to referral only foodbank, whilst maintaining the drop-in for those just wanting some company.
The desire to bring in *Moneyworks* partners and build a bridge to advice services was the result of consulting foodbank users who raised the issue that their sense of 'crisis' was often overwhelming and they found making and keeping appointments with centralised services difficult.

Image: Dementia café run by Alzheimer's Society

Bevendean is an isolated community with limited public transport and local resources. Holy Nativity Community Centre, where the foodbank and drop-in are based is also managed by community volunteers. Over the last two years we have seen foodbank users volunteer to help with hall maintenance as well as the foodbank itself and go on to feel more confident and start up their own activity groups with Healthy Neighbourhood Funding (Public Health) and some cases get employment. Recently Action in Bevendean Community held a Dragon's Den for their administration of the Healthy Neighbourhood Fund locally. Most of the activities are offered at the Holy Nativity hall:

http://www.youtube.com/playlist?list=PLO68DcnHP7lzX6pjxaTO6joXiB-sZiKLI

5

Mad Hatters Lunch & Trips Club run from St George's Hall, Moulsecoomb

The Mad Hatters is a lunch club have been active for 7 years. Weekly on Thursday's they offer a healthy 2 course home-cooked lunch, play games and try new activities such as singing. Their total membership is now nearly 90 and this is growing all the time due to new referrals from sheltered housing schemes, GP surgeries, outreach caseworkers, Age UK and word of mouth. Many members support each other to attend other local clubs such as tea mornings at the Bevy. This informal networking is invaluable in communities and goes beyond the benefits of the service offered. Over half of the members have physical or/and mental health needs. These include: mobility issues, sight impairments, dementia, depression and other health issues that impact them on a day to day basis. For all these local access activities transport is required for those with mobility issues. This is another area where local projects try to meet need through providing minibuses.

The clubs and trips are all delivered with volunteers (approx. 1000hrs p.a.). The development support over the years has been around developing procedures and ensuring safety and wellbeing for vulnerable participants, alongside good governance and financial management. This is now largely reduced to some technical support around IT and Social Media alongside occasional advice around funding applications.

This group over the years has provided a platform for members to find out about services like their local CCG services, Alzheimer's society, the Federation for independent living, the carers' centre, Age UK, etc.

St George's Hall, a community managed space (also maintained and run by volunteers) also hosts, children's clubs, women's groups, activity groups, residents meetings and community events.

Pop-up café, run from Hollingdean Chidren's Centre

The Children's Centre is located at the top of Hollingdean, adjacent to the park and skate park. About 3 years ago parents on the Children's Centre Advisory group raised the issue of the centre's opening hours; there was particular support for the centre to open at weekends to allow access to the café and toilets. The idea didn't progress as it was deemed there were too many difficulties or perceived difficulties to overcome.

As part of a council Neighbourhood Governance pilot in Hollingdean/Stanmer ward the issue of increasing community access returned. This time as a result of the drive for 'collaborative' working the issues were addressed and overcome. Hollingdean Development Trust (HDT) a local charitable trust that runs several local projects and activities to meet the needs of the local community agreed to

6

be the accountable body and take responsibility for the volunteers, an obstacle felt to be too difficult for a council department to do given their constraints and resources.

The café ran successfully over the summer and intends to run again next year. It provided a platform for other activities and information to reach local families that would not normally drop by the centre and created a sense that it was a community asset rather than a public service delivery building.

Appendix II – TDC examples of asset based development with communities of identity.

Youth development work

If we hope to build aspirations and increase opportunities for young people coming from the areas most affected by deprivation features we need to tap into the assets within their own communities. They need to interact and share experiences with those who are aspirational. This cannot be achieved through 'targeted' delivery and is a key additional value of the universal youth offer.

One such example of this in practice is the Bevendean Activities Group (BAG). Following community development-led consultation around local needs young people expressed a strong need for local activities. Rather than design and deliver these ourselves and dedicate further resource from our own budget we brought young people together to form the BAG. They consult, plan and fundraise for their

own activities and raise around £5,000 per year to enact a service for themselves that meets the community's needs. The group have even started their own social enterprise in order to develop their sustainability. One of the young people from the group is now a representative on the Brighton & Hove Youth Council and a Trustee of the TDC.

Riziki Millanzi

We would posit that an ecosystem exists within communities in terms of youth participation. Meaningful civic engagement both locally and hyper-locally are developed from a symbiosis of activities that enable those that are seldom heard to come to the fore.

THE PARTICIPATION ECO-SYSTEM FOR YOUTH & COMMUNITY WORK

HIGH PARTICIPATION
Forums, High-functioning groups
Peer Mentoring & Volunteering.
Youth Trustees & Management
Committees

MID-RANGE PARTICIPATION
Youth Clubs & Activity Groups,
Drop-ins, 1:1 Work,
Holiday Programmes

LOW-LEVEL PARTICIPATION
Detached & Outreach Work,
Open events

YP are more involved in sessions as they feel ownership over them

YP assume more responsibility for the development of their services

Relationships are solidified as you see YP in more casual settings

YP become more involved as relationships develop

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Examples of this include one young woman, Georgina, who we met on the streets during a 'detached' youth work session, she joined a weekly girls group that we advertised to her. From there she found her voice and wanted to participate more fully which we enabled through the young journalists' project we support. Within two years she was interviewing the Speaker of the House of Commons and undertaking training at the Guardian newspaper's HQ in London. She now regularly volunteers in her community and promotes our activities to other young women.

This is of course true for all ages, and community activists and leaders can have significant influence on behaviour within their communities.

BME development work example

If we are to tackle inequality in BME communities in Brighton and Hove, we must grow organisational and community capacity and empower BME communities to play a key role in the strategic development of more culturally appropriate and responsive services, as well as supporting them to develop local, community led activities.

"By gaining a better understanding of super diversity of B&H BME communities and hearing the voices of the most marginalised members of society, services will be in a better position to tackle inequalities. Community development enables us to recognise and build on the extensive resources and assets that BME communities

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have, and support them to influence more appropriate services". Mike Holdgate's report (2014)[15]

In the course of community development work to support the growth of local theatre group, the Banyan Tree, it became apparent that the group members were restricted in their ability to develop to their full potential due to a lack of access to affordable childcare facilities. Many of the members had grown in confidence as a result of their participation in the group and were also in a position to be supported as community representatives in statutory decision making structures. The group was supported to apply for Health Neighbourhood Fund money which they used to train members to run a crèche. This means that they can now cater for their children whilst they rehearse or attend meetings, as well as offer the resource to other local groups, providing them with a source of autonomous income generation and the time and space necessary to grow stronger as a group and as individuals.

Kirsty Walker & Lyndsay Macadam – Projects Managers

Adam Muirhead – Youth Team Co-ordinator

November 2015

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[15] Holdgate, M. (2014) 'BME Community Engagement Feedback Report', B&H CCG

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Community Development Case Study: The Children's Centre - opening out of hours (Hollingdean 2015)

The Children's Centre is located at the top of Hollingdean adjacent to the park and skatepark.

About 3 years ago parents on the Children's Centre Advisory group raised the issue of the centre's opening hours; there was particular support for the centre to open at weekends to allow access to the café and toilets.

The idea didn't progress as it was deemed there were too many difficulties or perceived difficulties to overcome.

The council set up a Neighbourhood Governance pilot in Hollingdean/Stanmer ward – in Hollingdean this was the Off the Ground project. As one of the priorities the opening hours of the CC was back on the agenda.

Initially there was little action taken. Thanks to support from the Communities team a meeting with the relevant officers was arranged. A number of issues were raised:

- cleaning to suitable standard;
- insurance,
- security,
- security of files,
- vandalism,
- security of children,
- insurance,
- fire procedures/health and safety,
- would require lots of volunteers.
- No finance available from council

Many of the issues were in reality 'non-issues' e.g.vandalism – according to police reports was no worse and better than others; training for volunteers regarding H&S and Fire risk/evacuation, a barrier had been installed to secure the reception area.

The council favoured an established group taking on the lease – to be the accountable body. A proposal was taken to Hollingdean Development Trust who manage the community centre and support a number of projects in the area. They agreed to be the accountable body. The council drew up a lease and with a few revisions was signed.

CC Nov 2015

Residents then set about engaging volunteers to help run the café every Sat throughout the summer. The group successfully applied to the council for a grant to cover start up costs.

To increase foot-fall the group organised events to run concurrently with the café e.g. a book swop (the Library service were very helpful). A communication book was used between the group and CC manager.

At the end of the project a de-brief meeting was held with officers. The consensus was the project was successful. Costs were covered. There was the possibility of working closer with the cafe. A longer lead in time would improve publicity. It was felt that without the support of senior officers the project would not have run. The CC manager was very supportive.

There was definitely learning points for the future but effectively this is a new resource for the community.

CC Nov 2015

Development of DueEast

Promoting resident engagement and involvement in local decision making - The development of DueEast Neighbourhood Council.

Following the end of the New Deal for Communities Funding Whitehawk and Manor Farm added to the Neighbourhood Renewal areas and allocated to the community development support of Serendipity Enterprising Solutions by BHCC.

Working with local residents from the two active community groups - Crime Prevention Forum and TARTs (Tenants and Residents together) - the concept of a Neighbourhood Forum conceived and agreed to.

Creation of Forum with themed sub-groups launched.

Early in 2012 application made by BHCC Equalities and Communities Team (with the Forum, BECA , and SES) for Central Government funding - Neighbourhood Level Community Funding - proposed area was for that which is now covered by DueEast. Bid not successful.

BHCC announces that will pilot the concept of Neighbourhood Councils/Governance - DueEast area bids and is successful.

October 2012 Pilot launched in DueEast with event consulting on different/new ways of service delivery - residents first use of PB methods - with accurate figures of budgets spent in this area - BHCC produced figures for earlier government funding bid.

DueEast established as resident led representative body for the three estates of Whitehawk. Manor Farm, and the Bristol Estate.

Pilot runs until December 2013 with the Neighbourhood Council running a number of grant allocation events based on PB methods - decision by residents involved to continue after the pilot.

Mid 2013 DueEast partners SES to bid for the CDW contract for the area and is awarded it from July 2014

Early 2014 DueEast gains registered charitable status as a CIO

Main Achievements since end of the pilot period:

- The development and expansion of the sub-committee structure to reflect the work priorities identified by local residents
- The development of strong links with City Council Departments, Health and other statutory providers, and is now seen by them as the representative body for the area.
- The attraction of funds and resources that has enabled more rounds of

Participatory (Community) Budgeting where local people have been able to vote, both in person and on-line in relation to which projects and activities they would wish to see and support upon the estate.

- The establishment of Hawks Community Cafe in the Library Hub building. This not only provides excellent catering facilities, employment, training, and volunteering for local people, but also re-distributes any profits back into the community in the form of grants (distributed by the above mentioned method).

- Assisted in the start of the regeneration of the Broadway shopping area by campaigning for, and gaining, free short term parking for shoppers to stem the tide of falling local sales. The achievement of this involved estate wide consultation and the need to change BHCC parking policy, no mean feat and a good demonstration of the potential power of a united community voice.

- The gaining of support for Neighbourhood Governance by all three main political parties.

- Launched a local volunteer reward scheme to acknowledge the hundreds of hours of unpaid work that residents put back into their community.

- Successfully bid for a number of small Health related projects that not only have brought benefit to the DueEast area but also has opened the door for additional funding applications.

- Successfully bid for major Health Partnership project with Macmillan.

- Worked on government initiatives, again with small grants, to identify local services that could be run or managed locally to provide them in a better and more cost effective way - or indeed to re-design them to best meet local need.

- Further government funding in 2015/16 to further develop concept of devolved decision making, Our Place, to promote greater engagement and involvement by local residents in decision making.

The Hangleton & Knoll 50+ Steering Group

Model of Best Practice

Background

In January 2007 the Hangleton & Knoll Project (HKP) received Local Area Agreement (LAA) funding from Brighton & Hove City Council. The purpose of the funding was to work with local older people aged 50 and over to establish a resident lead 50+ Steering Group with the initial aims of:

- Assessing current service and activities provision for older people in the area
- Overseeing the development and promotion of such services and activities
- Identifying and addressing the issues affecting local older people
- Acting as an 'umbrella' group offering advice and support to other 50+ residents and community groups

Since the Hangleton & Knoll 50+ Steering Group formed, they have not only achieved these objectives, but have excelled at them in every instance and gone on to develop new and exciting initiatives to benefit the lives of local older people

This document aims to highlight the reasons behind the group's success and achievements, the impact of the work, and to identify key points and learnings that may be helpful to other areas wanting to establish similar groups across the city

Establishing the Group

Key community figures and Hangleton & Knoll Project staff identified several local older residents as potential Steering Group members and invited them to join. Criteria to consider when establishing membership are:

- Involvement of people who are well known in the community and so are an effective vehicle to communicate information both into and out of the group - Group leaders, committee members and other members of older people's community groups, members of local Housing Associations, Resident and Street Reps, local Councillors and members of Local Action Teams are all excellent people to have on board
- It is important for membership to be as inclusive as possible to ensure all views can be represented such as those of older disabled, BME and LGBT residents and those living in sheltered accommodation
- Make meetings accessible to all and be aware of any special requirements such as large print documents, interpreters, the acoustics of a room/availability of a hearing loop system
- Resident leadership in meetings and with initiative development and decision making is key but service provider representation is also a principle element of the group
- Service provider presence promotes a useful exchange of information for both parties by: raising awareness of community need; keeping residents abreast of any new services, opportunities and changes to service provision and allows a medium for residents to input feedback and shape the services and initiatives for this age group locally
- The Hangleton & Knoll 50+ Steering Group invited a representative from each key organisation delivering a service to older people in the area
- However, service provider membership is limited to a maximum of seven representatives at any one time to ensure the group remains resident lead
- The Neighbourhood Care Scheme, Older People's Council, BHCC Sheltered Housing, Southern Housing, Anchor Staying Put, The Carers Centre, BHCC Sports Development Team (Active for Life) and Falls Prevention are, or have been, representatives on the group
- Membership fluctuates over time due to changes in funding and role descriptions and due to personal circumstances. It is a fluid entity which needs to be monitored and frequently reviewed
- Accessing new resident members is best done via personal invitation – group members need to be committed to the objectives of the group and prepared to be 'hands on' with moving actions forward

The Journey…

Initial tasks for the new group included establishing a group name and agreeing primary aims, objectives and direction for their work based on the Service Agreement between HKP and BHCC

At the beginning of the project, a large proportion of meeting time was spent discussing these issues which is vital for a group of this nature to foster relationships, understanding and promote teamwork

- It takes time for a new group to gel and for residents and service providers alike to become clear on one another's roles in the community and their organisations
- It also presents the opportunity for members to discover how best to work together making the most of each other's strengths and skills

The group worked together to develop their Terms of Reference which gave members clear guidelines and direction to take their work forward. The document outlines:

- The group's name
- Membership eligibility
- The purpose of the group
- Meeting frequency, duration, Chairing arrangements
- Voting procedures and quorum details
- Reporting processes

Year One

Alongside developing their first 'official' document, the group achieved much during their first year of operation:

- An audit of current community groups and local activities for older people
- Identified and addressed gaps in provision resulting in the creation of Gentle Exercise Classes and What's Your Game? a games sessions held at and run by sheltered housing residents
- An audit of services available for older people at local chemists
- Developed a 50+ Website
- Represented the voice of local older people concerning proposed developments at Hove Poly Clinic
- Attended Chairing Skills Training
- Began designing a leaflet on local 50+ group and activities

Year Two

During their second year, a Senior Community Development Worker joined the HKP with the specific role of providing community development support to the 50+ Steering Group, other older people's community groups and individual residents.

Until this time, the group had been supported by a variety of staff from HKP and had achieved much together. However, the arrival of a dedicated older people's worker was a significant turning point for the group:

- They could now put their bigger plans - for which they had already done the ground work, into action
- Assign Sub Committees to action various projects and activities of the group
- There was a specific contact to link the Steering Group with other Citywide services, initiatives, events and service providers
- The profile of the 50+ Steering Group could now be raised across the city through the worker's contacts and networking
- The worker was employed specifically to work with this age group and support the Steering Group to address any issues raised

During their second year, the group:

- Inputted into the a Falls Prevention Leaflet produced by the PCT featuring a section specifically advised and requested by the Steering Group on how to get up after a fall
- Designed a logo and branding for the group giving them a clear identity
- Produced a 50+ Activities leaflet which was distributed to 8000 homes as well as at local events and to community buildings
- Established links with Community Action, a significant local decision making group
- Produced an audit of local transport provision having identified lack of transport as a key barrier to participation in activities and meetings
- Visited the Tarner & Eastern Road Partnership for advice on setting up a small grants programme and approach to handling applications

- Established a Grant Panel and administered the first of three round of a Small Grants Programme entitled '50+ Health & Well Being Grants'
- The grants of up to £200 were designed specifically to promote health and well being among local older people and to benefit local older people's community groups
- Developed relationships with a local sheltered housing scheme to house new art and craft group 'Crafty Adults' with the aim of bringing like minded crafters together as well as encouraging residents to leave their flats and participate
- Fostered links between the Hangleton & Knoll Inclusive Communities Advisory Group, Multi Cultural Women's Group and the 50+ Steering Group
- Established a 50+ Event Sub Committee to plan, organise and deliver an older people's event to launch the 50+ Grant Programme, 50+ Website, 50+ Activities Leaflet and put the Steering Group well and truly on the map!
- The event was a massive success with more than 200 local older people attending
- The focus of the Annual 50+ Launch Event was health, learning, independence and fun and very much a celebration of local older people

- Promoting the group at local community events organised by other groups
- Disseminating information via the 50+ website
- Inputting into the delivery of 50+ Men's Health Screening

Year Three

During year three, the group really got into their stride - they had grown in confidence and recognised what they were capable of. Their fantastic reputation was spreading throughout the community and beyond and the group settled into their role as an umbrella group, steering all 50+ work under this remit and continued to go from strength to strength by:

- Reviewing progress, identifying priorities and opportunities for development
- Revising their Terms of Reference
- Administering a further two rounds of 50+ Health & Well Being Grants
- Forming a Trip Committee and liaising with external organisations to plan 5 social trips for local older people
- Attending Events Planning Training
- Organising a second Annual 50+ Event
- Reinforcing links with Community Action with a dedicated 50+ Feedback item on meeting agendas
- Ensuring the voice of local older people was heard concerning potential changes and cuts to the local bus service
- Supporting two new older people's groups to become established by offering advice and financial assistance to The Knollites local history group and the Community Garden Group

Year Four

Progress and achievements have been huge this year particularly concerning sustainability of the group who have:

- Become constituted
- Appointed Officers among their resident members
- Opened a bank account and adopted a Finance & Cash Handling Policy
- Sourced alternative funding from The Derek & Eileen Dodgson Foundation towards their third Annual Event
- Formally accepted a Code of Conduct
- Purchased their own insurance policy

Residents have taken the lead in developing all documentation and procedures discussing their views as a group at each stage. In addition, the group:

- Identified priorities for potential small funding grants which included a 'be prepared' cold weather leaflet, updating the 50+ activities leaflet
- Explored intergenerational working possibilities
- Considered groups under represented among current membership
- Organised a further five trips for local older people
- Contributed feedback to The Scrutiny Panel on the Council's response to the extreme weather at the beginning of the year
- Organised and delivered another fantastic Annual 50+ Event

What have been the group's key achievements so far?

The Steering Group identified the following:

- Trips – during their third and fourth years, 101 local older people have benefited from social outings organised by the group including some of the area's most isolated residents

"It was such a great day out for those of us that don't get out because of being on our own –it seemed like we were on holiday! It was the best trip I have ever had from start to finish – a big thank you to all who had a hand in it"

"(I enjoyed) getting together with other people, the change of scenery and getting away for a while, having a laugh and being able to forget your problems for a while… It can be very lonely if you are 60+ with no one to care – you feel a burden and wouldn't ask for help, but these trips boost our confidence and make us feel young for a while"

- Organisation of three Annual 50+ Events. Residents enjoy a fun, social occasion with free entertainment, beauty therapies and access to key older people's services in a relaxed environment
- Stand holders meet service users face to face in an informal setting which encourages contact and enquiries. At the third annual 50+ event for example, the Stop Smoking Service received 3 new referrals; BHCC Bus Passes made 50 new contacts, 4 people have begun using Community Transport and Age Concern made 25 new contacts and 3 people made appointments to complete will writing packs with a solicitor as a direct result of the event

"(There is) a good atmosphere, relaxed and informal but at the same time professional with a wide range of services and organisations represented (Pension Service)

"It's nice to be able to get out and meet people of my age group and act young!"

"(Events) help people living alone to meet others in the same boat, make new friends and get out of the four walls for a few hours"

"I can't get out on my own so events like this are a lifeline"

- Administering 3 rounds of 50+ Health & Well Being Grants benefitting 11 local older people's groups. The grants enabled the recipeints to purchase equipment, hold events, invite guest speakers etc.
- Partnership working
- Providing local older people with a voice Citywide, ensuring their views are represented in relevant initiatives
- Group support to the many other older people's groups under the Steering Group 'umbrella'

What have been the benefits of the group's work?

The group identified that many of the benefits of their work so far are also their key achievements. In addition the group feel benefits include:

- Reduced feelings of isolation
- Encouraged sense of belonging, engagement and community cohesion
- Information dissemination and raising awareness of 50+ issues, services and community groups

The group identified personal development and skills as a key benefit to them as members of the group

Members feel empowered from gaining a range of new skills including:

- Listening to others
- Improved confidence to take action
- Communication and self awareness
- Increased knowledge
- Event planning

- Experience and input to funding applications
- Food hygiene training
- Caring skills
- Working with large groups of people

They also acknowledged 'keeping the mind active' and finding solutions as a key gains from membership of the group

"It has opened my eyes to other people's problems and it stretches you to find solutions"

"I feel part of a solution and instrumental in action"

What has influenced the success of the group?

Support of a community Development Worker has been essential in working with the group to realise their potential, establish networks, access funding, develop roles, action their individual projects and activities and work towards all aspects of a sustainable future. Other significant factors highlighted by the group include:

- Involvement of local people on the committee
- Team work – good listening skills
- An excellent Chair who 'holds meetings together well'
- Retaining members over time
- Seeing the results and impact of their work
- Meeting in a calm venue

Why is resident involvement important?

Resident involvement is paramount for a group of this nature – member responses speak for themselves

"We are exposed to the problems and issues that affect our age group"

"We see the ongoing results"

"We learn new things and draw on our experience"

"We are part of the community"

"We are giving a contribution back to the community"

"We are achieving our own ambitions"

Next steps

The Steering Group have identified 50+ trips, the 2011 Annual 50+ Event and increasing membership as key priorities to take forward in 2011

The Hangleton and Knoll Project is a Community Development charity based in the Hangleton and Knoll ward of Brighton and Hove. England. A part of the community since 1983 we are a project working *for* the community *with* the community and managed *by* the community.

This report was written by Gemma Goodey, Senior Community Development Worker, The Hangleton & Knoll Project. For more information on the work of the group please contact 01273 881446 or email: info@hkproject.org.uk
The 50+ Steering Group is currently funded by Brighton & Hove City Council with a contribution towards the Third Annual 50+ Event from The Derek & Eileen Dodgson Foundation

Inclusive Communities Project 2009/10

Our aim was to engage with seldom heard communities and to involve them in community activities.

In 2008 we surveyed people from black and minority ethnic (BME) communities of Hangleton and Knoll. We found that most people were happy living in Hangleton and Knoll and that the most popular activity was visiting friends and family at home. The main reasons for not getting involved were

- Lack of information
- Too busy
- No one to go with
- Language barriers
- No childcare

People most wanted to get involved in

- Improving their English
- Health activities
- Computers
- Groups for families and children

Key things to help people get involved were ………

- Convenient time and location
- Free or low cost
- More helpful information
- Special introductory sessions and knowing there will be a mix of people

'happy meeting people and talking English'

What we did
We worked with Bangladeshi, Arabic and other BME groups and focussed on engaging with women because they were usually the most isolated.

Step One – Identify members of the community and their interests
Through the survey we contacted families via primary schools, local businesses and community networks with the help of interpreters.

Step Two – Bring people together and agree common interests
We brought interested people together at two survey feedback events and the group arranged to meet regularly, share refreshments, to hear from speakers and plan activities.

Step Three – Offer a regular, supported place to meet
We started to meet fortnightly to explore the women's interests and plan activities. With HaKIT we offered taster digital photography sessions and had speakers from the Police, local Councillors and the Council's Domestic Violence Team.

Helped by an interpreter, the women found it a really useful opportunity to find out about and access the different services.

Step Four – Work with partners to offer new and existing supported activities The group….

- Set up subsidised swimming sessions at the King Alfred Leisure Centre.
- Set up their own Healthwalk led by members of the group.
- Accessed ESOL classes from the Friends Centre
- Offered Egyptian dance classes with Community Skills and Learning
- Ran computer and ESOL classes with HaKIT

Step Five – Diversify activities and the membership of the group
The group has gained confidence and diversified their activities and women from other backgrounds have joined the group.

The group is **constituted** as the **Hangleton and Knoll Multi-Cultural Women's Group** and is opening a **bank account**. They have secured their own funding from NovasScarman through the Can Do Health Programme and the Healthy Neighbourhood Fund.

What was the impact?
The impact of the project has been to
- Increase the confidence, skills and knowledge of the women in the group
- Be an example of good practice and a catalyst for the City and nationally.
- Introduce different service providers to the needs of seldom heard communities and how they might deliver that service in a more appropriate way
- Improve links with key service providers such as the Police
- Strengthen links between the local BME communities and the wider community
- Raise the profile of minority communities in the area

'I always used to stay at home. Now I just feel like going out all the time'

What barriers, challenges or points of learning did you identify from the process?

- Don't assume anything, ask the community you are working with what works best for them
- Work with a member of that community, perhaps an interpreter or community development worker
- Be prepared to pay for a professional interpreter and a crèche
- Develop a 'stepping stone' to act as a hub from which other activities can be accessed and information can be disseminated
- Don't be surprised by the energy and enthusiasm that can be unleashed from communities who haven't participated in community activities before
- Be creative in how meetings are run – formal meetings aren't for everyone
- Let the group set the pace, it takes time to build trust and develop confidence
- Network with potential partners and find ways of joint working that meet the needs of the group
- Make use of the often untapped skills within the group

There's more to be done, with community development support the group are working towards sustainability and are seeking independent funding.

The Hangleton and Knoll Project is a Community Development charity based in the Hangleton and Knoll ward of Brighton and Hove. England. A part of the community since 1983 we are a project working *for* the community *with* the community and managed *by* the community.

Case Study of Maureen, Manor Paddock,

Maureen says she felt that before she came to sheltered she had been invisible and had no voice within the social care system as she was considered too young for the services for older people and too old for the services for young people so she simply slipped through the net and had no support at all. *"They didn't listen to me. I felt like everyone put the wrong label on me"*

Maureen was not sure what to expect in terms of support when she moved into Manor Paddock and was pleasantly surprised by the level of support available to her. Maureen currently has a wellbeing call every day including weekends and she finds this not only reassuring from a safety perspective but also really appreciates hearing a friendly voice over the intercom each day. Apart from her limited mobility Maureen has been quite isolated socially over the last 15 years and is still not at the stage where she feels confident enough to go out and socialise but she really appreciates the interaction with the scheme manager and also with her new neighbours. *"You can still live on your own without being lonely, isolated or depressed when you live in this supported environment"*

The service had trained its scheme managers on food poverty and the healthy weight service (Shape Up) via the B&H Food Partnership. The service then received an offer from Fabrica of several hundred weighing scales that had formed part of a contemporary art exhibition. The service had already made connections with Fabrica as part of a joint commitment to work together in reducing isolation amongst older people using the arts. The service therefore used the offer of scales, donating these to residents together with information on the Food Partnership 'Shape Up' service and Fabrica.

The scheme manager referred Maureen to the Shape Up team as a housebound referral and gave her a set of weighing scales to encourage and support her with this. Maureen has had a very positive experience with the Shape Up team and is now enjoying weekly visits and a new exercise regime. This is an example of the type of benefits to living in sheltered that Maureen has said she finds so empowering. For somebody who doesn't get out very much and doesn't have access to the internet at home being able to talk to a scheme manager to find out what services are available in the local community

is really invaluable. *"The environment, people around and now exercise too must do your mental health good, it's a holistic approach, it's learning a new path."*

Maureen used to rely quite heavily on her daughter before she moved here but the support and peace of mind that sheltered has provided has meant a new freedom for her daughter too. *"Life is brighter for me than in the past. I'm happy with what I've got. My daughter can have her life back as well as me starting a new life and a new chapter."*

By using collaborative partnership the service had taken steps to address a healthy weight issue.

Community Insight provides information and reports on all data relating to the city and individual wards. The link is http://brighton-hove.communityinsight.org/