

Third Sector Research Centre

Working Paper 112

Community capital and the role of the state: an empowering approach to personalisation

Patricia A. Jones

October 2013

Abstract

Personalisation was a key element in reform to the Adult and Social Care system in England exploring long-term funding options in response to demographic change where people are increasingly living longer with complex conditions and needs (Department of Health, 2007). Personal budgets are central to this reform to enable recipients of social care to choose and commission their own services. Reform was not expected to require structural reorganisation but local authority leadership to promote genuine partnerships between social care providers, users and their carers as well as the wider community. However, there is potential for a shift in power to service users which goes beyond collaboration, especially where there is scope to build long-term relationships around long-term needs.

This study is based on one local authority partner's innovative development of local communities' social capital around personal budgets for vulnerable adults, which took up the challenge that "personalisation has the potential to deliver services in new and different ways that are nearer to what service users and their carers want and need". One of the gaps in research regards the crucial role of carers, which is fundamental to the personalisation agenda reaching its real objectives. Taking an asset-based approach to informal care via social networks, the local authority was able to empower a community-run organisation in one of its most deprived and diverse wards by brokering support for vulnerable residents and embracing a neighbourhood perspective to examine collective as well as individual solutions.

Keywords

Social/community capital, the state, asset-based approach, personalisation

Contents

1. Introduction.....	3
2. Asset-based approach to community capital.....	4
3. Case- study context	6
4. Friends and Neighbours	6
5. Methodology	7
6. Findings.....	7
6.1. Policy and polity context.....	8
6.2. Trust	9
6.3. Capacity building	10
6.4. Tension management	11
6.5. Relocations of power.....	12
6. Conclusion	12
References	15

Introduction

This paper is the product of case study research into a neighbourhood innovation that sought to address service provision in adult social care within the policy context of personalisation and community empowerment. The personalisation agenda in England evolved with a strong sense of inter-sector collaboration.

An urgent need for a new adult care system was demonstrated in research from 2000 onwards conducted by the Labour Government drawn from a total of 150 councils with Social Services responsibilities for referrals, assessments and support packages (DoH, 2005). Since 2005 national legislative directives have taken this forward (HM Government 2008; DoH, 2008; ODI, 2008). National and local leadership working with the local NHS, third and private sector providers, users and carers as well as the local community was considered essential to achieve system-wide transformation (DoH, 2007). Personal budgets for everyone assessed by local authorities as eligible for adult and social care support were central to this reform.

There has been little research into the role of family carers who, according to European-wide study, can experience many adverse consequences, including disrupted employment and lost income, poor health and stress (Mansell *et al.*, 2007). Family carers, frequently, friends and local neighbours play a largely unacknowledged role in helping vulnerable adults find their way through the bureaucratic and complex system of social care provision (Larkin and Dickinson, 2011; Edwards, 2012). The potential for change lies in collaborative redefinition of care needs; in revised forms of delivery and in developing and sustaining long-term timescales to meet long-term needs (Bovaird, 2007; Needham and Carr, 2009; Dickinson and Glasby, 2010).

The case study is based in the West Midlands led by Sandwell Metropolitan Borough Council (MBC) in the Soho/Victoria ward of Smethwick: the 'Friends and Neighbours' initiative brings the personalisation and empowerment agendas together. Sandwell MBC set out to increase social capital by taking an asset-based approach which simply means "*instead of viewing residents as "problems", where action is seen as compensating for a deficit, communities and residents are seen as being rich in talents and abilities*" (Edwards, 2012:2).

Research methodology was based on a process-focused strategy of evidence gathering from the case study, analysed against the theoretical premise that an asset-based approach can relocate power from service provider to user. It concludes that the role of the local authority, as a necessary broker, is indispensable in this process.

The personalisation agenda

1990s' community care legislation was deemed over-complex and unable to respond to people's expectations. Reform to Adult and Social Care in England based on the 2007 Comprehensive Spending Review was in response to demographic challenges; increased longevity complicated by conditions such as dementia and chronic illnesses; changing family structures and people's aspirations to receive care in their own home for as long as possible. Founded on collaboration

between central and local Government, professionals and service users, the reform set out to be the first public review reform programme to be *“co-produced, co-developed and co-evaluated”* (DoH, 2007:1). It intended to bring community-based health provision together with wider issues of benefits advice, education, training, employment and housing. Reports set out to revise the role of social workers, engaged in assessments within personalisation to achieve social change; well-being; human rights and social justice (Lymbery, 2012).

In 2011 the Commission for Funding of Care and Support headed by Andrew Dilnot made a series of recommendations to the Coalition Government based on the same conclusion that the existing provision needed urgent reform. One of the major problems identified in the Report was that people were unable to protect themselves against very high costs, making their long-term future for care uncertain. The Report recommended reforms to achieve national eligibility, portable entitlements and emphasised the importance of information, advice and advocacy (Dilnot, 2011). This reform was generally supported although seen by some as not going far enough as there is little mention of service users and user-led organisations when it is well-known that a voice for carers and users is central to ensuring that change is *“truly rooted and cost-effective”* (Beresford, 2011:1).

The difference in emphasis between the previous and current government policy on personalisation regarding the role of the state is apparent (Lymbery, 2012:786). The Labour Government stressed, *“the state should empower citizens to shape their own lives and the services they receive”* (DoH, 2008:4). The Coalition Government emphasised the purpose of the policy allowing *“people to have the freedom to choose the services that are right for them”* (DoH, 2010:4). The ‘Friends and Neighbours’ asset-based approach allows us to explore the role of the state in the empowerment process at local level.

Asset-based approach to community capital

Sustainable community involvement has been part of a growing movement for two decades. Primary building blocks include local assets in the form of residents’ skills and abilities and the supportive functions of local institutions (McKnight and Kretzmann, 1993; Mathie and Cunningham, 2003; Hufford *et al.*, 2009; Russell, 2011). This is in sharp contrast to the alternative problems-orientated needs-mapping approach to deprived and troubled neighbourhoods that has had a devastating effect in some inner city areas. As a result of the latter approach it can be argued that some neighbourhoods have now become;

“environments of service where behaviours are affected because residents come to believe that their well-being depends upon being a client with special needs that can only be met by outsiders (McKnight and Kretzmann, 1993:2)”.

However, an asset-based approach to such neighbourhoods in terms of social care is likely to find that contrary to the problematisation of needs-mapping, many people are already providing informal care for each other and there is potential to *“increase the ‘social capital’ which results from informal exchanges and interactions between residents”* (Edwards, 2012:2).

Approaches to community involvement can best be located within the theory of social capital (Putnam, 2000; Lowndes, 2000; Harper, 2001; Farr, 2004; Fine, 2007, Szreter and Woolcock, 2004). Putnam (2000) categorised two forms of social capital; 'bonding' capital i.e. the trust and co-operation that exists between members of a network group with the same or similar identities; and 'bridging' capital that relates to mutual respect and collaboration that develops between people who are not from the same social identity grouping. Szreter and Woolcock (2004) argued the necessity of a third category of social capital, adding a community dimension to social capital theory – that of 'linking' capital to address the inequality of power between collaborative partners:

“(j)Just as health outcomes can be improved by expanding the quality and quantity of bonding social capital (among friends, family and neighbours) and bridging social capital (trusting relations between those from different demographic and spatial groups), so, too, is it crucial to facilitate the building of linking social capital across power differentials” (Szreter and Woolcock, 2004:655).

In relation to public service provision, Big Society thinking about the centrality of civic participation is at the forefront of this debate where harnessing social capital is considered key to the Government's localism agenda of locating communities centre stage (Cabinet Office, 2010). Big Society is a concept that is open to “*as many interpretations as there are ideological positions*” (Albrow, 2012:107) yet the counterparts to Big Society comprising state, Government and bureaucracy leave little room for partnership working between the state at local authority level and constituent communities.

Although Putnam conceptualises social capital as contributing towards the quality of relationships between citizens in an effectively governed society, Szreter (2002, 2012) argues there is a missing discourse about the role of the state in this analysis. Furthermore, within Big Society thinking, the voluntary sector working through local communities is promoted as the agency of social recovery, “*from state power to people power*” (Cameron, 2010). Szreter (2012:39) asks the fundamental question: “*what is the role of local government in all this?*”

This conceptualisation of 'social capital' helps to portray a shift in power to service users via collaboration that acts as a conduit for challenging ideology, access and control over resources and in transforming institutional relations; three elements that have been established in previous research as indicators of redistribution of power (Batliwala, 2007; Jones and Joseph, 2012). It is also an effective term when considering approaches to capacity building associated with community empowerment in collaborative working. What needs to be recognised is that an asset-based approach demands that capacity building works both ways. Within the theoretical framework of bonding, bridging and linking capital there is a gap in applied research identifying the often overlooked element of agency within the dynamics.

The 'Friends and Neighbours' case study provides an opportunity to examine the process of relocation of power from service providers to the community and to identify the role of the local authority as agent of change.

Case study context

During 2009 the Department of Health commissioned the Stamford Forum, an international, change-orientated partnership organisation, to look at alternative resolve to the challenge of combining personalisation with community empowerment. The Stamford Forum was conceived in early 2009 to consider some of the key issues and unspoken deficits in modern politics and led the Developing and Empowering Resources in Communities Initiative (DERIC) to pilot an asset-based model to personalisation in Leeds, Belfast and Sandwell.

“The magic of this possibility is clear: vulnerable people would become community assets instead of a problem... This, surely, lies at the heart of the community empowerment and individualisation agendas - local people incentivised to help their vulnerable neighbours and value each others' presence” (Brazil, 2009).

Sandwell is located in the Black Country which was at the heart of the industrial revolution where people lived in close knit neighbourhoods often connected to mines, iron foundries, steelworks, local coking operations and factories. Although the heavy industry has gone, there is still a proud tradition of manufacturing. The borough has seen a small population growth reversing the long-term decline since the 1960s. Sandwell's communities are now much more diverse, but local networks through work, faith, schools and neighbourhoods are valued. *“Community cohesion is good. Sandwell seems to have the scope to challenge the assertion that ‘social capital’ is on the decline”* (Edwards, 2012:2).

The DERIC pilot is taking place in the Soho/Victoria ward where statistics show it houses the highest proportion of BAME population for the borough and has the highest proportion of people of working age registered seeking employment. When long-term illness and poor general health statistics are taken together it scores the highest percentage for the borough. Interestingly it also displays a higher than average percentage of people qualified to degree level and above and at the same time has a higher than borough average percentage of people with no qualifications at all (Research Sandwell, b).

Sandwell's challenge is targeting individual neighbourhoods and understanding local priorities. The council is aware that *“the more people feel their priorities drive local improvement, the better perceptions are of local public service providers”* (Wright, 2010:8). The refreshed Anti-Poverty Strategy 2010-2013 identified personalisation as a significant issue and proposed key actions that increased social capital through new, mutually beneficial schemes. This conceptual approach aims to improve the quality of life for older and disabled residents as well as cultivate community-based volunteering and employment opportunities (Edwards, 2010).

‘Friends and Neighbours’

‘Friends and Neighbours’ developed within the ‘Windmill Eye’ neighbourhood of Soho/Victoria ward. Approximately half the housing is provided by social landlords and the rest via private, mostly rented sector provision. Due to low turnover and high demand there is very little movement within the social-rented sector. The area is particularly diverse: Neighbourhood Office estimates suggest 12,000

residents from 71 different countries living in 3,400 properties. The mix includes Black and White British, established BAME, economic migrants, and refugees and asylum seekers.

The 'Friends and Neighbours' Community Interest Company (CIC) is underpinned by an innovative financial model. Direct cash payments for those eligible for Fair Access to Care Services (FACS) are central to the personalisation agenda in bringing more control over service users' support packages. Once assessment has been made, Personal budgets are allocated and have been rolled out since 2008. Users can either, take their Personal budget as a direct payment; leave the council with the responsibility to commission the services or have some combination of the two. Personal budgets have been critiqued by bodies such as the New Economics Foundation: *"Personal budgets were never intended... to replace relationships with market transactions. But when they are used by policy-makers instead of rebuilding social networks, this can be the outcome"* (Stephens *et al.*, 2008:16).

Case study assessments are done very differently in three ways; they are completed with everyone needing care not just those eligible for Personal budgets; they are not individualistic but include all family and friends (often neighbours) involved with the users and they are designed as 'living plans' rather than 'support packages' to reflect the long-term holistic approach.

Value is added and costed through volunteers working at different levels; good neighbours, community support and training and development to develop a pool of 'Community Supporters'. Much is done in partnership, for example with the local hospital that plans to set up a training hub in the disused Neighbourhood Office to enable skill sharing and career progression. The 'Friends and Neighbours' CIC is developing a business plan and will have autonomy in consultation with all members of the community over what to do with surplus revenue.

Methodology

A process-focused research approach has been adopted to examine the particular and add depth, richer description and fuller understanding to an already established theoretical or empirically founded proposition (Bergen and While, 2000; Stake, 2003). The strength of this approach into the 'Friends and Neighbours' initiative has been early development of a conceptual structure of this case study revolving around the simple proposition that collaboration in the policy context of the personalisation agenda enables a shift in power from service providers to service users. The wider theoretical framework of asset-based social capital (especially within Big Society rhetoric) has allowed for that process to be explored within the parameters of established notions of transformation including ideology, resource and structural reorganisation (Batliwala, 2007; Jones and Joseph, 2012).

Whereas it is a commonly held view case study design makes statistical generalisation impossible; it becomes possible to generalise at the level of theory providing a theoretical framework is developed first using pattern-matching between data from different sources to enable causal relationships to be examined (Yin, 1984; 1989; 1994).

Methods involved active listening techniques to enable a co-creational approach to data gathering during a series of unstructured interviews and focus groups conducted with staff; resident board members; local voluntary organisations and other stakeholders. Observations were conducted by invitation during board and Steering Group meetings.

Analysis of transcripts, notes as well as documentation from previous meetings and records of events was undertaken to identify whether there was a perceived shift in ideology, resource distribution and institutional relations to build on the theory of asset-based approaches to community empowerment. The size of the case study means individual contributions can easily be identified and some have been particularly frank following reassurances (at the start of the interview) that they will not be personally attributed. Therefore, quotations have been anonymised to protect confidentiality.

If the branding of 'Friends and Neighbours' is to be rolled out by Sandwell Council as anticipated to other areas of the borough, there may be further research opportunities to examine replication and discover whether the initial theory needs further revision and retesting elsewhere. Certainly it would be interesting to test the notion of "*possible social practices*" as an alternative to generalisability as Perakyla (2004:297) describes where she argues that a potential product of case study research is the generalisation of practice "*even if the practices are not actualised in similar ways across different settings*".

Findings

Analysis of findings indicates a series of themes in which to sample perspectives. Themes comprise the *policy and polity context* where local contingencies and policy innovation collide; *trust*, that was much in evidence from fieldwork done from all perspectives; *capacity building* evolved from within the theoretical framework of asset-based approaches to community capital and reference to some of the *tension management* which related closely to the final theme of *relocation of power*, evidencing the existence of dynamic within the case study arena. The next section illustrates through original data how some of the 'pattern matching' (Yin, 1984; 1989; 1994) illuminates how different aspects of themes evolved.

Policy and polity context

The link between policy and polity is an interesting one within this case study and operates on a number of interlinking levels and colliding timescales. At the same time that the Department of Health was engaging the Stamford Forum to pursue links between community engagement and personalisation under the banner of capacity building, there was activity at local authority level around officer recruitment and new council leadership that influenced the choice of Sandwell as a site for experimentation.

The recently appointed Anti-Poverty Manager prompted a broad anti-poverty strategy consultation to refresh the approach. This was a tangible exercise to establish issues and practical needs with vulnerable residents. For example, "*one woman was no longer attending local church because of immobility and lack of finance for a taxi*". What emerged from wide-ranging discussions with those in receipt of adult and social care within the local community was a "*frustration with systems and bureaucracy hence people turned to friends and neighbours for support*". This key finding evidenced the first indication of collective voice identified by Dickinson and Glasby (2010) and by Beresford (2011) as a gap in the Dilnot reform. The approach was brand-named using the words of local people to establish the "*Friends and Neighbours*" initiative.

The initiative grew organically from previous council-led community development and neighbourhood management work where a steering group of residents from diverse backgrounds and communities had been galvanized to look at aspects of neighbourhood planning in the area. The 'Friends and Neighbours' CIC was co-developed with residents from a previous Council-led project through the Working Neighbourhood Fund.

A further positive contribution to the polity context linked to this policy was the election of new political leadership. From a network perspective, the new Council Leader, and local Ward Councillor was previously the Cabinet Member for Social Care and is a community health professional who understands what the challenges entailed. He provided, "*someone in that strategic position who understands what it is we are trying to do*". Another local councillor acted as a resident Director to give the initiative "*political legitimacy*".

Trust

Nurturing trust is an important step in developing community capital. Three years of outreach work had built up trust with local residents, making this neighbourhood an ideal choice for the DERIC pilot. Importantly, links had been built within the neighbourhood planning learning process at the same time that the national personalisation agenda was emerging. Residents had been involved in recruitment and selection of masterplanners and an independent tenants' advisor. Trust-building had been done systematically with all stakeholders involved:

"The challenges are around changing mindsets. Two or three people were very cynical and it goes up the project. You have to start with the community. At an initial meeting about what 'Friends and Neighbours' could be and how it could be shaped some reacted saying 'We've heard it all before', so confidence building and assurances were developed by working things through with people. We needed to show that what's been discussed at this meeting will be taken on board and affects the next meeting and the next meetings".

Local council officers were acutely aware that mutual trust was at the core of meaningful engagement. For example, there was an understanding of the basis for lack of trust in officialdom when home visits are made to assess initial needs:

"Trust comes into it and that's why I don't rush assessment. When we first visit they think we're coming to take something away they're not used to being given something. The first thing they say is 'I've got no money left'".

There was also evidence of the converse need for officialdom to trust the community to define needs realistically:

"Sometimes they (the bureaucracy) imagine that if people are allowed to ask for anything they will ask for large and unimaginable things but what we find is people ask for low level things, for example, someone to pop in just for half an hour to have a chat".

Trust in staff was evident in the way they were selected for their maturity and experience and given an unhampered remit. Certainly "*expert staff on the ground*" was considered essential by one local voluntary sector organisation that also engaged in outreach. This was a realisation that grew with the approach:

“Previously the project had a student placement but wanted somebody ‘more formed in social care already and more mature’, someone who would have a better grounding”.

The most significant trust in staff was indicated by the lack of corporate, prescriptive and directive instructions for *a priori* outcomes, targets, milestones and project planning as this participant endorsed:

“It was quite interesting having had many years’ experience in similar jobs but it was the first time that I had been given a blank piece of paper... to work with the community to create an agenda and because we didn’t have pressure of having to deliver someone else’s outcomes under the microscope we were able to go out into the community and start to build there”.

Capacity building

There appeared to be a close link between the “blank-sheet” approach taken by trusting experienced and seasoned staff members to do the work and the way they were then permitted to operate. One staff member described the approach as:

“the kind of community development we would have adopted twenty years ago about identifying local needs and working with local people to come up with solutions”.

It was evident that sustained capacity-building had a positive effect on cross-community collaboration. “One of the keys of ‘Friends and Neighbours’ is that it’s not attached to any one section of the community or any one community or tenure”.

Subsequently the board is made up of diverse members with a range of talents and professions. One board meeting demonstrated mutual learning between members where the Chairperson encouraged discussion. Despite differences of opinion, mutual respect was obvious between seasoned resident activists from the tenants and residents movement; newcomers from voluntary refugee support organisations; senior professional managers and local BAME leaders. One participant captured their collective aim as creating “proof that we can succeed as professionals where professionals are failing”.

Where the board provides leadership, all residents in the area are eligible to take part in decision-making procedures. Abilities in the area are extremely wide-ranging:

“While some have been workless for two, three and even sometimes four generations and might need pre-basis skill training, some of the newcomers have high skill levels that we are only just discovering. For example, a number of Albanian women who come from farming communities have lace making skills. We have a radiographer who has relocated from London; a number of doctors; and some residents have languages ‘coming out of their ears!’”.

The approach demanded open-mindedness and a clear mandate that the CIC would be the vehicle to pull all these strands together. One perception of the future development of the initiative entailed fundamental change in Adult and Social Care package provision where a “*disjointed*” service has been delivered in “*isolation in a siloed system*”. The approach allows for matching client with community supporter based on local knowledge of people’s needs and personalities:

“for example we have a couple where the man is frail but very lively and his wife suffers from dementia. They have been matched with a feisty young woman who is ideal for the situation because she can join in with banter as well as deal with different needs within the family”.

Neither are those in receipt of care excluded from contributing to the system of community support: “...we have a carpenter with health problems but he is contributing support to a local youth centre”.

Tension management

Disagreement at board and Steering Group meetings was considered healthy and normative so “*that conflict and debate is very upfront where resolve can be pursued*”. The subject of debate ranged from membership eligibility; election of directors; confidentiality issues and the necessary skill-sets of volunteers. The creation of a forum either at Steering Group meetings or CIC board meetings appeared, from previous minutes to facilitate conflict resolution and provide the means for creating mechanisms to counter tension in the future. For example at one CIC board meeting there was much discussion about individual members having been “*put on the spot*” by outside bodies asking them for comment and contribution in wider forums. Following a robust discussion the Board decided to formulate a Communications Protocol that meant all invitations to promote or disseminate their work would go through the chair to allow for constitutional consideration at the next board meeting.

There was an indication of inter-sector tension between the local authority and the Community Interest Company which appeared to be part of the process of relocation of power. It surrounded the role of the council in relation to the CIC and surfaced at a board meeting where independence and autonomy were widely debated. It was clear there were different perceptions of the nature of partnership relations with the council. Later discussions with individual participants demonstrated that the nuanced difference between ownership and control was going to be an on-going debate where the CIC may come to realise the advantages of recognition and legitimacy that a continued partnership with the council would bring. As one participant summarised:

“People round that group are astute and there is a level of understanding of wider politics that’s growing. We wouldn’t be where we are without the support of the leader of the council – it would be very naive not to acknowledge that contribution”.

It is difficult to assess how significant tensions are within this case study as it is in an early stage of development and conflict and resolution are integral to its evolution. There was a perception that the CIC had “*ruffled feathers*” of some of the local voluntary organisations but another participant attributed the tension to “*misinformation and the misconception that the CIC will become the preferred care provider of the council*”. The longer-term thinking involved a process of “*changing mindsets*” and an understanding that there was a political dimension to the response to economic change exacting the kind of organisational cultural change cited by Hyde and Davies (2004), especially from within the local authority. A future tension was anticipated surrounding the impact of working within timescales where the approach was built on allowing sufficient time for engagement, capacity and cohesion to “*evolve*” before rolling the model out borough-wide.

Relocation of power

One of the recurrent themes throughout the case study was the redefinition of established concepts to change both the ideology as well as institutionalised responses to Adult and Social Care. Clinical definitions, for instance, 'vulnerability', were opened to reinterpretation:

"People needed to determine what 'vulnerability' meant and we found that it was not just the elderly and frail but also those from newer communities/single parents and people with for instance drink and drugs problems that were considered vulnerable by local residents. It was clear that the concept was quite different to the adult and social care model of vulnerability".

As Woods (2010) predicts, there was a strategic effort to redefine the notion of volunteering, to reflect the stepped opportunities that residents may want to take advantage of within a series of options:

"To get involved as a good neighbour; to get involved and develop onto the Carers' Programme; to get involved and pursue training and development career-wise". By calling them "Community Supporters' we wanted to change the old ideology of what a volunteer was".

Central to the approach was the attempt to tackle the personalisation agenda at assessment stage. The present system was criticised as being narrow, disjointed and wasteful of resources. For example:

"A man might receive FACS but his wife's needs as a carer are overlooked"

and again:

"...both people within a couple receiving FACS with agencies visiting at different times without any coherence. It looks at individuals in isolation only and can only deal with the care aspect of people's lives".

The review of concepts, attitudes and service parameters served to develop a different way of working that achieved wider recognition and increased influence for people around the recipient of personal budgets e.g.

"One family, there was three members I worked with and another there were five members in there but each one of those people I'd find out something about them to see how they linked in together. If they were removed from that equation what then would the support package look like? We try to look at everybody's input for example what impact would it have if that person had to go and have knee surgery?"

Conclusions

Sandwell MBC's aim to "challenge the assertion that social capital is on the decline" (Edwards, 2012:2) was exemplified in the asset-based approach taken to development of the community capital of the multiple and diverse communities living within the 'Windmill Eye'. Findings suggest that this ethos drove the process at national, local and neighbourhood level. In bringing together national consultancy, local political leadership, voluntary and resident organisation a forum was created where brokerage, negotiation around power differentials and change could take place and multiply as envisaged by the Stamford Forum, in replicable form (Brazil, 2009). This was a process that occurred

within the context of the Department of Health's (2007: 1) broadly shared vision of a transformation of adult and social care that depended on winning the "hearts and minds of all stakeholders".

The value placed on "suitably skilled staff" (Mansell et al., 2007:9) assisted in a return to the kind of community development practices "twenty years ago" where communities were included in identifying the problem and embraced as part of the solution. Certainly instances of the carers' needs being considered as well as the service users addressed what Mansell et al., (2007) had identified as a Europe-wide issue. This was evident in practical ways such as care assessments which asked "residents to think more widely about what would help improve their quality of life; looking at options which include collective as well as individual solutions" (Edwards, 2012:3). Findings in this case study regarding the relationship between personal budget holders, other vulnerable residents, formal and informal carers, family members, neighbours and visiting social workers reflected Lymbery's (2012) vision of social work that had the capacity to co-design 'living plans' in the pursuit of sustainable well-being and social change. The demand for longer timescales to build not only mutual trust but also long-term relationships to meet long-term needs (Bovaird, 2007, Stephens et al., 2008) was implicit in this approach.

Literature suggests that relocation of power can be evidenced by a change in ideology, resource distribution and institutional organisation. Evidence showed that redefining and rebuilding of concepts through the collective communities' voice created a serious attempt to challenge the "*market logic that applies to narrow deliverables*" (Stephens, et al., 2008:8). It is apparent that this case study directly addresses concerns that some commentators have found troubling regarding: "*The extent to which the policy has become inseparable from neo-liberal notions of consumerism and individualisation and directly challenges the transformational rhetoric with which it was introduced*" (Lymbery, 2012:790).

Resource management and redistribution is central to the initiative, not only through creative financial modeling but through the asset-based approach to all participants including service users themselves, such as the frail carpenter who nonetheless supervised at the local Youth Centre. The most indicative form of relocated power lies in a fundamental change in civic/institutional relations, where the least powerful are able to become most critical (Jones and Joseph, 2012). There were instances of critical confidence emerging within the collective alongside a growing understanding of the nature of power in a political domain. The institution of a formal Communications Protocol governing external invitation from other stakeholders was one such example of this progression. It also served as a classic example of organisational culture responding as Hyde and Davis (2004) anticipated, to the policy context.

By identifying tensions, findings evidenced where power dynamics are likely to be relocated between residents, elected members and the voluntary, community and local authority sectors. One participant was particularly insightful about future representation and accountability:

"There will come a time if we're successful when there could be a perceived threat to the political status. It is inevitable with progressive community development where you achieve a shift in power. The question then is who are the elected representatives? The board will progressively be elected by local people and the evolving differences between that and political representation will prove an interesting time".

The contribution that case study findings make to the policy context regarding the role of the state was also indicative of relocation of power. Sandwell MBC has a regional reputation for embracing change so it was not surprising that the Anti-Poverty Strategy concentrated on release of community capital from within one of its most deprived neighbourhoods. Findings illustrated the asset-based approach to front-line staff as well as residents; the dynamic leadership and synergy at national, Borough, ward and neighbourhood level.

Community development work proved transformational as staff were liberated to work with the 'bonding' capital to be found within communities of identity and interest in the area to 'evolve' bridging capital between communities taking an asset-based approach to their diverse abilities and talents as well as putting a high value on the "*core economy*" instead of a "*bifurcated world where all social problems are relegated either to paid professionals or to volunteers whose role is typically restricted to functioning as free labour within the silos of the non-profit world*" (Stephens *et al.*, 2008:3).

Finally, this study addresses Szreter's question about the role of the state within the volunteering of Big Society rhetoric. The local authority is material in creating the necessary linking capital for the 'Friends and Neighbours' CIC to operate. It devises a legal framework; lends political legitimacy; recognises latent value and demonstrates brokerage between social, voluntary and professional networks so that they can take on:

"A democratic and empowering character where those involved are endeavouring to achieve a mutually agreed beneficial goal (or set of goals) on a basis of mutual respect, trust, and equality of status, despite the manifest inequalities in their respective positions" (Szreter, 2002: 379).

References

- Albrow, M. (2012) Big Society as a rhetorical intervention. In *The Big Society Debate: A New Agenda for Social Welfare* (Ishkanian, A. and Szreter, S. eds.) Cheltenham, UK; Northampton, MA, USA: Edward Elgar
- Batliwala, S. (2007) Taking the power out of empowerment – an experiential account. *Development in Practice* Vol 17 (4-5) pp 557– 567
- Beresford, P. (2011) Does the Dilnot Report go far enough?
- Bergen, A. and While, A. (2000) A case for case studies: exploring the use of case study design in community nursing research. *Journal of Advanced Nursing*, Vol. 13 (4) pp 926-934
- Bovaird, T. (2007) Beyond engagement and participation: user and community co-production of public services in *Public Administration Review*, Vol. 67, pp. 846-860
- Brazil, R. (2009) Is it time for a budgeting rethink? Individual budgets could benefit us all.
- Cabinet Office (2010) *Building Big Society*.
- Cameron, D. (2010) *Together in the National Interest*.
- Department of Health (2005) *Community Care Statistics 2003-2004: Referrals, Assessments and Packages of Care, for adults: Report of findings from the 2003-04 RAP collection - information for England for the period 1 April 2003 to 31 March 2004*. Department of Health, London
- Department of Health (2007) *Putting people first: a shared vision and commitment to the transformation of adult social care services*. Department of Health, London.
- Department of Health (2008) *Transforming Social Care*, LAC (DH) (2008) 1, London,
- Department of Health. Department of Health (2010) *A Vision for Adult Social Care: Capable Communities and Active Citizens*, London, Department of Health.
- Dickinson, H. and Glasby, J. (2010) *The personalisation agenda: implications for the third sector*. Third Sector Research Centre, Birmingham
- Dilnot, A. (2011) *Fairer Care Funding: The Report of the Commission of Funding of Care and Support*, Vol. 1, London, The Dilnot Commission.
- Edwards, R. (2010) *Sandwell Anti-Poverty Strategy 2010-2013: Health and Well Being Team, Adult and Community Services Division*. Sandwell MBC
- Edwards, R. (2012) The changing face of adult social care in the UK: the example of “Friends and Neighbours” in *SozialAktuell*, Vol. 2, pp. 28-29. Bern: Avenirsocial
- Farr, J. (Feb 2004) Social Capital: A Conceptual History in *Political Theory* Vol 32 (1) pp 6-33
- Fine, B. (Aug 2007) Social capital. *Development in Practice*, Vol 17 (4 and 5) pp 566-574
- Harper, R. (October, 2001) *Social Capital: A review of the literature*. Social Analysis and Reporting Division: Office for National Statistics
- HM Government (2008) *The Case for Change: Why England Needs a New Care and Support System*. London, Department of Health

- Hufford, L., West, D.C., Paterniti, D. A. and Pan, R.J. (2009) Community-Based Advocacy Training: Applying Asset-Based Community Development in Resident Education. *Academic Medicine*, Vol. 84 (6) pp 765-770
- Hyde, P. and Davies, H.T.O. (2004) Service design, culture and performance: Collusion and co-production in healthcare. *Human Relations* 57 (11) 1407-1426
- Jones, T. A. and Joseph, R. (2012) Mentoring Refugee Community Researchers in the UK: an empowerment tool? In *Community Research for participation: From theory to method* (Goodson, L. and Phillimore, J. eds.) Bristol: The Policy Press
- Larkin, M. and Dickinson, H. (2011) Personalisation: what will be the impact for carers? Third Sector Research Centre, Birmingham
- Lowndes, V. (Jul 2000) Women and Social Capital: a comment on Hall's 'Social Capital in Britain' *British Journal of Political Science* Vol 30 (3) pp 533-537
- Lymbery, M. (2012) Social Work and Participation. *British Journal of Social Work*, Vol. 42 (4) 783-792
- Mansell, J. Knapp M, Beadle-Brown J. and Beecham J. (2007) Deinstitutionalisation and community living – outcomes and costs: report of a European Study. Volume 1: Executive Summary. Canterbury: Tizard Centre, University of Kent.
- Mathie, A. and Cunningham, F. (2003) From clients to citizens: Asset-Based Community Development as a strategy for community-driven development. *Development in Practice*, 13(5) 474-
- McKnight, J. and Kretzmann, J. (1993) *Building Communities from the Inside Out: A Path Toward Finding and Mobilizing a Community's Asset*. Evanston IL: ABCD Institute.
- Needham, C. and Carr, S. (2009) SCIE Research briefing 20: the implementation of individual budget schemes in adult social care. London: Social Care Institute for Excellence. Available at <http://www.scie.org.uk/publications/briefings/files/briefing20.pdf>
- Office for Disability Issues (ODI) (2008) *Independent Living: A Cross-Government Strategy about Independent Living for Disabled People*, London, Office for Disability Issues.
- Perakyla, A. (2004) *Reliability and Validity in Research Based on Naturally Occurring Social Interaction in Qualitative Research: Theory, Method and Practice*. (Silverman, D. ed.) (2nd Ed.) London, Thousand Oaks, New Delhi: Sage
- Putnam, R. (2000) *Bowling Alone: The Collapse and Revival of American Community* New York:
- Russell, C. (2011) Pulling back from the edge: An asset-based approach to aging well. *Working with Older People*, Vol. 15(3) pp 96-105
- Research Sandwell (a) *Sandwell Trends, Sandwell in Brief: Research Sandwell*.
- Research Sandwell (a) *Sandwell Trends, Sandwell in Brief: Research Sandwell*, available at: <http://sandwelltrends.info/themedpages/FactsFigures> (accessed 01.08.2012)
- Research Sandwell (b) *Sandwell Trends Ward Facts and Figures: Research Sandwell*.
- Stake, R. E. (2003) Case Studies. In *Strategies of Qualitative Inquiry*, Denzin, N. K. and Lincoln, Y. (eds.) (2nd ed.) Thousand Oaks, London, New Delhi: Sage
- Stephens, L., Ryan-Collins, J. and Boyle, D. (2008) *Co-production: A Manifesto for growing the core economy*. London: New Economics Foundation

- Szreter, S. (2002) The state of social capital: Bringing back in power, politics and history in *Theory and Society* 31 pp 573-621
- Szreter, S. (2012) Britain's social welfare provision in the long run: the importance of accountable, well-financed local government in *The Big Society Debate: A New Agenda for Social Welfare* (Ishkanian, A. and Szreter, S. eds.) Cheltenham, UK; Northampton, MA, USA: Edward Elgar
- Szreter, S. and Woolcock, M. (2004) Health by association? Social capital, social theory and the political economy of public health. *International Journal of Epidemiology*, Vol. 33(4) 650-667
- Woods, P. (2010) Social capital: the hopeful in pursuit of the impossible. Presented to the Managing New Realities Workshop, 2-3 March, 2010: Stamford Forum
- Wright, C. (2010) *People, Perceptions and Place: The Sandwell Position*. Sandwell: Research Sandwell
- Yin, R. K. (1984,1989,1994) *Case Study Research: Design and Methods*. Applied Research Methods Series, Volume 5. Thousand Oaks, California: Sage

About the Centre

The third sector provides support and services to millions of people. Whether providing front-line services, making policy or campaigning for change, good quality research is vital for organisations to achieve the best possible impact. The Third Sector Research Centre exists to develop the evidence base on, for and with the third sector in the UK. Working closely with practitioners, policy-makers and other academics, TSRC is undertaking and reviewing research, and making this research widely available. The Centre works in collaboration with the third sector, ensuring its research reflects the realities of those working within it, and helping to build the sector's capacity to use and conduct research.

Third Sector Research Centre, Park House, 40 Edgbaston Park Road,
University of Birmingham, Birmingham, B15 2RT

Tel: 0121 414 3086

Email: info@tsrc.ac.uk

www.tsrc.ac.uk

Service Delivery

From housing, to health, social care or criminal justice, third sector organisations provide an increasing number of public services. Working with policy makers and practitioners to identify key priorities, this work will cut across a number of research streams and cover a series of key issues.

Critical understanding service delivery by the third sector is important to policy making as the third sector now provides a major - and very different - option for public services, which may be more responsive to the needs of citizens and service users. At the same time, there are dangers inherent in the third sector becoming over-dependent on funding from service contracts – particularly in terms of a potential loss of its independence. The centre's research will help to inform the debate on the way in which service delivery is developing, the potential role of the third sector in commissioning as well as contracting, and the implications of different approaches to service delivery on the overall impact of the third sector.

Contact the author

Patricia Jones

0121 574 7711

JonesPAY@adf.bham.ac.uk



This work is licensed under the Creative Commons Attribution-NonCommercial-NoDerivs 3.0 Unported License.

© TSRC 2013

The support of the Economic and Social Research Council (ESRC), the Office for Civil Society (OCS) and the Barrow Cadbury UK Trust is gratefully acknowledged. The work was part of the programme of the joint ESRC, OCS Barrow Cadbury Third Sector Research Centre.