LONDON COMMUNITIES COMMISSION

Submissions of evidence
by 15th October 2015

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Fabian Sharp

London Communities Commission

PDT Unit 122 Great Western Studios

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12th October 2015

Dear Fabian

London Communities Commission

Thank you for inviting us to contribute to this important inquiry. This response is focussed on the experience of Toynbee Hall but where relevant includes reference to the findings of the London Fairness Commission which we presently host. I have clustered our responses to the main points of your inquiry although I have not addressed all the issues you have raised if we do not have any particular insight. I have suggested improvements in commissioning through each of the sections.

About Toynbee Hall

Toynbee Hall is a multi-purpose community organisation working to tackle poverty and disadvantage. We provide a range of services from our East London site to over 13,000 service users each year, and a further 20,000 people use the London Debt Advice Partnership service, which we lead. Our national services provide capacity building support on financial inclusion. We also undertake a range of research as well as policy and advocacy work related to tackling poverty.

Evidence and need

Toynbee Hall utilises a range of evidence in our strategic and business planning processes. These include our own services data, external research such as London's Poverty Profile, local authority research and data and funder predicative needs modelling, such as that for debt advice provided by the Money Advice Service. We also commission and use our own research evidence for example our research into the extent and cost of the Poverty Premium in Tower Hamlets. Toynbee Hall takes a

strongly evidential based approach to our work and meeting need, and we ensure we have some capacity to be able to gather that evidence together.

Whilst there is considerable evidence of need, it is presently widely dispersed and not easy to access. To illustrate one of the very first things that the London Fairness Commission needed to do was to undertake a rapid evidence review of inequality data in London to bring together a disparate range of resources and data to provide a baseline analysis of inequality in London. This type of digest report is invaluable. It is easily replicable at relatively low cost for other sectors such as care, homelessness or youth. It could be more widely shared across the sector and with funders if there was a coordinated/central way to host and market such evidence and it would lead to significant improvement in evidence based service development and commissioning.

There are also considerable opportunities in London to identify ways in which evidence can be made more available and increasing its use. To take one example, we have previously worked with the GLA in 2011/12 to try to support them to incorporate a debt observatory function into their overall research and intelligence services. Although initially the idea was supported a change in political sponsorship of this work in 2012 led to nothing actually happening. A central social evidence observatory for London covering housing, jobs, debt, mental health and others would be very valuable and improve the sector's ability and that of commissioners to better develop evidence based solutions.

Voluntary sector impact evidence

There is very little systematic and reliable evidence available on the impact of the VCS in London either on a place based approach or on an issue based impact. Nor is there very much standardised monitoring data readily available that provides some baseline outputs of the sector. Some sub-sectors are undoubtedly better than others in this respect; the homelessness sector for example seems to have much better data availability though I am unclear whether that extends to standardised and comparable impact reporting. This situation is not helped by the widespread VCS leadership practice that rarely acts as data champions.

Whilst standardising monitoring and reporting data, and designing comparable impact measures in the sector is a hugely complex task it does need to be recognised that the present state has a negative impact on the sector's ability to demonstrate its value to London, to advocate effectively and has the potential to exacerbate poor service referral practice and indeed service duplication. The competitive nature of funding the sector feels like it drives the service numbers game whilst simultaneously diminishing the quality of sector data; both of these factors undermine a strategic approach to making an impact and driving positive social change. So despite the challenges there is I believe, a very strong case for better monitoring and data standards in the sector.

Clearly commissioners and funders have an important role to play in this regard, providing both a carrot and stick that could significantly improving data reporting in the sector. In our experience however statutory funders often demand very different monitoring and impact reporting measures

and therefore undermine opportunities to make improvements in this area. We often find we need to revise our own internal performance management systems to reflect a particular classification or monitoring system required by a funder who rarely offer an explanation of why they require it in such a bespoke manner. There is significant opportunity for funders to develop shared reporting and data management systems that would improve their own understanding of the impact of their funding whilst simultaneously strengthening the sector's own performance management and evidential capabilities.

Shared VCS vision

Despite much partnership working there is not a great deal of evidence to support the idea of the VCS sector as a whole having a shared community vision for London, though there are good examples of sub-sectors having more coherent and ambitious city wide visions for example homelessness and youth sectors. This often seems to be where there are strong and well supported sector specific leadership agencies, Homeless Network or London Youth to cite two such examples. In areas such as poverty or unemployment however there is much less of a strategic and shared vision and little by way of coordinated leadership action.

Toynbee Hall established the London Debt Strategy Group with the GLA in 2009 as a way of trying to create a shared vision of supporting Londoners with complex unmanageable debt. The cross sectoral partnership was a recommendation of the London Debt Summit in 2009 and whilst the group made some excellent early progress and generate considerable support across a range of sectors, the loss of the Chair in 2012 effectively brought the work of the group to a halt. That influential leadership role combined with some neutrality or separation from the VCS sector that the GLA or indeed London Council provides can be invaluable in driving forward a shared vision on poverty, unemployment, debt etc. With the exception of London Funders that citywide leadership has however not been particularly evident in recent years and was one of the reasons for our interest in initiating the London Fairness Commission to stimulate a debate about fairness and equality in the city and explicitly to challenge the 2016 Mayor of London to take a leadership role in responding to that debate.

Cross Sector partnerships

Toynbee Hall takes a proactive approach to embedding partnership working in our model of operation. Many of the issues we are tackling – financial exclusion, social isolation, low aspiration, and unmanageable personal debt require systemic solutions and a multi-sector partnership approach is often therefore the most appropriate model for action. We have some excellent examples of work in this area from our cross sectoral SAFE Exit partnership supporting women in street prostitution, to Financial Inclusive Tower Hamlets (FITH) a borough wide partnership tackling financial exclusion. Both these examples have made significant and demonstrable change in pursuing their objectives, achieved wide buy in and investment from supporters and provided opportunities for the community to articulate a shared voice. They are both easily replicable models though both have faced challenges regarding scalability.

The challenges of establishing this type of cross sectoral partnership approach though is often one of resources. The initial design phase and partnership set up in our experience is almost impossible to secure funding for, even where Commissioners themselves are incorporating that approach in their own tenders. Initial partner involvement and set up is often required on a good will/pro bono basis which for many smaller organisations can result in exclusion; they just don't have the non-service based resources to enable them to participate in this type of developmental and at risk partnership approach. Few funders in our experience, particularly statutory funders, are not willing to consider incorporating partner contribution payments in a bid nor are they willing to commit small resources for initial at-risk set up work for partnership development. If this does not change then smaller groups will be increasingly excluded from this type of operational practice.

We are also an active partner in other statutory led partnerships. Tower Hamlets Welfare Reform Task Force is an excellent example of the Council providing strategic leadership to coordinate a holistic approach to the implementation of welfare reform in the borough and identify how to mitigate its negative impacts. Bringing together Government agencies, the Council, housing and VCS has meant that data sharing, monitoring, public information, advice and problem solving has been really well coordinated in the borough with very little additional resource investment. Harnessing what is already available coalesced around a shared vision worked really well in this respect and is an approach that should be encouraged and replicated.

Large contracts and VCS sub-contracting

Toynbee Hall acts a grant/contract lead in a number of statutory funded services where we undertake all the commissioning compliance and reporting processes with service delivery spread across a range of operating partners who follow a centralised performance management and quality assurance system. Like others we forecast this model of commissioning to increase in the future as it delivers significant transactional cost savings for the funder/commissioner and devolves much of the day to day risk management to the lead. As far as I am aware there are no alternative models of commissioning being suggested and so there is little challenge to this type of commissioning practice nor has there been any significant evaluation of the impact this model is having either on the VCS sector as a whole nor indeed on the organisations like mine that are operating this model. That would be very welcome. The significant long term risk is that commissioning efficiencies create a cartel or monopolistic model of VCS delivery which will be in no-one's interests, least of all the service user.

Citizen led approaches

Many of the most inspiring achievements of the last decade are rooted in citizen led approaches. Whether that is the high profile Living Wage campaign at a national level to the hyper local struggles and campaigns people initiate to create safer local communities, save their local library or improve local mental health services. Some of these actions have made a massive and systemic impact, the Living Wage being a particularly good example. But there are many other smaller and more localised approaches sharing a common approach – mobilizing people who have a shared story and common interest, build those relationships into an alliance for action with a shared vision, utilising campaigning techniques to pursue those objectives with tenacity, optimism and commitment. The

partnerships referred to earlier reflect this approach and we have very much tried to embed a citizen led approach.

It feels however that the VCS sector's capacity to operate and nurture this approach has reduced in recent years. Certainly here at Toynbee Hall the impact of our service user base growing from 5000 people per year in 2009 to 13,000 people in 2014 has meant a significant reduction in our community development, community voice and campaigning activity. Like many others, the focus of the charity has become very much driven by responding to the daily demands of a rapidly growing service user base that are in increasingly precarious circumstances. Our service outputs and outcomes can be very binary and do not often facilitate the delivery of the more creative and citizen led approaches to meeting social need. Where we are able to do this we are increasingly dependent on volunteers being able to carry out that initial developmental research, needs analysis and relationship building. Our long term financial strategy is focussed on generating significantly increased unrestricted income to enable us to redress this imbalance and to develop both a more pioneering role and to strengthen our citizen led capabilities. The challenge is unless others funding and investing in the sector are willing to commit resources to facilitate such citizen led action it is unlikely to become a cornerstone of VCS activity again.

I hope our contribution to this debate is a valuable one. Please do get in touch if you would like to follow up on the points raised or if you feel we can support the Commission's work in any other way.

Yours sincerely

Graham Fisher

Chief Executive

From Ben Lee – National Association of Neighbourhood Management

1. To review the current approach to communities' policies and the role of the citizen/voluntary/community/private sectors in London in order to recommend how the extent and nature of current needs in disadvantaged communities can better be met, concentrating on the priority unmet needs. This task may best be met by focussing on a few defined localities.
2. To identify successful approaches and to examine, within those localities, the specific local skills, intelligence and contributions citizens and the Voluntary and Community Sector should be required to
make in addressing the identified needs of local people and to recommend accordingly.

Much of the focus of communities policies for the past twenty years has been on improving local public services as a means to improving life outcomes - often for the poorest and least well off. But now there is a very challenging dilemma inherent in civic action aimed at achieving better quality and better organised and more innovative public services or social support

This kind of civic action is sometimes referred to as 'co-production', or 'community-led', sometimes it is billed as 'communities taking control'.

But anything at this point in time which involves citizens (individually or in small groups) playing a role in public service co-ordination and delivery faces some difficult challenges. The challenge stems from the fact the same models and language are being used to pursue two independent goals which can be mutually reinforcing (and sometimes are), but can also be directly opposed.

One of those two goals is better outcomes for individuals as defined by those individuals. The other is reduced public spending and a reduced role for the State at every level. -

Clearly they are not mutually exclusive - there are many examples from social care, local environmental stewardship, and health, where community-led services have proved to be better attuned to people's needs, simpler, more transparent and often cheaper that the public sector models they supersede.

But increasingly we see examples where local authorities and other local service providers pursue a policy of community-led services solely to reduce costs, and not to improve outcomes. The attitude is perhaps, "we are going to turn off this service anyway, so any community-led response will either be better than nothing, or at least no worse than nothing". In these cases the intention seems cynical - to use the idea of a community-led alternative simply as a pressure release for public upset.

Coming back to the dilemma then - the dilemma is, can citizens distinguish between the true intent of a public agency which calls for communities to 'step forward' or to 'work with us to find a solution' or to 'help us co-produce'? In some cases the true intent will be genuinely better (or less bad) outcomes alongside reduced costs. But in other cases it may not be. It is also quite possible that within one public agency there are some officials who honestly want better outcomes, and other officials (or elected members) who are concerned with savings and withdrawal only.

For individual citizens and groups this means they must have incredible levels of insight and intuition to discern true intent, from bad faith or confused agendas.

It means that some citizens may shy away from genuine efforts fearing they will be used as a smokescreen for policies they disagree with. Others may get involved in co-productive efforts only to discover the deal is not real.

There are no easy answers - but is there anything citizens or groups can do to work with, affirm, and champion genuine efforts, and call-out or challenge the inauthentic?

The answers probably lie in the detail. For instance when buildings ae being 'handed over' - to make sure community groups take their own independent advice to ensure the terms of transfer or lease creates a sustainable situation (e.g. so a small group does not get saddled with some massive health and safety liability). Or when a community group is sought to run a library, being clear about what outcomes the local authority want to achieve (e.g. levels of use, extent of opening hours) and then making sure the combination of the council's side of the co-production effort and the community group's, is sufficient to achieve those outcomes.

But the current situation is the worst of all worlds. Some of the honest efforts by pragmatic and enlightened public organisations are treated with suspicion, while elsewhere community groups find themselves taken advantage of.

What can we do? What skills might help? What intelligence might help? What leadership might help?

Ben Lee works for the National Association for Neighbourhood Management and the public policy consultancy Shared Intelligence. He has been involved in researching, and knowledge-sharing among neighbourhood-based initiatives for the past 15 years.

Dear Fabian,

Thoughts for the London Communities Commission

Schools can play a vital role in supporting vulnerable communities, particularly at a time of reduced funding for agencies and other community groups.
Schools, of course, have a responsibility to ensure that all the children and young people in their care receive an excellent education delivered by effective highly trained staff.
However, factors outside the classroom can hinder the students' ability to benefit fully from what is on offer. A stressed community is not always able to provide the nurturing environment that children and young people need in order to achieve their potential.
Schools , particularly primary, can be a resource for the parents and the local community : they are one place where different groups have to come together, and where they feel safe.

Schools can be a hub for the community by:
---hosting sessions run by work focused agencies such as Job Centre plus and careers advice so that parents can access information on training and jobs easily.
----providing venues for local community groups for free.
-----disseminating information.
-----remaining open in the evenings and at weekends for the community.

Schools are in a very privileged position, having a wealth of information about the area in which they are located and the needs of the locals. They can use this to act as the interface between parents and students and the wider community.
A successful project in Westminster based a social worker in schools. This benefitted both social services and the community by providing support and advice for parents and young people before situations became serious: a cost effective way of supporting families.
By developing strong links with the community and working with local organisations, schools can foster pride in and engagement with the society in which they live.

Dear Ines and Fabian

Thank you very much for getting in touch. I would rarely consider myself either thoughtful or wise, but how lovely to hear that expressed elsewhere!

I commend the work of the London Communities Commission and I've looked several times at the questions you've posed. Rather than just not respond, this is a brief note to explain why – in the sense that QSA really operates very much outside of the frames of reference of the commission.

We don't just sail along in splendid isolation, we do work collaboratively with other local organisations, many hundreds of them in one form or another, but our funding choices and the services we operate mean we've never been part of the commissioning and contracting scene, especially those that are locality based.

I would say that this has been a very positive route for us – we've been able to maintain our independence and set up some niche projects (including a one on funeral poverty called Down to Earth that won Breakthrough of the Year at the recent Third Sector Excellence awards) but I also feel that we are in a fortunate position within the sector and see colleagues operating much more hand to mouth, on short term contracts and with shifting goalposts. Such a challenge to run a responsive, resilient and robust organisation in those circumstances.

So I just don't feel that I, or we at QSA, have the knowledge and experience to credibly answer your questions.

I wish you the very best as the process unfolds and will follow your progress with interest.

Kindest regards

Judith

Judith Moran

Director

Quaker Social Action 17 Old Ford Road, Bethnal Green, London,E2 9PJ

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About *Well London* and the *Well Communties* Framework approach.

Evidence submitted to the London Communities Commission – October 2015

Gail Findlay FFPH, Director of Health Improvement, Institute for Health and Human Development, University of East London.

Well Communities is an innovative framework that enables disadvantaged communities and local organisations to work together to improve health and wellbeing, build community resilience and reduce inequalities. *(See Appendix A).*

This framework approach has been developed in two phases over the past seven years, through work in 33 London neighbourhoods, across 20 London boroughs, supported by Big Lottery Wellbeing funding. It delivers high levels of participation and empowered communities with increased knowledge, skills and confidence and greater capacity for working together to make a positive contribution to their community's health and wellbeing.

The *Well London* programme has already been recognised nationally:

- As a 'pioneer' by the *What Works Centre for Wellbeing (2015)*, as a model for community engagement approaches in health and wellbeing: http://whatworkswellbeing.org/well-london-communities-working-together-for-a-healthier-city/
- Shortlisted for the 2015 Carnegie UK 'Enabling State Awards'.
- Won a Royal Society of Public Health Award at the highest level in 2011 and was endorsed by Professor Sir Michael Marmot; *'Empowering individuals and communities, and giving people a voice is integral to addressing health inequalities. I am delighted the partnership has achieved well deserved recognition for its work'.*

Documentary evidence of the effectiveness of the approach and its very positive impact, to date, in Phase 2 is captured in a short film that can be viewed at: https://vimeo.com/131850258

A unique feature in the development of the *Well Communities* framework has been the parallel programme of comprehensive implementation support, to ensure the fidelity of and learning about the model, and robust research and evaluation of its effectiveness and cost effectiveness; this is led by the Institute for Health and Human Development (IHHD). IHHD led research has also involved collaboration with a number of other research institutions; including, for example, London School of Hygiene and Tropical Medicine (LSHTM) and Westminster University. The research and development programme has also attracted significant additional research funding from the Wellcome Trust. A complete list of Well London research publications, to date, can be found at: http://www.welllondon.org.uk/1145/research-and-evaluation.html

The 'theory of change' for the *Well Communities* framework approach is set out in *Appendix B.*

In **phase 3** our focus is on major scaling up and mainstreaming of the *Well Communities* framework approach. There is considerable interest from amongst our Phase 2 commissioning organisations and others in London and beyond; including Local Authorities, Primary Care and Housing Associations .

The ambition for the mainstreamed programme is that it will include establishment of a number of *Well London/Well Communities hubs* across a local authority, CCG, Housing Association, regional or wider areas. The hubs will be focused, 'proportionately', in the most disadvantaged neighbourhoods, with wider 'universal' coverage being achieved through a natural ripple out effect across the wider population; this effect was mapped in phase 1 and phase 2 *Well London.*

We have also forged new partnerships with a County Council and three major Housing Associations for pilots within and beyond London in rural and semi urban areas in phase 3.

Vision and mission for the *Well Communities* Framework

Our vision: Empowered local communities, who have the skills and confidence to take control of and improve their individual and collective health and wellbeing.

Our mission is to develop a robust, evidence-based framework for community action for health and wellbeing that will influence policy and practice to secure real enhancements to wellbeing and reductions in health inequalities across all communities in our capital city and beyond.

The *Well Communities* framework approach

Well Communities brings together a number of existing and new public health and wellbeing policy concepts in integrated ways and translates them into effective, on the ground action. What is more, the approach has been shown to be effective in engaging the most disadvantaged communities and in delivering a range of positive impacts and outcomes.

Key concepts integral to the *Well Communities* approach are: whole systems, holistic and assets based working, community participation and action, community development and capacity building, co-production, positive psychology and empowerment. In translating these concepts into a framework for action, *Well London* has stimulated the development of a number of highly innovative methods, processes and projects. These work together to develop the *heart of communities* by building individual and community capacity for wellbeing and sustainable health improvement and also address community prioritised needs.

The *Well Communities* approach engages and empowers people to:

- **build and strengthen the foundations for health and well being in their communities**
- **engage, shape and take action on specific health and well being needs and issues.**

Well Communities **builds and strengthens the foundations of good health and wellbeing by:**

- increasing community participation and volunteering in health and wellbeing enhancing activities through a range of community engagement and development processes
- building individual and community confidence, cohesion, sense of control and self esteem which underpin health and well-being
- stimulating development of formal and informal community and social support networks which are key to mental wellbeing and resilience
- integrating with and adding value to existing activities, ensuring value for money
- building capacity of local individuals and organisations to develop and deliver effective activities

The *Well Communities* framework comprises two suites of activities:

1. **Core resources and *heart of the community* activities** for all neighbourhoods include: a dedicated local COORDINATOR; Community and stakeholder Engagement in needs Assessment and local programme Design (CEAD); courses and training grants to skill up local people to lead and manage activities (TRAINING COMMUNITIES); initiatives to develop volunteering and peer-to-peer approaches (DELIVERY TEAM and YOUNG LEADERS).

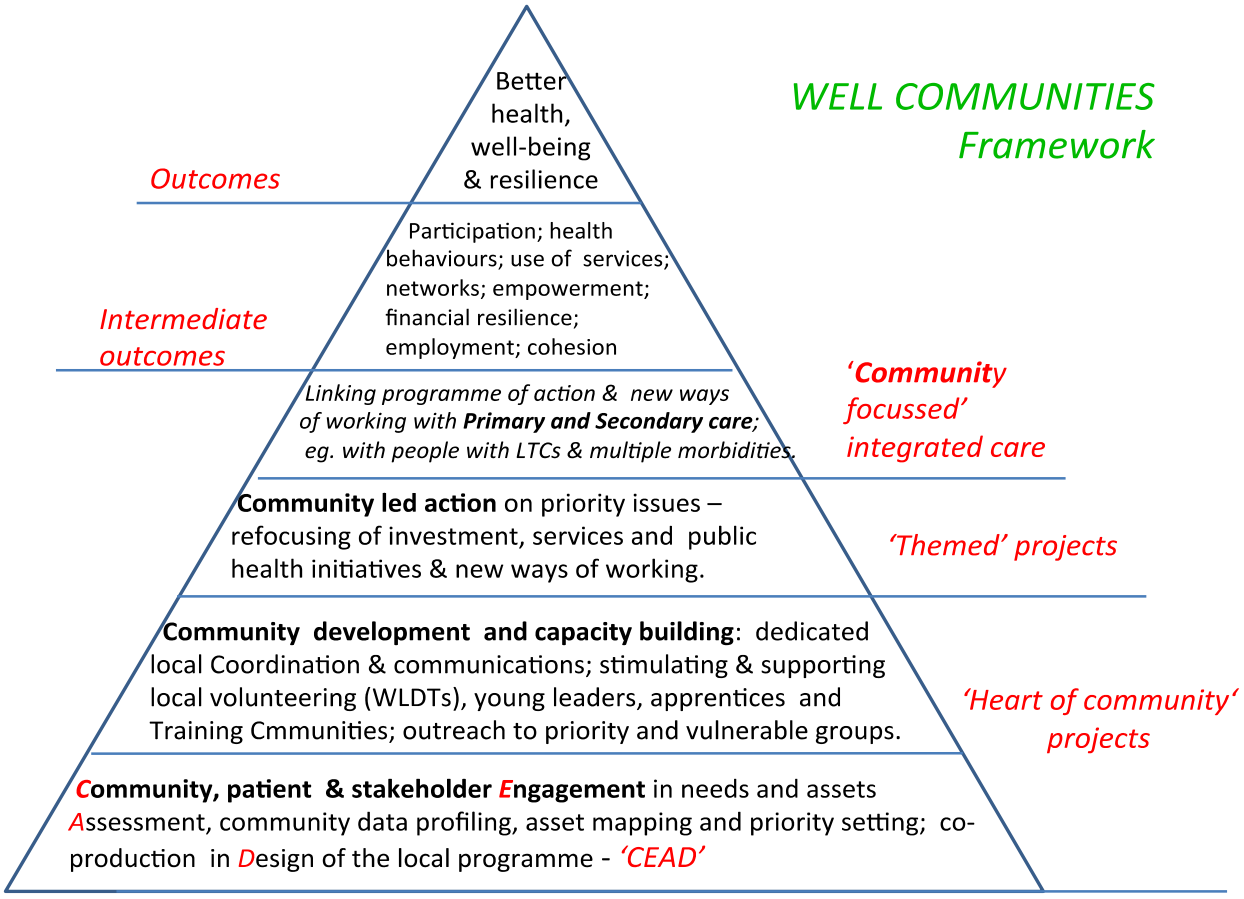
2. **Action on specific local needs and issues** is taken forward through a portfolio of *themed* activities and projects. These are determined by the needs and issues identified by each community through the CEAD process and can include, for example: local action to improve healthy eating, physical activity, mental health, local environments, cultural and arts activity.

Processes that stimulate on going community engagement, grow participation, volunteering, community networks and community cohesion are built into *all Well Communities* activities.

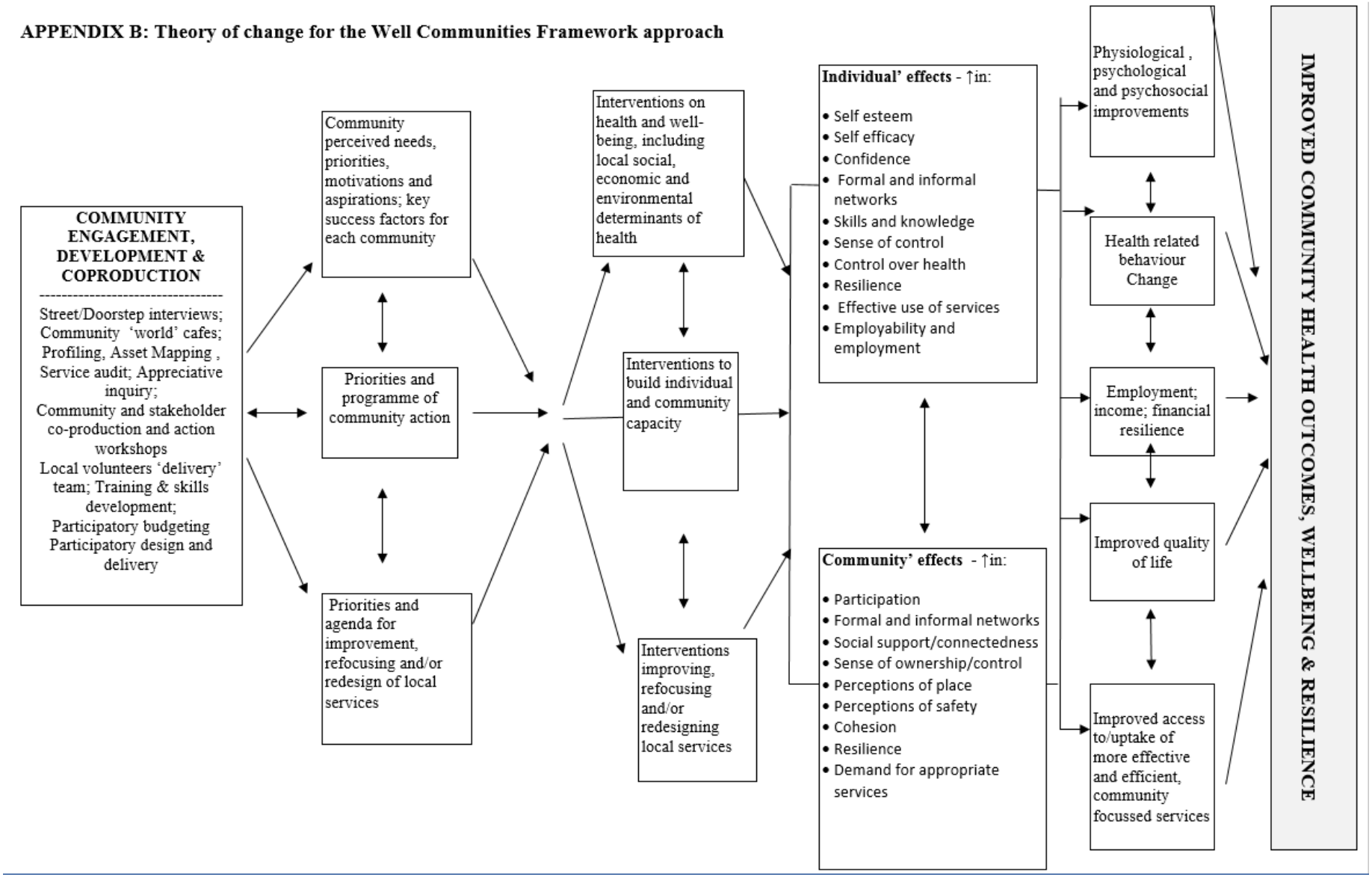
Due to time constraints this written evidence is focussed on the Well London/Well Communities framework approach as an example of good practice … And a different way of working with disadvantaged communities that can be scaled up!

In my oral presentation I will provide evidence from Well London on several of the specific questions raised in the LCC call for evidence…. And some additional links to written evidence that provides further more detailed info.

For example, we have undertaken comprehensive community engagement in the 33 neighbourhoods we have worked with and have a very clear set of common themes of community identified needs and priorities for action


WELL COMMUNITIES
Framework
Outcomes
Better health, well-being & resilience
Intermediate outcomes
Participation; health behaviours; use of services; networks; empowerment; financial resilience; employment; cohesion
'Community focussed' integrated care
Linking programme of action & new ways of working with Primary and Secondary care; eg. with people with LTCs & multiple morbidities.
'Themed' projects
Community led action on priority issues – refocusing of investment, services and public health initiatives & new ways of working.
'Heart of community' projects
Community development and capacity building: dedicated local Coordination & communications; stimulating & supporting local volunteering (WLDTs), young leaders, apprentices and Training Cmmunities; outreach to priority and vulnerable groups.
Community, patient & stakeholder Engagement in needs and assets Assessment, community data profiling, asset mapping and priority setting; co-production in Design of the local programme - 'CEAD'

APPENDIX B: Theory of change for the Well Communities Framework approach



TOR 1

In May 2015, the BME Health Forum conducted a survey of organisations in Westminster, Kensington & Chelsea and Hammersmith & Fulham about the health needs of their clients. We had 48 responses.

We asked organisations which issues and events were having the greatest impact on their clients' health and wellbeing. Almost all respondents selected isolation (91%) followed by poverty (78%), unemployment (76%) and poor quality housing/ overcrowding (70%).

We asked organisations which health issues cause most concern to their clients. The highest response was anxiety/ stress (91%) followed by depression (84%), chronic pain (47%) diabetes (42%) and serious and enduring mental illness (40%).

We also asked which are the health issues that clients bring to the organisations to help resolve and the responses were: feeling anxious or stressed (84%), sadness/feeling low/ poor self esteem (76%), loneliness (73%), feeling unwell/ unhealthy and not knowing what to do (58%) access/interaction with GPs (56%), parenting problems (53%), access/ interaction with social services (53%) and access/ interaction with health services other than GPs (51%).

This highlights that many local people are experiencing low level mental health problems such as anxiety and depression as well as isolation and poverty. Furthermore, while people seek support from the voluntary sector to solve these problems, not all organisations are equipped to do so. So while according to our survey 70-80% of organisations experience clients seeking help because they feel anxious or depressed only 47% of organisations were able to offer emotional support or counseling although of course they would be able to support their clients in other ways such as signposting, physical activities, social events etc. However, this shows that there is an unmet need around emotional problems that remains however much the voluntary sector may be trying to support people informally. This is particularly true of communities who are not fluent English speakers as they face additional difficulties in not been able to access appropriate services as well as facing stigma and prejudice when trying to access any services associated with mental health. Dealing with low level mental health problems should be a much higher priority for the NHS both in terms of clinical services and in terms of supporting the voluntary sector to deliver projects that deliver positive emotional wellbeing.

The BME Health Forum exists in order to give BME communities and BME organisations in Westminster, Kensington & Chelsea and Hammersmith & Fulham a voice with regard to health issues, particularly accessing healthcare. I think it does so successfully although undoubtedly it has limitations. The BME Health Forum also supports BME organisations access funding in partnerships with some success.

TOR2

We commission a multilingual emotional wellbeing project that is delivered by 3 different organisations in 5 different languages. This project is delivered by staff and volunteers who speak different languages providing emotional support to local people. It has very good outcomes in terms of improving emotional wellbeing both for the clients and for the volunteers. There are many other successful projects such as the community champion projects run in a number of neighbourhoods, and the mosaic community trust's work with local Arabic and Bangladeshi women etc.

The multilingual emotional wellbeing project has very good outcomes. Our most recent results show that when clients were asked to rate their general health before starting the project, they rated it on an average of 39.2/100 to 64.8/100 before and after the project. Also the clients' scores on the SWEMWBS mental wellbeing 5 point scale changed from an average of 2.6 to 3.5 (from below average to average) after being seen in the project.

Partnership is key in successful projects because it allows a partnership to benefit from the different expertise of different partners. Such expertise can take the form of knowledge of a particular community and what works for them or a different set of skills –for example our staff and volunteers are supervised by professional IAPT counselors.

Successful projects are ones that meet a genuine need in the community. If a project meets a genuine need in the community (and by that I mean a need that the community itself recognises as a need rather than a need perceived as such by commissioners and service providers) then delivery is easy because clients are forthcoming, and organisations are willing to deliver the project, often at low cost because it is part of the core of what they do. Such projects are easy to transfer to different organisations and different communities as long as commissioners are willing to adapt the project to fit the particular circumstances of a community. For example, this project has worked well with volunteers in the Arabic community but with staff only in the Somali community because concerns about confidentiality meant that Somali clients were not willing to be supported by volunteers. When we tried to do the same project with the Chinese community we had to change it considerably because the stigma around a service relating in any way to mental health was so great and also because Chinese people in London are employed for such long hours that only older, retired people were able to participate.

14 October 2015

London Communities Commission

Re: Submission of evidence from London Voluntary Service Council

About LVSC:

London Voluntary Service Council (LVSC) is the collaborative leader of London's voluntary and community sector. We support London's 60,000 voluntary, community and social enterprise organisations to improve the lives of Londoners

LVSC believes in social justice and human rights and adheres to and actively promotes the principles of equality, freedom, respect, dignity and autonomy and it is our position that "it is people who have direct experience of inequality and discrimination who are best placed to develop strategies to achieve equality"[1]. Thus LVSC considers that the promotion of equalities and human rights and diversity is central to its work and to the work of London's Voluntary and Community Sector

General points:

Before responding to the terms of reference and suggested questions there are some important contextual points that need to be considered:

- There is no definition of what the LCC means by communities
- The risk of not being clear what is meant by communities and community sector leads the LCC focus to substitute a voluntary sector commissioning agenda for a grassroots community sector one and also allows larger voluntary sector organisations to assume a community sector identity
- There is no caveat or explanation about the lack of wider representation of the LCC from a wider range of VCS organisations, including second tier, equalities and grassroots groups
- The evidence gathering sessions miss out South London altogether; the claim to be a London Commission needs to be able to actively demonstrate both north and south of the river
- The terms of reference are so broad that they are unlikely to be easily achieved

Terms of reference #1

To review the current approach to communities' policies and the role of citizen/voluntary/community/ private sectors in London in order to recommend how the

[1] Isabel Livingstone, Head of the National Equality Partnership – quoted in 'Gaps and Solutions – supporting London's equality sector' 2008, Barbara Nea and Dinah Cox

extent and nature of current needs in disadvantaged communities can better be met, concentrating on the priority unmet needs. This task may best be met by focusing on a few defined localities

There are numerous evidence-based analyses that exist including work done by the DCLG Voluntary Sector Partnership Board, NCVO Civil Society Almanac, and Third Sector Research Centre 'below the radar' work and Office for the Third Sector research into local needs, with regard to LB Hackney.

One especially useful example arose from work by the **London ChangeUp Neighbourhood subgroup** research led by Dorothy Newton (currently at Islington Giving). The research estimated that there were over 60,000 VCS groups across London, roughly 2,000 per borough, of which only a quarter would be known to local councils and VCS infrastructure groups. Part of the analysis with regard to the LCC would be the extent to which the Commission is able to prioritise and focus on the whole of the sector via proactive outreach as distinct from focusing on a top down service delivery agenda accessible to a minority of the VCS; work done recently by CAS on the makeup of the sector in Southwark could be useful here:

http://casouthwark.org.uk/focus-southwark/state-southwark-sector-2015

The work of **Community Empowerment Networks** (2002 f.) are an example of successful community based responses that were often able to go beyond narrow prescribed remits and reach traditionally marginalised communities, as evidenced by numerous CEN evaluations.

Likewise **resident-led Sure Start centres and Neighbourhood Management** programmes had an element of success.

Areas that supported a **Community Development** approach rather than isolated interventions such as community organising where wider collaboration was prohibited as a requirement of funding, tended to be effective, because of the strong value base and skillset as evidenced by the **national occupational standards for CD**. These examples also complement a cross-sector partnership approach

A clear role for **local councils and councillors** should be considered with regard to supporting the views of local citizens, complementing existing networks and forums rather than creating new structures. There is a need to focus more directly on the sphere of democracy, notably at a local level, including raising awareness of voting to offset the local democratic deficit – the work of Operation Black Vote and Democracy Matters is instructive here – alongside a focus on community cohesion and social justice to ensure the transnational communities of London are empowered and aware of their democratic rights

The need to avoid duplication

A strong **Council for Voluntary Service** is traditionally the main vehicle for enabling cross-sector community partnership and this long standing feature of collaborative working needs to be a central part of sustainable practice going forward to avoid reduplication and competition for scarce resources. The role of local infrastructure organisations has been disparaged by recent government policy and there is a real danger of contributing to debates that further undermine the importance of infrastructure support that currently exists.

To be specific in this regard, the Big Society agenda was able to suggest that the Capacity Builders and ChangeUp agenda had no 'strategic impact' (NAO 2010) and hence that local infrastructure was not needed, and thus funding ceased. Whilst it is almost certainly true that local infrastructure organisations do not meet all VCS need, the suggestion that it has no effect, which was the broad suggestion by government, has immediate and detrimental impact on the wider VCS. Hence the work of the Commission revisits this debate but does not provide a context. It is relatively easy to persuade policy makers and political leaders that there is unmet need which a new piece of research can address by dealing with a small number of proposed delivery agencies; it is far harder to describe the need for long term investment as a requirement for collaborative working across the existing sector. The example of the privileging of the community anchor model over and above rather than working with Councils for Voluntary Service is one example of this stand-alone approach. Likewise the franchising of government funded community organisers via Locality who were in the first instance unable to work with other organisations, is another example of competitive duplication with a less than optimal outcome for the VCS and the communities they serve, in terms of harnessing wider talents

The focus therefore needs to move on from an acknowledgement of partial support to community sector groups (whilst also acknowledging the ownership of the term 'community' by organisations who are in the main corporate voluntary sector entities) to a more proactive attempt to meet the challenge of the rhetoric around 'resilient communities'. This more proactive approach would include a wider coverage of infrastructure organisations, in order not to duplicate the work of CVS (among other organisations) but instead add real value to the needs of individuals adopting a DIY approach by providing quality organisational and community development. The evidence from members and colleagues across London is that the need for organisational / community development has increased and hence requires a much more joined up approach than the Commission appears to offer in its selection of participants thus far

Terms of reference #2

To identify successful approaches and to examine, within those localities, the specific local skills, intelligence and contributions citizens and the Voluntary and Community Sector should be required to make in addressing the identified needs of local people and to recommend accordingly

There is a degree of overlap between the first and second terms of reference thus points made above have further relevance. For example a **proactive engagement with grassroots community organisations using community development skillsets is imperative**. Special effort needs to be made to ensure the contributions of traditionally marginalised communities lead any process of partnership working. In pursuit of contracts, it is rare for local resident-led community groups, especially covering one or more protected characteristics and / or heads of equality, for example a local deaf awareness support group, to be able to secure funding. Thus local neighbourhoods need community development work and CVS support to ensure funding empowers local groups and meets needs

Example: Community Action Southwark has developed **Community Action Networks** throughout the borough to support local groups, individuals and decision makers, with over 30 meetings across the borough since May 2015 (as per link on page 2)

In terms of the wording of the second terms of reference the idea that citizens and the VCS 'should' be 'required to make' contributions etc. is problematic as it infers an obligation and responsibility that does not, in point of fact, exist. The risk is that the Commission prescribes 'community to the poor' (Marilyn Taylor 2011) burdening responsibility on the Community Sector, which is predominantly unfunded and volunteer-led (NCVO Civil Society almanac). Community Development practice would suggest we work with communities to identify successful approaches which they may or may not adopt, with regard to skills, intelligence and contributions. It is an important distinction because it indicates where the power lies with regard to who sets the agenda for local communities

London Communities Commission

Evidence from:

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Introduction: My Background

I have taught and carried out research on community development and public participation for many years. I have also lived in Fitzrovia for over 30 years and have been actively involved in a number of community organisations such as the Fitzrovia Neighbourhood Association, Fitzrovia Trust and Fitzrovia West neighbourhood forum. I have also been a board member of Vital Regeneration, a social enterprise working in the Church Street area.

I have a special interest in community development trusts and in 2012 published 'The role, organisation and contribution of Community enterprise to Urban Regeneration' (Progress in Planning, vo.77, part 1).

In 2010 we carried out a detailed evaluation for the Paddington Development Trust of the neighbourhood management pathfinder in Church Street which was funded by DCLG. This was published as:

Neighbourhood Management in Westminster
Nick Bailey & Madeleine Pill, 2010

http://westminsterresearch.wmin.ac.uk/8020/1/Pill_Bailey_2010_final.pdf

I am drawing on this experience in answering the first two objectives:

1. *To review the current approach to communities' policies and the role of the citizen/voluntary/community/private sectors in London in order to recommend how the extent and nature of current needs in disadvantaged communities can better be met, concentrating on the priority unmet needs. This task may best be met by focussing on a few defined localities.*

First of all, there are a number of assumptions in this objective which need to be questioned. I don't think there is a 'current approach to communities' policies' in that the voluntary and community sectors have evolved ad hoc over time, using different sources of volunteers, funding streams and in response to different central and local government policies. In my view the voluntary and community sectors (henceforth VCS) have both strengths and weaknesses which broadly determine how and how far it can address deprivation and unmet needs.

Strengths
The VCS has a number of strengths in that organisations are usually locally focussed, dependent on volunteers, they understand local needs and can experiment with innovative approaches. They often deliver services in response to their perception of need, e.g. community advice, nurseries, services aimed at pensioners and people with disabilities etc. This sector is also well known for being innovative and providing high quality services on minimal budgets.

Weaknesses
On the other hand the VCS tends to be underfunded and thus spends a lot of time and resources on fund raising, can only address needs in a limited number of policy areas and in a narrowly defined geographical area. The distribution of the VCS is patchy and very dependent on key individuals mobilising others and sustaining their interest. There is very limited co-ordination or interaction between different kinds of organisation in the same area unless there is a direct overlap of membership, e.g. a member of a tenants' association sitting on the board of a neighbourhood forum. In the past community organisations in deprived areas were funded through central government programmes such as New Deal for Communities or Neighbourhood Management Pathfinders. These were largely wound up after the 2010 election although some were converted into development trusts as in Shoreditch (http://www.shoreditchtrust.org.uk/)

Thus the VCS tends to be a 'mosaic' of different organisations operating in relative isolation and with no overall co-ordination or collaboration. Unfortunately there is no obvious mechanism for funding 'umbrella' organisations which could co-ordinate and develop strong partnerships between different parts of the VCS. Recent initiatives such as neighbourhood forums have tended to accentuate this trend in that it is left to the locality to decide whether it wants a forum or not.

It should also be noted that no generally accepted system of evaluating the impact and outcomes of the VCS has yet been devised which would help policymakers identify what is being achieved in an agreed period of time and thus whether expenditure is achieving 'value for money'. In this field impact tends to be defined as outputs (number of participants, training places etc.) rather than how the organisation achieves broader objectives such as reduced deprivation, greater wellbeing and improved quality of life. A particular difficult is assessing the 'policy off' position: how far would local conditions have changed if the organisation being evaluated was not there?

In addition, there is no systematic method of disseminating best practice in the VCS. This happens to a certain extent through publications and conferences but these tend to only involve those already engaged in particular sectors, such as community enterprise, housing groups or amenity societies.

In conclusion
In my view the benefits that the VCS deliver are much more to do with building social capital, community cohesion and encouraging a strong civil society – creating strong and supportive networks between those who live and work in an area. The VCS can only have a very limited impact on the main determinants of wellbeing, prosperity and the quality and extent of local services. While the VCS can have an impact on how some of these services are delivered, 'quality of life' in general is determined by access to well-paid employment, the quality and availability of local housing, and the quality of services such as education, the NHS and the regime of welfare payments. Funding and other aspects of these services are largely determined by central government and the state of the local/city and national economy. In periods of austerity, these 'local' services tend to receive the largest budget cuts.

2. *To identify successful approaches and to examine, within these localities, the specific local skills, intelligence and contributions citizens and the voluntary and community sector should be required to make in addressing the identified needs of local people and to recommend accordingly.*

A particular paradox of the VCS is that much of its strength lies in its small scale, the ability to draw on local knowledge, and its specialisation in particular services (e.g. advice on housing, welfare, employment etc.). Yet what is needed in order to tackle high levels of deprivation is a well resourced and staffed organisation able to operate over a much larger area (at least 3-4 wards) and in a wide range of policy areas in a 'joined up' approach. It should also have the resources to work in partnership with significant local stakeholders – the local authority, major employers and other bodies. This very rarely happens in the UK because agencies such as Voluntary Action Westminster have themselves had their core funding significantly cut back. Development trusts such as Westway and Coin Street demonstrate what might be achieved given a strong asset base but these are very much the exception. Thus key questions for the Commission might be:

- What form of organisation should be set up to identify local needs, co-ordinate the VCS and develop strategies for delivery? Should this be a new organisation or a looser arrangement between existing VCS organisations in a defined area?

- How should these networks or umbrella organisations be funded?

- Could these bodies acquire assets to fund a range of local activities (as with Westway Development Trust and Coin Street Community Builders)? If so, how can the acquisition of assets best be promoted and funded?

- How best can these co-ordinating bodies work through and with key stakeholders in an area, perhaps using the Neighbourhood Management Pathfinder model and linking in with existing planning strategies?

- Would a 3-5 year 'community support strategy' prepared by the VCS and key stakeholders enable the contributions of different organisations to be given a stronger strategic focus?

In Conclusion

There are both strengths and weaknesses in the model of VCS organisations which have evolved over the past 50 years. Their strengths lie in their ability to harness local interest and to engage volunteers in normally a narrowly defined geographical area. The weaknesses are that there have been many different initiatives over the past 50 years which have left a 'trail' of organisations which have been able to survive through luck or sheer perseverance. Perhaps the major weakness is the lack of central funding in order to pay for the requisite level of co-ordination, collaboration and strategic delivery of quality services. In current circumstances the availability of core funding for the VCS is almost non-existent.

Thus in my view the VCS is very good at building social capital and creating social and community networks which directly benefit those involved but, in current circumstances, have only a limited impact in reducing deprivation.

Nick Bailey
October 2015

Geoff Biggs; Director of Westbourne Park Family Centre

Westbourne Park Baptist Church, Porchester Road, London W2 5DX

ToR 1To review the current approach to communities' policies and the role of the citizen/voluntary/community/private sectors in London in order to recommend how the extent and nature of current needs in disadvantaged communities can better be met, concentrating on the priority unmet needs. This task may best be met by focussing on a few defined localities.

- Do you have an evidence-based analysis of the unmet community needs in London/your area? If so what are they in general terms?
    - Support for families
    - Stress and Mental health
    - Community cohesion

- Do you have an evidence base on the current contribution of the VCS to meeting these needs? If so what is that contribution?
    - Westbourne Park Family Centre – Early years drop-ins, youth and childrens projects
    - Churches – Befriending, social and personal development and spiritual guidance, community premises and presence.
    - PDT/Westbourne Neighbourhood forum – community cohesion and development

- Do you have an evidence base on the impact and long term costs of successful community based responses to priority need not receiving funding in the future? If so what have those impacts been?
    - Bayswater Family Centre – Bayswater Ward, closed down
    - Citizens Advice Bureau – Harrow Road, closed down
    - Westbourne Park Family Centre – changing funding sources, refocusing purpose.

- Do the community organisations in your area share a set of values, aims and objectives? Is this formally or informally expressed?
    - Informally expressed mainly through relationships between lead workers.

- Is there a cross-sector community partnership approach that can facilitate responses to funding bids and contracts? If such a partnership exists: (1) does this partnership assist in giving the community a voice? (2) How could it be improved? If no such partnership exists (1) what are the barriers to its formation? (2) what successful methods or organisational relationships have been used to give the community a voice and the capacity to respond together to needs?
    - Westbourne Neighbourhood Forum successful partnership to build a stronger community and influence planning, not currently set up to facilitate responses to funding bids

- How could the priority needs of local citizens be better met and what steps exist in order to capture their views?
    - Increased Statutory Support for early years and mental health
    - Community development infrastructure and capacity building
    - VCS, Schools, WNF consultation

To identify successful approaches and to examine, within those localities, the specific local skills, intelligence and contributions that citizens and the Voluntary and Community Sector should be required to make in addressing the identified needs of local people and to recommend accordingly.

- Could you provide examples of 'successful' citizen-led approaches in your area?
    - WPFC
    - Paddington Arts

- How do you know these have been successful?
    - Personal experience
    - Impact on lives
    - Resilience

- What is the role of partnership in these successful initiatives?
    - WPFC – Partnership with Westbourne Park Baptist Church

- Can you identify the key factors that have made for a successful initiative?
    - Key individuals
    - Resiliance
    - Good financial management
    - Imbedded part of community
    - Community Assets
    - Available housing for workers and key people

- How are local citizens consulted/involved in local decisions affecting priority planning and implementation?
    - Westbourne Neighbourhood Forum consultation
    - Voting on estate based master plans

- How transferable is your approach? What do the public sector, private sector and funders need to do to support transfer?
    - Key worker housing
    - Develop local capacity
    - Create shared values rather than competition

Evidence

Very many thanks for the opportunity to contribute

I should like to make 3 points in summary:

1) That the voluntary and community sectors are not only experiencing funding crises (although they are) but also crises of identity, mission and values – particularly losing that part of their mission that relates to the identification of changing needs and new ways of meeting these AND of advocacy/ enabling people in communities to make their voices heard effectively.

2) That advice and advocacy agencies – along with a range of other community-rooted agencies – have very particular potential for enabling issues to be identified and voices to be heard – as with law centres, for example, being on the front line AND being potentially able to collaborate with other agencies and support smaller organisations and agencies in effective co-ordinated ways.

3) And that universities and colleges have major – and typically under-used potential to contribute here, in terms of providing research themselves and most importantly, in supporting voluntary and community-based organisations to become more research – minded –using research more effectively and undertaking their own research, including working with funders to develop ways of measuring outcomes rather than focussing upon targets and outputs.

The evidence to support these points is as follows:

1) The publication on Challenging the Third Sector – which reviews the field internationally and identifies common themes as wel l as local and regional differences

2) The study of law centres and other advice agencies – which identifies excellent practice both in terms of identifying needs and providing feedback to statutory agencies and others (e.g. Leeds, Islington) AND in terms of co-operating rather than competing with other agencies, enabling smaller (including ethnic minority) organisations and agencies to be heard (e.g. Avon and Bristol, Coventry, Islington again and Nottingham)

3) The study of community-based research, illustrating ways in which, despite the current pressures on universities, effective collaborations were developed, enabling third sector organisations to become more 'research-minded' AND to work with funders to find more effective ways of monitoring and evaluating their work

Hi Fabian,

I have read the proposal but I'm not really sure I am qualified to comment on this. Charities do not share their financial issues with me and, unfortunately, we only find out that they are in financial trouble for lack of funding or for losing the council support when it's too late for us to help in any way.

The results are there for everybody to see. Many of my community partners have now closed their doors. Just few examples are: Church street nursery, Bayswater family centre, Radicle drop in for the elderly as well as previously all the Elderly day care centres like Elgin and Maida Vale. WestWork and a few other employability services have also decrease the capacity for local support to job seekers and some shelter for homeless people have lost a massive chuck of their council support forcing them to become very creative in their fundraising or to open social enterprises. This is not per se a bad thing but the result of all the instability is also that a lot of charities are losing their best member of staff.

I think all sectors have been affected including the three most important areas of our work: education, employability and regeneration. We are getting very creative in ways we can support the local community sector focussing now on business, social media and marketing strategy to help the VCO create a solid sustainable strategy and guarantee their survival and the future of their clients, staff and stakeholders.

The current community partners landscape is also limiting tremendously the range and scope for support of corporate volunteering.

Speak soon.

The Paddington Partnership

Roberta Boschi

Time for Paddington Manager

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Evidence for London Communities Commission – Steve Wyler

Terms of reference 1 and 2

1. Shortcomings of recent communities policies

In recent years communities policies have been dominated by the following:

- Big Society programmes (Cabinet Office): eg Community Organisers, Community First (small grants), Business Connectors.
- Localism programmes (DCLG): eg Our Place (neighbourhood collaboration and pooled budgets), Neighbourhood Planning , Community Asset Transfer, Community Right to Challenge (communities delivering services), support for new parish councils.
- Big Lottery Fund programmes: eg Power to Change (grants for community enterprise), Big Local, Reaching Communities grants.

(These programme have been accompanied by attempts to reshape local government: (DCLG), elected Police and Crime Commissioners and elected Mayors, Co-operative Councils, the Enabling State (Carnegie UK Trust), etc).

Nearly all of these individual programmes have their merits, but as reported in Whose Society: the final Big Society audit, Civil Exchange 2015, they have failed to achieve the bigger goals:

> 'Attempts to create more social action, to empower communities and to open up public services, with some positive exceptions, have not worked. The Big Society has not reached those who need it most. We are more divided than before.'

As the report also shows, these failures have been accompanied by a decline in confidence that local citizens can play a part in shaping the future of their community: 'People are less likely now to believe they can influence decisions in their local area: 34 per cent in 2013-14, a significant decrease compared to all other years since 2001.'

So, what has gone wrong? It is not that the various initiatives have been bad in themselves, but rather that:

- They are unconnected – there is no coherent theory of change;
- There is very little commitment to the long term: the initiatives are nearly all stop/start, working to short and therefore unrealistic timescales.

2. Towards a more coherent theory of change

A starting point would be to identify what contributes to successful communities – that is, successful in social, economic, and environmental terms – and therefore creates the kind of places which people want to stay in and move to, not escape from. Thinking about the 'common good' may be a way into this: well-functioning communities require both that common goods are provided collectively and the opportunity for members of the community to generate common goods themselves:

Collective common good provision can be seen as primarily the responsibility of the local state to ensure and to safeguard (whether delivered directly or in partnership with others), eg, schools, hospitals, social care, leisure services, emergency services, public transport, green spaces, planning, social housing, economic development etc. Many of these are under threat – in part because we have lost sight of these as collective common goods.

Community-generated common goods include a great wealth and variety of self-organised activities. Much of this happens of its own accord, through everyday acts of kindness for example, but in complex modern societies, releasing the resourcefulness of the many (rather than command and control by the few) requires a local infrastucture, for example:

- 'Community anchor organisations' capable of building constructive connections between people (including those with power and those without), hosting volunteer organisers and community organisers and 'animateurs', stimulating community enterprises and community asset ownership and community-led economic development;

- Mechanisms for participative democracy: for example: new parish councils with precepting powers, (such as the Community Council in Queens Park); neighbourhood pooling of decisions and resources (building further on the Our Place programme).

3. A national social infrastructure commission?

National leadership, while not enough by itself, can sometimes help to build momentum and shift institutional behaviours and overcome resistance. The government has recently set up a National Infrastructure Commission, under Lord Adonis, which intends to rise above short-term party politics to achieve agreement and investment in physical infrastructure for the long term. We need something equivalent for social infrastructure – with a mandate to building cross-party strategies and investment for common good communities, in London and elsewhere, where the initiatives designed to build community strengths are more rather than less than the sum of their parts, and can be sustained over time.

Steve Wyler

October 2015

Steve Wyler is an independent consultant and writer in the social sector. He is a member of A Call to Action for the Common Good and an associate of the Carnegie UK Trust. He is a Board member of homeless charities Thames Reach and Groundswell, and of Access (the Foundation for Social Investment).

From 2000 to 2014 Steve was Chief Executive of Locality and (previously) the Development Trusts Association, building a national network of community organisations dedicated to community enterprise, community ownership, and social change.

Over the previous fifteen years Steve worked for voluntary agencies and independent grant-makers. For example in the 1990s, working with homeless agencies, he ran Homeless Network, co-ordinated the Rough Sleepers Initiative in London, and set up Off the Streets and into Work.

Steve has been a member of various Government advisory groups on localism, social enterprise, and the third sector (Cabinet Office, Department for Communities and Local Government, Ministry of Justice). Steve helped to establish Social Enterprise UK and the Adventure Capital Fund (parent body of Social Investment Business). He was awarded an OBE in the 2011 New Year Honours List.

Contact: steve@wyler.demon.co.uk Tel: 07958 350637

Camden CCG

Our vision is to work with the people in Camden to achieve the best health for all, to address health inequalities and work jointly with the people of Camden to shape the services they receive.

One of enablers that we work in partnership with is Voluntary Action Camden (VAC) who are Camden's Council for Voluntary Service. VAC are an independent charitable organisation and their mission is to work with the people of Camden to support, develop and promote voluntary and community activity. There is more than 2,400 voluntary and community groups that provide vital activities and services create local job opportunities and enrich lives in Camden.

Working in partnership with VAC we hosted a ground-breaking event with over 100 participants from the CCG, mainstream health services, Camden Local Authority and the voluntary and community sector to develop a shared understanding of the local health challenges and how these can be addressed through greater partnership working.

Some of the themes that have emerged that we are keen to work in partnership on are as follows:

Partnership working

- Promoting opportunities for tenders and 'co-production' events
- Promoting partnership working and social value in commissioning specifications
- Development of a special purpose vehicle (SPV) to enable small providers to bid
- Developing of social prescribing

Building better working relationships

- Include the VCS in care planning
- Activate opportunities for mainstream and voluntary and community services to be co-located e.g. GP surgeries
- Identify 'touch points'
- Awareness raising of 'what is on offer'
- Access to reliable information about the VCS and NHS

We are currently exploring how local NHS services and the voluntary and community sector work together in practice

- **As partners -** to deliver existing and new services together where there are shared opportunities for improvement
- **As trusted suppliers -** delivering elements of service where one partner is unable to deliver an element of service
- **As navigators -** to help navigate the complex NHS landscape and understand the various voluntary sector providers that exist

In addition to the above we work with VAC to address health inequalities via health advocates who are based in General Practice Surgeries in that patient are referred to local community organisations to address unmet needs (e.g. helping reduce social isolation via patients and carers joining reading groups, fitness & exercise clubs and addressing financial concerns by referring people to local Citizen Advice Bureau's and also holding CAB sessions in general practices to reduce obstacles for people in accessing the service). We also work with other local organisations on a number of projects such as Age UK Camden in delivering care navigators for the frail and the elderly, Voiceability in providing peer mentoring for patients in general practice who have a mental illness and Holycross who have implemented a social marketing plan for raising mental health awareness among BME groups in Camden.

Written response to London Communities Commission from Jackie Rosenberg – Deputy CEO of Paddington Development Trust, CEO of One Westminster and Chair of Westminster Community Network.

1. *To review the current approach to communities' policies and the role of the citizen/voluntary/community/private sectors in London in order to recommend how the extent and nature of current needs in disadvantaged communities can better be met, concentrating on the priority unmet needs. This task may best be met by focussing on a few defined localities.*

Do you have an evidence-based analysis of the unmet community needs in London/your area? If so what are they in general terms?

Best funded and formally gathered evidence base for unmet community need currently is probably the Joint Strategic Needs Assessment. This provides excellent evidence based information across a whole range of health needs and wider determinants of health needs. The team in Westminster is currently working on an open access on-line tool that will enable anyone to hone in on specific themes or areas and see what information is available from National, Regional and local sources.

Other community needs are identified via a range of voluntary sector providers in the area through their various forums, customer surveys, user led panels etc. etc.

From personal experience and working alongside a wide range of partners, key issues consistently emerge as priorities – mental health and well-being, young people and gangs/drugs, housing and poverty.

Do you have an evidence base on the current contribution of the VCS to meeting these needs? If so what is that contribution?

The VCS is clearly playing a major role in addressing needs but the evidence would suggest that it is still struggling to provide a clear recognisable way in which it can demonstrate impact and outcomes. A number of individual organisations are very good at demonstrating their impact and outcomes and agencies like the NCVO are tasked with scaling that up to evidence that success.

The local VCS has a unique role to play in that it often engages and reaches communities that mainstream services have historically struggled to engage. Now that statutory local services are under such pressure this need for VCS and community engagement is stronger than ever.

Do you have an evidence base on the impact and long term costs of successful community based responses to priority need not receiving funding in the future? If so what have those impacts been?

In the past 3 years, the funding providing for CVS services within Westminster has been significantly reduced. A contract for a reduced sum was awarded to an external private sector company and although they ran some useful and well attended training courses, the ability of the sector to really engage and grapple with wider strategic issues was greatly curtailed. A lot of policy and thinking time was lost during this period. In particular work that could have been done on accessing the impact of the loss of some community based services was not done.

In an era of reduced funding, the need to engage with and mobilise local communities to do more for themselves is essential.

Do the community organisations in your area share a set of values, aims and objectives? Is this formally or informally expressed?

In Westminster we have Community Network which has collectively agreed a mission statement. However, this is more about how the network will work and what it is there to do rather than a statement of values, aims and objectives. Debates within the community sector and responses to various issues discussed at Charity leaders events and others would seem to indicate that broadly the sector does share a similar set of values and broad aims and objectives – however these are informally expressed.

PDT has increasingly been delivering projects in partnership with others and is currently working alongside One Westminster – the CVS and Volunteer Centre in Westminster in a strategic partnership. Both organisations have very similar mission and vision statements.

When we have met with partners to discuss wider issues it is clear that many organisations share the same values and aims.

Is there a cross-sector community partnership approach that can facilitate responses to funding bids and contracts? If such a partnership exists: (1) does this partnership assist in giving the community a voice? (2) How could it be improved? If no such partnership exists (1) what are the barriers to its formation? (2) what successful methods or organisational relationships have been used to give the community a voice and the capacity to respond together to needs?

Westminster has relatively well developed community partnerships and a broad recognition that in the current competitive funding environment partnership working is essential for many organisations. The partnerships are not fixed and currently there is not one established partnership recognised by all for all bids. Examples of partnerships are: DESTA – tri-borough consortium of VCS providers, Expert Patient Contract bid partnership – PDT led partnership with PDT as lead and accountable body and other partners as sub-contractors, development of One Westminster – CVS as the lead agency for CCG contracts as in Kensington and Chelsea where KCSC has created a CIC for such bids. Advice Providers partnership – delivering the advice service contract with Westminster CAB as the lead.

These partnerships are not and do not claim to represent the voice of the community. For VCS groups, the voice is expressed via the Westminster Community Network which is the recognised voice of the sector. There is also a regular quarterly meeting of Charity Leaders in Westminster which articulates the voice. Both of these are facilitated by One Westminster.

In Paddington, which incorporates a population of circa 50,000 people, many of who live in deprived neighbourhoods with high unemployment, youth unemployment, and escalating health issues, PDT has had a role in providing coherency through linking community groups and public services with citizen networks such as the Westboune Neighbourhood Forum, Church Street Ward Neighbourhood Forum, Queen's Park Council, Maida Hill Forum etc. These also bring people together to articulate voice and have done particularly well around single issues such as Bet Fred or the threatened closure of the Jubilee Sports Centre.

A range of other agencies also capture the needs of their particular client groups – Carers Network – Open Age, Tell IT etc. all engage with their specific service users and capture their views and needs.

How could the priority needs of local citizens be better met and what steps exist in order to capture their views?

A wide range of mechanisms exist to capture the views of local citizens and many of these are undertaken by a range of providers and others. The challenge is to bring all these disparate pieces of work into one place in order to truly capture the needs and views of the local population. This is best achieved through the work of agencies like PDT or One Westminster, if they have the resources to spend time collecting the data and speak to different partners etc. Alongside, local government and front-line services, second tier agencies are increasingly under threat of survival – this infrastructure or back-bone is hugely needed if views and needs are to be captured and addressed.

2. *To identify successful approaches and to examine, within those localities, the specific local skills, intelligence and contributions citizens and the Voluntary and Community Sector should be required to make in addressing the identified needs of local people and to recommend accordingly.*

Could you provide examples of 'successful' citizen-led approaches in your area?

The best examples of citizen led approaches locally are WECH and the QP Community Council.

How do you know these have been successful?

WECH continues to have very high levels of resident satisfaction and high attendance at all events including the AGM. The jury is probably out on the QP Community Council because it is still early days –but as an example of a community coming together and responding to a need it has already proved its success by being established. In the other local forums a huge amount of responsibility rests with a very few people and capacity is a real issue. Key to success in all these examples is quality leadership and expertise being provided to assist otherwise poor communities.

What is the role of partnership in these successful initiatives?

In the examples above, the key partners are community based professional organisations working alongside individual residents. This is also true of the successful Neighbourhood Management programme in Church Street. In the future – where funding is restricted or not available at all it will be crucial for local people to come together with business and statutory providers to share views and identify priorities.

Can you identify the key factors that have made for a successful initiative?

I totally believe that communities, even socially excluded ones, have many people within them with huge talents and abilities. However, these people need support in order to put their ideas and talents

into action. This is because they are often having to operate within structures such as local authority or CCG or police that are hard to understand and engage with. Voluntary and Community based organisations that are well resourced and have professional staff working within them can assist in overcoming these barriers and freeing individuals to express their talents and make things happen.

How are local citizens consulted/involved in local decisions affecting priority planning and implementation?

There are mechanisms for engagement but they do not reach the majority of the population. Much of Westminster's engagement with the local community is through residents associations, amenity societies and key people that already have relationships with City Councillors etc. Huge swathes of the population are totally disconnected from the City Council and vice versa. In recent years the connection between the City Council and the voluntary and community sector has diminished and the current approach to procurement and commissioning has made things even worse.

How transferable is your approach? What do the public sector, private sector and funders need to do to support transfer?

Additional general points:

a) *There are no policy drivers around the importance of a local vibrant voluntary sector and what the role of the local council might be in supporting that. Previous recognition that a local authority might fund the core of a voluntary organisation to put them in a strong place to bid for project funding has gone and many groups are falling by the wayside. Key providers such as the CVS and Volunteer Centre are being forced to bid for contracts which they are then losing.*
b) *There is currently no broad national Community Policy as represented by previous Neighbourhood Management, Neighbourhood Renewal, and Local Area Agreements policies focusing on areas of deprivation.*
c) *There is no recognition that acutely disadvantaged neighbourhoods require a greater intensification of inputs that encourage social and economic equality and independence for local citizens*
d) *In our experience citizens' social action requires community infrastructure that provides routes to citizens-based resilience.*
e) *Social cohesion reflects the level of cohesion in neighbourhood/community-based services*
f) *Many local communities lack a coherent interface between local citizens, community-based services, and public services*
g) *Many disadvantaged communities have, and will continue lose children's' youth, safeguarding and Local Authority support for community infrastructure*
h) *One Westminster and PDT have formed a formal alliance to try and preserve relationships between citizens, community, voluntary and public services.*

The lie of community empowerment.

For the past five years, the Government, and Westminster City Council (WCC) have publicly championed the idea of devolving power from the state to local communities - a heady and populist concept of giving people influence over decisions that affect them.

In July 2014, Cllr Robert Davis, deputy leader of Westminster City Council, said: “Many people associate Westminster’s streets with those on a monopoly board. But, far from being a monopoly, the future look and feel of our city will be shaped more and more at the local level.”

“We think collaboration and consultation is healthy for the city.”

In Westminster there are now 13 Neighbourhood Forums, and one urban Parish Council, but what have they, and other communities been able to achieve? What is the true balance of power between Westminster Council and its residents?

(will collate this info)

Neighbourhood Forums, much heralded by the Government, can make almost no independent decisions. They can write a Neighbourhood Plan. This has to undergo a series of examinations by the superior municipal council. Nothing must conflict with or question council policies. Local initiatives are severely limited.

One of the clearest examples of the 'community power' falsehood is in Queen's Park, on the northern fringe of Westminster. A deprived and poor area with only one community facility - the Jubilee Sports and Leisure Centre - and home to the first urban parish council, Queen's Park Community Council.

QPCC and the Campaign to Save the Jubilee began their journeys at roughly the same time. In March 2012 Westminster Council sent letters to Queen’s Park residents telling them of the proposals to demolish the Jubilee Centre, and replace it with luxury properties. The plans included a second site a kilometre north, with a new sports centre built by the profit made by the developer.

Queen's Park residents battled for years to win their Community Council. WCC dragged their heels until the last possible moment, when Tory bigwig Oliver Letwin pointed out to WCC that a new parish council was the illustration par excellence of Prime Minister Cameron’s declared policy of devolution and local empowerment. Whereupon WCC enthusiastically jumped on that bandwagon.

In May 2012 Councillor Robert Davis, Deputy Leader of Westminster City Council declared

"I am delighted. For Westminster to have the first parish council in London for 50 years would be a fitting endorsement of the Government's ambitions for localism and neighbourhood engagement**."**

In July 2012 nearly 6000 Queen' Park locals signed petitions against the demolition of the Jubilee Sports Centre. A month later, Councillor Davis gave it the go ahead.

At the same time Westminster was publicly supporting the setting up of Queen's Park Community Council, it was planning the destruction of Queen's Park's main community asset against the wishes of residents. Council officers proceeded to work closely with WCC's partners Willmott Dixon, paving the way for the redevelopment. Its only concession to the community being the addition of a 3/4 size sports/community hall to the Jubilee site.

From Cllr Robert Davis's proud announcement in 2012 QPCC had to wait 2 years to hold their first elections.

In 2014 just after WCC approved the planning application for the Jubilee/Moberly redevelopment, QPCC was formed.

On 9th July it unanimously passed its first motion – representing its residents in opposing the demolition of its sports centre.

"Queen's Park Community Council opposes the planned demolition of our Jubilee sports centre which 5,500 residents have petitioned against, and the plans for housing on this site which are not intended for local people. We call upon Westminster City Council to respect the wishes and needs of the community we have been elected to represent."

WCC continued its 'ticking boxes' consultation with Queen's Park residents, while resisting all demands from local people to consider any alternative proposal to demolition.

Instead of working with the community, WCC and their Council Officers pursued a plan that would deprive their residents of a vital facility while filling the pockets of a private property developer.

In August 2015, with the start of building delayed until at least January 2016, an alternative proposal was put forward to Westminster, by QPCC. A new redesign and refurbishment of the Jubilee Sports Centre created by specialist architects and a sports centre expert. It answered the aim of Westminster for a cost neutral sports facility, and in addition offered huge extra social value.

On 3rd September these visionary plans were dismissed by Westminster's Scrutiny Committee. They refused to allow any kind of proper consideration of the plans. The council officers who gave a swift negative report on the plans, were the same officers who had consistently championed the original demolition and redevelopment proposals.

Prime Minister Cameron had said

"We need to create communities with oomph – neighbourhoods who are in charge of their own destiny, who feel if they club together and get involved they can shape the world around them."

For QPCC and the residents of Queen's Park these are empty words masking not just a lack of power, but a decrease in power of local communities. Instead of engaging meaningfully with communities, there's a sense that the council is working against their residents for their own ideological ends.

On 23rd September 2015 Queen's Park Community Council passed the following motion:

"Nearly 6000 residents petitioned against demolition of the Jubilee, and our Community Council passed a motion against it. QPCC supports a visionary and practical plan for a community Jubilee which Westminster has dismissed. In view of its public support of QPCC and local empowerment, we wish to know why WCC is ignoring the voice of the people and the voice of the Community Council in Queen's Park."

Westminster Council is yet to respond.

Supporting wellbeing and recovery from mental ill-health

Fabian Sharp
London Communities Commission
PDT Unit 122 Great Western Studios
65 Alfred Road, London W2 5EU
14th October 2015

Dear Fabian

RE: London Communities Commission Call for Evidence

Outlined below are some perspectives from The Centre for Better Health in response to the London Communities Commission's call for evidence. I have referenced some external organisations and statistics which hopefully give a wider context to the points we are able to contribute. The Centre for Better Health is a mental health charity that has been operating in East London for over 50 years – started in 1959 as the Psychiatric Rehabilitation Association. In that time we have observed various cycles of government, local authority planning/reorganisation, boom and bust cycles and public health expenditure. There has been some excellent work that has gone into raising awareness around mental health in recent years. However, what unfortunately has not changed is the isolation and despair that so often accompanies mental ill health for the most vulnerable in our society. The stigma still surrounding mental ill health for individuals seeking help; navigating the benefits system, looking to stay in employment, looking to find employment and generally within society magnifies the struggles that anyone in our local communities already face.

The Centre for Better Health runs four main services; a counselling/psychotherapy service, a community hub; a social enterprise providing trainee placements and a CQC registered residential home. I have tried to draw from qualitative and quantitative evidence from each of these services in the paragraphs below. However, I am aware that we might not be able to contribute to all of the questions that the commission raises.

CBH runs a low cost, self-referral, counselling and psychotherapy service seeing up to 200 clients per week with a team of 50 counsellors. The range of presenting issues are from anxiety/depression right through to more acute needs; such as personality disorder and PTSD. Applications to the service have been growing steadily over the last couple of years; with a shift towards more serious and complex cases. The effects of cuts and sanctions are

taking their toll on individuals, families and local areas. A significant proportion of self-referrals to the service come from individuals who do not feel that they have anywhere else to turn to. They have either been through the statutory system and have used up their allocated resources or they are individuals who do not feel (for a number of reasons including guilt/shame/isolation/feeling backed into a corner) that they can ask for help.
An excellent briefing paper has been produced by Psychologists Against Austerity and we would endorse the issues and points made:
https://psychagainstausterity.files.wordpress.com/2015/03/paa-briefing-paper.pdf
I would urge the commission to include it in their evidence base.
Social care is currently under ever greater budgetary pressure. Over the last 5 years providers of residential care have been under pressure to de register homes and move them on to supported living projects. This plays a part in reducing the expenditure of local authority social care budgets and shifts the burden towards housing. The argument for this has been that people will live more independent and fulfilled lives. Whilst this might be true for a lot of individuals; what is also true is that a significant number of people are not receiving the support they need, and those that do find that it is being reduced year on year; before even considering issues of quality of care/housing.
A recent BBC report highlighted Health and Social Care Information Centre figures:
“Two-thirds of older and disabled people in England who turn to their local councils for help with care are turned away.
Nearly 1.85 million requests for support were made last year, but just over 650,000 people received help.
Only 144,000 of the requests for help resulted in long-term care, which includes places in care homes or help in the home for tasks such as washing and dressing.
Nearly 220,000 got short-term help, such as rehabilitation after discharge from hospital, and another 300,000 got low-level support such as walking aids and telecare.
The rest either received nothing or were advised to seek help from charities, the NHS or from housing services.”
One of the services CBH has built up over recent years is a community hub. It provides courses, workshops, therapeutic groups and physical health classes. It is open to anyone and again is kept at a very affordable cost. There are obvious benefits to these classes but what has been most pleasing about the development of this service is the reduction in isolation that that it offers to individuals. In London, isolation amongst the population generally (older adults, men particularly) is something that is an extremely worrying trend. A

poll conducted by research company Populus on 1,000 adults found that more than a quarter of Londoners said they feel lonely often or all of the time. The same proportion said there was little or no sense of community where they live and a third said they felt they did not know their neighbours. Twenty-seven per cent of respondents said that they felt lonely often or all of the time. And 28% said there was little or no sense of community in their area of London, rising to 33% of those aged 65 or over. There are a number of charities that do very good work in this area but are finding it increasingly difficult in this funding climate. CBH promotes wellbeing and one of its strengths is the facilitating of a mixture of participation in each of the services. Someone who might not have identified with any mental health needs can be sitting in a mindfulness group next to someone with anxiety, who in turn is sitting next to someone with more acute needs. We believe that this is how it should be and in providing such space, the wellbeing of our community is enhanced and the isolation and misunderstanding that affects too many can be targeted. We have found increases in wellbeing scores of an average of 1.9 using the Short Warwick Edinburgh Wellbeing Scale, which is substantial given the relative insensitivity of this measure to other 'hard' effects (e.g. an individual's income doubling leads on average to an increase of life satisfaction of 0.2; ** Based on analysis of the 2004 European Social Survey data for the UK).

Employment is paramount in social inclusion; enabling the development of valued social roles, and contributing to increased self-confidence and self-esteem, developing a positive identity and supporting recovery. The exclusion from the workforce not only creates material deprivation but also erodes self-confidence and can create isolation. Over the past 10 years, increasing employment has been a key objective of government policy. Current, specific policies such as access to work, work choice and the work programme sit alongside general welfare to work schemes such as Job Centre Plus. However, the discrepancy of employment rates between individuals with long term mental health needs and the rest of the population remain stubbornly high - in East London and the City, only 16% of mental health service users are in paid work; the London average for adults in contact with secondary mental health services is even lower at 6.1%. The fundamental barriers that an individual who has been out of the workforce for a long time faces, are a loss of confidence/ self-esteem; a lack of routine, job skills, and generally the awareness of how to interact and present within a work setting. Before individuals are able to get to the place where they are confident enough to apply for meaningful employment they need to build up these 'soft skills'. Soft skills can be difficult to teach in a classroom and are better suited to being developed through experience. Working as part of a team, taking on responsibilities, motivating and supporting each other for group success is an important part of all the business areas at the the Centre for Better Health social enterprise (which consists of an artisan bakery, a bike shop and a light industrial manufacturing unit) .

As part of Newham's Right to Control Programme, a consultation with over 200 service users and carers looked at employment issues impacting on people with social care needs in Newham. In November 2013, the council embarked on a public consultation with

stakeholders on a draft employment strategy. The consultation feedback made clear that people with health and social care needs want support to access more readily available mainstream services which will meet their employment needs, and that there are a number of limitations in current provision which result in barriers to employment.

• There was a lack of personal support available from both employers and support services in supporting people with health and care needs into getting and retaining employment.
• Many mainstream organisations such as Job Centre Plus do not provide opportunities for people with higher needs
• The job application process is particularly difficult to navigate

Most respondents highlighted the need for additional training and skills support to help individuals gain and retain employment. The following support areas were wanted; work placements, apprenticeships, peer support and job coaching.

In running the social enterprise we have had the opportunity to consult and work with a variety of service users, organisations and statutory teams. We have received their feedback as to the need of a project such as ours and the lack of opportunity for a majority of people on their caseloads to find meaningful engagement and routes to mainstream employment.

For all trainees who have gone through our social enterprise; we have had a chance to interview and get feedback as to the value of the placement and identified their goals in terms of soft skills. Even for individuals who have not been able to complete the placement due to ill health or life circumstance, what has been fed back is the value that each one has placed on being able to function and be a valued member of a team in a supportive environment. The barriers that each of them face in terms of getting back to full time employment are varied and individual but cutting across this, is the need to develop those 'soft skills' listed.

Also as a part of this project what we have found is that with the bakery we are selling wholesale to private enterprises who are keen to engage with this social enterprise and offer work placements or work to individuals if the right support is put in place. It is an area of the project that we are constantly looking to resource and grow.

I would like to end this submission with some final thoughts on the changing landscape of funding for charities. The introduction of marketplaces and competition within the third sector is an ideology that is borrowed from the private sector but which can be seen to undermine the spirit of cooperativeness and joint working that has so long set this sector apart. It also allows for less innovative work when statutory services are being farmed out to large charities who in turn act as leads to the smaller charities that need the funding to survive. It would be wonderful to find good examples of consortiums of charities working together. I wonder whether this can only be achieved where there is a balanced power dynamic and buy in between those charities.

I hope that this contribution is valuable to the good work that the Commission is attempting. If you need to query or discuss any elements of it please do get in touch.

Yours sincerely

Ashwin Mathews

Director

Evidence to the London Communities Commission

From Caroline Slocock,
Director of Civil Exchange

I welcome the ambition behind the setting up of this Commission and hope it will be able to use the evidence it collects to articulate a voluntary and community sector view of how services in London could be much better at meeting and even preventing need and to explain the distinctive role of the voluntary and community sector in helping to achieve this. This is the positive context, in my view, in which new funding and collaborative ways of working for the voluntary sector should be placed.

The current crisis of funding for public and voluntary services provides an opportunity to look at ways to use limited public and voluntary sector resources, financial and otherwise, more effectively.The funding challenges facing the voluntary sector and especially smaller, community based voluntary organisations are considerable. London, the North East and North West saw the largest proportional falls in government income to the sector between 2011---12 and 2012---13, each having a fall of more than 6 per cent.[1] Smaller, locally based voluntary and community organisations are likely to be feeling the brunt of this --- with the double whammy of rising demand and reduced access to funding from the state, partly because public sector contracts are relatively inaccessible to them. Certain sub sectors, particularly employment and social services, are likely to have been particularly badly hit. National figures from the NCVO bear this pattern out.

Nationally, as documented in Civil Exchange's *Whose Society? The final Big Society Audit*, cuts in public services and welfare have hit disadvantaged groups most. But even without these cuts public services are often failing those who most need their support.[2]

A strong case should be made for better targeting and for investing more in London in getting it right first time rather than wasting resources by offering services that do not actually meet demand and explaining how voluntary sector organisations can help in this. Locality's report, *Saving money by doing the right thing*,[3] charts how delivering public services at scale, whether directly or through contracts, is creating diseconomies of scale by failing to meet needs effectively, referring people to ever more services and creating 'failure demand.' It also articulates the value of services that build deep relationships, often locally based and provided by the voluntary sector. I hope it may be possible for the Commission to compile some evidence from the voluntary and community sector to illustrate the same points in London and point to ways in which new forms of procurement and collaboration could be more effective at meeting real needs.

The case must also be made for greater investment in early action, rather than acute interventions. This is true of both public and voluntary sector investment, with many voluntary organisations being pushed increasingly into crisis management as a result of cuts in public services. You might want to look at the nationwide analysis of the Early Intervention Foundation[4], which shows the scale of acute spending on young people and considering whether you could use the same methodology to produce a London wide version of this.

1 *UK Civil Society Almanac 2015*, NCVO, June 2015 2 See chapter 5.
http://www.barrowcadbury.org.uk/wp---content/uploads/2015/01/Whose---Society_The---Final---Big---Society---Audit_final1.pdf
3 http://locality.org.uk/resources/saving---money---local---default---replace---diseconomies---scale/
4 http://www.eif.org.uk/wp---content/uploads/2015/02/SPENDING---ON---LATE---INTERVENTION.pdf

If resources permitted, the Commission might try to map out how much public money is being spent on early action and acute services. This would provoke debate
about how existing resources could be used more effectively and become more 'upstream.' Advice on how to do this is available from the Early Action Task Force.[5]

Part of getting more of the right kind of public and private sector investment in smaller, locally based voluntary and community organisations will be to articulate how and where they add distinctive value in developing better services for those most in need. In recent years, the voluntary sector has increasingly been characterised as a merely a deliverer of services, even a delivery arm of the state, and public sector commissioning and procurement practices have seen the private and voluntary sector as largely interchangeable. This has made it harder for smaller voluntary organisations to compete for public sector contracts. It has also contributed to a view that charities should be seen but not heard and a downgrading of its voice in helping to shape public services not just deliver them.

The voice of the sector has the potential to play a major contribution in ensuring services of all kinds meet the diverse needs of different communities. This is not just about articulating where there are gaps in provision or where things are going wrong. The sector is a potential routeway for the GLA and individual London Boroughs to engage with the public, identifying needs, helping it re---design public services --- particularly the case for communities, which the state calls “hard to reach.” This role might be particularly significant if there is greater devolution to London as a result of the Spending Review and might perhaps be directly funded by GLA.

The voluntary sector, particularly community-based organisations, can also build and strengthen communities and help identify and create new communities of interest. It is well placed to deliver asset based approaches and to create co-production both in its own services and in supporting the public sector to do so. The ability to motivate volunteers is also a distinctive feature of the sector and brings two-way benefits.

Current commissioning and procurement practices tend to undervalue this contribution and create entry barriers to smaller organisations. Collaboration between organisations is likely to be more effective than competition in helping to build strong communities and is also a more realistic way of achieving outcomes, which often involve multiple input. The Declaration of Interdependence by Children England and the TUC makes a powerful case for moving away from a model based on competition.[6] Alliance contracting may be one way forward, involving equal decision-making, sharing risk and reward.[7] The voluntary organisation, Revolving Doors, has also published a report on payment by results which suggests pooling, rather than individual contracts.[8]

Grants may be part of the answer. The HealthService is now looking at grants to try to harness the strengths of smaller voluntary groups and their guide on thiscould be a useful document for the Commission to promote to other public bodies. [9] Finally, charitable foundations might invest more in London on developing leadership and collaboration within the sector to help it pool resources and ideas, strengthen its voice and articulate the case for greater investment in social infrastructure.

15 October 2015

[5] http://www.community---links.org/downloads/ClassifyingEA.pdf
[6] http://www.childrenengland.org.uk/declaration---of---interdependence/
[7] https://www.acevo.org.uk/news/alliance---contracting---report
[8] http://www.revolving---doors.org.uk/documents/adding---value---reflections---on---payment---by---results/
[9] http://www.england.nhs.uk/wp-content/uploads/2015/02/nhs-bitesize-grants.rb-170215.pdf

London Communities Commission
Hearing Evidence
Andy Watson, Walterton and Elgin Community Homes (WECH)

ToR 1

In comparison to the rest of Westminster the Harrow Road ward has higher than average levels of:

Unemployment
Poor health
Numbers receiving free school meals
Incapacity Claimants
Job Seekers Allowance Claimants
Overcrowded households
Households with dependent children
Male life expectancy
Male and Female Premature Mortality ratio

It is also the fourth most ethnically diverse ward in Westminster with 49% of residents from non-white ethnic groups.

More detail can be found in the 2014 ward profile at the link below:

http://transact.westminster.gov.uk/docstores/publications_store/wardprofiles/harrow-road-may-2014-ward-profile.pdf

Despite the higher than average levels of deprivation and disadvantage 97% of people feel safe in the area, 96% are satisfied with the area as a place to live, 83% feel people from different backgrounds get on well and crime rates are significantly below the WCC average. The contribution of the variety of VCS organisations and groups working alone and in support of the statutory services operating in the area is a significant factor in these more positive figures.

Many community organisations share similar approaches based on seeking to enable people to make the most of opportunities that are available and to get more control over their lives. Many organisations have adopted a community development approach based on involving users of services in the design and supporting organisations that are providing services direct to users. These are not formally expressed approaches type of service provision.

There isn't a cross sector partnership coordinating/facilitating responses to funding bids and contracts. At the moment responses are made by individual organisations and often in competition with other local and national organisations.

ToR 2

Walterton and Elgin Community Homes (WECH) is a successful resident controlled housing association based in the Harrow Road Ward. WECH has become a successful social enterprise, too, and has grown to be able to support the wider community. Some residents refer to the WECH as like a "family", saying the improved accommodation and support offered has changed their lives. Social events and supporting initiatives offered by WECH to improve the quality of life in what was a run-down part of Westminster have included:

- A form filling service and help for tenants with debt counselling
- A police-in-residence scheme
- Christmas parties for older people
- A community centre and youth club
- A summer festival
- A Food Bank
- An Employment advice service

All these benefits are seen by WECH as strengthening the community and encouraging the further participation of the residents in a mutually beneficial relationship.

Extracts of the results from academic studies commissioned by WECH are provided below:

Measuring the benefits of empowerment through community ownership

Summary of evidence gathered from the population of a mutual resident-controlled housing association and compared at various levels

January 2011

"If more places were like WECH there would be more happiness."

(WECH resident, Survey 2010)

1. POLICY CONTEXT

1.1 Statutory transfer of council housing to community landlords

In 2008, the Labour Government restored the right for council tenants to change their landlord through the Housing & Regeneration Act, which amended the 1985 Housing Act with a new Section 34A.

The Coalition Government made the regulations for this Act, which was named the Right to Transfer. These regulations require a local authority to co-operate with a proposal from a tenant group to transfer their council homes to an alternative social landlord, and to resource a time-scaled transfer process.

S34A's predecessor, Tenants Choice, was enacted by the Conservative Government in 1988, but was repealed in 1996 following only a handful of transfers. The most significant of these was to a resident controlled housing association, Walterton & Elgin Community Homes (WECH), which grew from a campaign to stop the sale and redevelopment of two council estates.

In 1992 WECH took ownership of 921 homes from the local authority. It is the only large-scale statutory (as distinct from voluntary) transfer of council housing in England & Wales to a mutual community owned housing association.

The WECH study results provide convincing empirical evidence to support the implementation of the Right to Transfer for council tenants. They demonstrate that empowerment through community ownership of council estates is an especially effective means for delivering the significant improvements to wellbeing that could so benefit poor and disadvantaged communities.

1.2 The need for evidence

The Evidence Annex of the Government's 2008 Empowerment White Paper (*Communities in control: real people, real power,* Page 64) observed that it is generally acknowledged that identifying and measuring outcomes of participation and engagement is problematic and that this is exacerbated by:

- A lack of systematic and comparable evidence;
- The difficulty in establishing reliable and meaningful measures of community engagement; and
- The complexity of establishing a firm causal chain from engagement to desirable social goods.

http://www.communities.gov.uk/documents/communities/doc/906917.doc

1.3 The WECH study

Professor Peter Ambrose of Brighton University conducted in-depth interviews with 26% of WECH's 600 tenants and leaseholders between February and July 2010 (*Happiness, Heaven and Hell in Paddington: A Comparative Study of the Empowering Management Practices of WECH,* Peter Ambrose and Julia Stone, September 2010).

A group of Dr Becky Tunstall's post-graduate students from the Department of Social Policy at the London School of Economics' undertook the interviews of WECH residents.

Dr Madhu Satsangi of Stirling University compared the WECH data with external datasets at various levels. (*Community Empowerment*, Madhu Satsangi and Susan Murray, School of Applied Science, University of Stirling, January 2011.)

As part of the project, Human Rights TV were commissioned to interview staff, residents and researchers. The video clips can be viewed at http://www.humanrightstv.com/ Type WECH into search. One of the LSE researchers, Juliana Bidadanure, sums up the relationship between empowerment, community ownership and wellbeing, as she experienced it at WECH, in this one-and-a-half minute video: http://www.humanrightstv.com/uk-housing-policy/juliana-bidadanure/1089

2. FINDINGS AND STUDY BACKGROUND

2.1 Findings

In summary, the thinking behind this study was that despite high levels of deprivation, WECH residents are happier and more engaged because they collectively own their estates.

From the totality of the evidence that has been collected and analysed it is possible to conclude that:

- WECH residents are much more deprived when compared with the populations of England and Inner London, and are at least as deprived as similar profile populations.

- The WECH population is much happier and more engaged under community ownership than it was with its previous council landlord.

- WECH residents feel a much stronger sense of belonging to their neighbourhood, and feel much more able to influence decisions affecting their local area, than do people nationally.

- WECH residents are significantly more satisfied with their homes and with their landlord than are council tenants across London.

- Satisfaction with the landlord, the home and the neighbourhood is higher for WECH residents across the various levels of comparison, and they also declare a higher degree of active participation.

- The measureable benefits to quality of life associated with empowerment through community ownership appear to mitigate the detriment to wellbeing caused by financial deprivation, physical illness and fear of crime.

- Residents perceive WECH as an organisation that “listens” to their concerns and “cares” about them, their homes and the neighbourhood. Most commonly, they say that WECH has “helped” them individually and as a community.

2.2 Study hypothesis

- Community ownership makes people healthier and happier because it empowers them to have control over their lives and immediate environment.

- Community owned landlords develop management styles, engagement and democratic mechanisms that are more effective at supporting individuals, instilling citizenship and building community than other forms of ownership because they are directly accountable to their 'customers'.

- A range of positive individual and social outcomes is attributable to forms of constructive intervention which community landlords are better able to achieve than other landlords.

3. THE WECH POPULATION

3.1 Residents feel secure, proud and at home in the area

The extent to which WECH residents feel	Previous %	WECH %
Secure in their homes in terms of tenure security	62	94
Proud of their homes	64	91

"More security than with previous landlord." (10)

"So much better than [previous landlord] which made us ill and affected my son's schooling."

"WECH changed everything."

"WECH makes you happy about where we live."

"Before I couldn't sleep – it lead to a heart attack. The difference between WECH and [Council landlord] is Heaven and Hell – no exaggeration. Before it was like you were trapped."

The extent to which WECH residents feel	Previous %	WECH %
At home in this area	73	90

People feeling they belong strongly to the neighbourhood	National %*	WECH %
Very strongly	38	52
Fairly strongly	41	38

*Citizenship Survey April to June 2010

"Feels a lot safer than before and there's a strong sense of community. Long term security – with WECH you can settle down."

"Someone comes to check on us often. One time they did our shopping, another time they drove us to a funeral."

"Everyone's lovely – I feel so at home."

"Neighbours supportive when partner ill."

3.2 Landlord fosters good community life

The extent to which WECH residents feel	Previous %	WECH %
Landlord helps them to meet their neighbours	42	84

"Community events work well and give good opportunities to meet people." (16)

"A big family atmosphere." (3)

"A lot of healthy older people live on their own at WECH because they feel the community is supportive."

"I bake cakes for events. I'm pleased to do it. The people at WECH are really nice."

"Considering how diverse it is, it is close knit."

"We respect our neighbours."

The extent to which WECH residents feel	Previous %	WECH %
There is a good community life in the area	56	79
The area is a good one to encourage people to get involved	49	79
Landlord plays important role fostering community & voluntary activities	45	85

"Lots of opportunities to meet others and get involved." (30)

"There are lots of opportunities for community life. I was visited by a very friendly community officer who encouraged me to get involved. Because I was supported in the beginning and encouraged by a friendly person I volunteer a lot now."

"I love the work WECH are doing. It gives me the will to participate more."

"WECH are the best in the country."

"A village effect is attached to WECH – unusual and great."

"WECH has a knock on effect on people's health, mental stability, happiness, education and crime."

"WECH are my friends, they visit me if they are passing. They visited me in hospital."

Do WECH do anything to lead to your making more friends and acquaintances?

"Events and festivals, barbeque, carnival and garden parties." (46)

"Meetings and AGM." (23)

"Christmas party [for older people]." (22)

3.3 Landlord is responsive, takes notice and acts promptly

The extent to which WECH residents feel	Previous %	WECH %
Landlord staff are warm and approachable	59	94
Landlord staff take notice of what you are saying	57	91
Landlord staff will act promptly when help needed	54	92

"Very quick repairs service." (27)

"Nice/ helpful/ polite/ excellent/ efficient." (14)

"Very good – always listen." (8)

"If I have a problem I can always get hold of someone which is a nice feeling."

"Having the same staff is reassuring. They always take your side, always on time, they do the best possible."

"I trust WECH with my life."

"Sometimes I speak to the Chief Executive. He is very approachable."

"It's very good they deliver Christmas dinner."

3.4 Residents feel they can influence policies and services in their area

NB: For nearly a decade WECH has housed a police officer as a tenant in exchange for him playing a role in community affairs and making himself accessible to WECH residents.

The extent to which WECH residents feel	Previous %	WECH %
They can influence housing policies and services generally	37	64
They can influence Police policies and services	40	58

Feel able to influence decisions affecting local area	National %*	WECH %
Definitely agree and tend to agree	38	62

*Citizenship Survey April to June 2010.

“I can speak at WECH meetings if I want to.” (11)

“They let you know what is going on.” (3)

Anyone can be involved in WECH.”

“WECH is very democratic.”

“We’ve got a policeman. He listens to us.” (5)

“WECH has some sort of influence with the Police.”

3.5 Residents feel happier, more in control and more part of the neighbourhood

The extent to which WECH residents feel	Previous %	WECH %
Happier because settled and in charge	52	88
Better, as have greater control over their housing situation	55	84
More part of neighbourhood & sense of mutual trust & support	58	80

“My rent is reasonable which means you can afford to do something that doesn’t make a lot of money plus there is a sense of freedom and wellbeing.”

“Feel happier as more settled.”

“Our health is good in this house.”

“I can relax properly.”

“A sense of ownership and democratic control over my housing situation.”
“I love where I live.”

"Before I was more on edge."

"Before, I was more isolated."

"I'm happy because of the good atmosphere."

3.6 Residents are satisfied with governance and empowered through accountability

The extent to which WECH residents feel	%
Satisfied by resident Board's policies & decisions on rents, repairs & allocations	78
Empowered through accountability and responsiveness of landlord	82

What is WECH and what does it mean to you?

"A resident led housing association that takes the views of residents seriously."

"An organisation which helps people to have a better quality of accommodation and very good services."

"A tremendous agent for good, a piece of paradise."

"It means living without fear."

"I was in difficulty and they gave me a lifetime chance."

"They make me feel at home – they have been there for me."

"A reliable partner for me to maintain my home."

" A housing association that cares about tenants, environment and community."

"A housing association that helps vulnerable people."

A housing association that helps poor people."

"It started with real people power."

3.7 Residents think their wellbeing is positively affected

The extent to which WECH residents feel	%
Empowerment through WECH positively affects their wellbeing – physical and mental health	74

Give examples of the best things about WECH

"If you have a complaint/ problem you can always express it and they will listen to you." (8)

"It has allowed me to get in contact with different types of neighbours, people I would not have met otherwise. It is a multicultural community, which is a nice feeling. The mixture of different age groups is very important for wellbeing."

"We get much feedback. Having a beautiful house changes the children's lives."

"It makes me feel good. WECH's work influences my aspirations in participating more, even if because of my job I can't."

"If more places were like WECH there would be more happiness."

4. WECH'S POPULATION COMPARED

Pages 5, 6, and 7 of Dr Satsangi's *Community Empowerment* report are reproduced below, in their entirety.

Findings

Table Two below shows how WECH Survey data compare at the four levels. The most striking comparisons are indicated **in bold face in the table**. Interpreting some of the headline results shows the following.

National comparison

Judged by some common indices, WECH residents are relatively deprived: they are overwhelmingly social renters, with relatively low incomes, high rates of unemployment or being outside of the labour market and high incidence of limiting or long-term illness.

Looked at nationally, WECH residents feel a strong sense of belonging to the neighbourhood and place very high ratings on their area and its facilities like shops and the health centre. They also rate higher for feelings about their home. However, they are rather more likely to feel unsafe being out after dark than are people across the country and they show a lesser degree of trust in their neighbours.

WECH residents declare relatively high degrees of voluntary activity. They also record high satisfaction with WECH as a landlord/service provider.

Sub-regional comparison

In comparison with Inner London, WECH residents are relatively deprived, using the same measures as for England as a whole. They have particularly low monthly incomes, though it is likely that the regional figure has an upward bias from a (fairly small) number of high earning householders.

Compared with other people in (inner) London, WECH residents place higher ratings on their area and its facilities. Though they are more trusting of their neighbours, they feel less safe in the neighbourhood than people in the region.

WECH residents are significantly more positive about their home and their landlord/service provider than council tenants across London as a whole.

WECH and the New Deal for Communities areas

WECH residents and those of NDC areas are similar in being relatively deprived: on some measures, WECH residents are more so (tenure, unemployment and economic inactivity, long-term illness) and they seem to have quite similar household incomes (allowing for the date of survey difference).

In four years of its programme, the NDC achieved improvements in residents' perceptions of their area and its facilities and of neighbourhood safety. WECH resident scores on neighbourhood safety were similar, but much higher on satisfaction with their area. There appears to be no real difference between WECH and NDC residents' (high) ratings of their home.

NDC areas did not change between 2004 and 2008 in the declared level of voluntary activity of residents. WECH recorded a significantly higher level. WECH was rated much higher as a landlord/service provider than NDC landlords, albeit that these improved marginally.

Conclusions

The evidence reported here is consistent with the hypothesis framing the study, that collective ownership is associated with measurable benefits to life quality:

- Looked at nationally or regionally, WECH residents show high levels of deprivation, similar to areas that were the subject of the New Deal for Communities.

- Satisfaction with WECH, the home and the neighbourhood is rather higher for WECH residents across the various levels of comparison, and they also declare higher scores for active participation.

- The measureable benefits associated with empowerment through community ownership appear to mitigate the detriment to wellbeing caused by financial deprivation, physical illness and fear of crime.

Table Two WECH survey data compared

Comparator	**WECH**	**England**	**Inner London**	**New Deal for Communities [Empowerment initiative-free]**	
				2004	**2008**
Tenure	**Social renting: 75%**	**Social renting: 18%**	**Social renting: 26%**	**Social renting: 62%**	**Social renting: 55%**
Monthly Income	**£1,211**	**£1,455**	**£2,117**	**£916**	**£978**
Limiting illness * Health limits daily activities	**42%**	36%/18%*	NA/9%*	30%*	31%*
% adults unemployed/ economically inactive	**65%**	42%	47%	48%	53%
Feelings about home	**87%**	80%**	**68%****	82%	84%
Ratings of area and facilities	**89%**	65%	79%	53%	**74%*** **
Neighbourhood safety (score 3 or 4)	**54%**	**71%**	63%	46%	50%
Neighbourhood trust	**75%**	82%	**63%**	NA	NA
Active participation	**29%**	21%	25%	20%	**18%**
Satisfaction with landlord (score 3 or 4)	**84%**	80%	**66%**** **	70%	73%
Health and Happiness (score 3 or 4)	75**%**	70%	76%	58% 3 = 41% 2 = 33% 1 = 25%	77**%**

** For tenants of English councils/London Boroughs (respectively) undertaking satisfaction surveys in 2008, records satisfaction with property quality

*** Same score in Working Neighbourhood Fund areas, 2008/09

**** For tenants of London Borough Councils undertaking satisfaction surveys in 2008, records satisfaction "taking everything into account".

[NB: No findings have been drawn from the last comparator in the table because, as Dr Satsangi explains in his report at (III) on Page 3, "The WECH survey questions on health status and happiness relate to a prompt about being a WECH resident, i.e. "Living in a WECH home makes a difference to your health and life generally". This asks a relative question: asking people to make a judgement on how they felt before and after WECH becoming their landlord/service provider. It also asks them to judge the extent to which their health/well-being status reflects on WECH being their landlord/service provider. None of the detailed prompts are found in comparator data and this means that we can only make very broad, tentative inferences in this part of the comparison (the last comparator in the table)."]

WECH members collectively own the organisation and elect a Board from among themselves who then set the strategic and policy direction of the organisation. The democratic accountability of the Board, regular events and meetings and triennial satisfaction surveys all provide opportunities for people to be involved and to check their satisfaction with the performance of the organisation.

ToR 3.

Something very similar to the Local Area Renewal Partnership – strategic level partnership body with representatives from voluntary, statutory, community and business sectors meeting to review local authority-wide regeneration plans and ensure coordination of activity across sectors to more effectively pool resources and address collectively agreed priorities.

More operational Neighbourhood Partnership boards/Community Forums should be established at ward level with a similar membership base but drawn from practitioners operating on the ground and with representatives from recipients/beneficiaries of services also attending. These groups would establish local priorities and seek to bring together inter-agency and community group teams to tackle the issues locally identified.

The Neighbourhood Partnership will need to be supported with staff time to ensure shared information and practice on community involvement across agencies and coordinate the sharing of issues being dealt with by organisations operating in the area.

The Strategic level Partnership will need similar support and could be serviced within a Community organisation. This would provide the foundation from which to involve people in projects. It would coordinate the gathering of information, the flow of information, projects and action to meet the priority needs identified by the Community Forums and source and attract external funding.

ToR 4.
Precept powers used locally will help local areas to generate some income but this will mean that areas where there is deprivation and disadvantage are generating the funds needed to begin to address these problems.
Andy Watson
WECH

The Psychological Impact of Austerity

A Briefing Paper

Executive Summary

This report directly links cuts to public services with mental health problems. Well-established psychological research that explains these links already exists. However, this knowledge has been missing from the debate on austerity so far. Psychologists are often in a position to see the effects that social and economic changes have on people. We also occupy a relatively powerful position as professionals and therefore have an ethical responsibility to speak out about these effects.

Key conclusions

Austerity policies have damaging psychological costs. Mental health problems are being created in the present, and further problems are being stored for the future. We have identified five 'Austerity Ailments'. These are specific ways in which austerity policies impact on mental health:

1. Humiliation and shame
2. Fear and distrust
3. Instability and insecurity
4. Isolation and loneliness
5. Being trapped and powerless

These experiences have been shown to increase mental health problems. Prolonged humiliation following a severe loss trebles the chance of being diagnosed with clinical depression. Job insecurity is as damaging for mental health as unemployment.

Feeling trapped over the long term nearly trebles the chances of being diagnosed with anxiety and depression. Low levels of trust increase the chance of being diagnosed with depression by nearly 50 per cent.

These five 'ailments' are indicators of problems in society, of poisonous public policy, weakness of social cohesion and inequalities in power and wealth. We also know what kind of society promotes good health. Key markers are that societies are equal, participatory and cohesive. Some important indicators of a psychologically healthy society are:

1. Agency
2. Security
3. Connection
4. Meaning
5. Trust

Mental health isn't just an individual issue. To create resilience and promote wellbeing, we need to look at the entirety of the social and economic conditions in which people live.

Recommendations

• Social policy should work towards a more equitable and participatory society, to facilitate individual wellbeing, resilient places, and strong communities.
• It is crucial that policy makers and service developers consider the psychological impacts of current and future policies.
• Creating the conditions for wellbeing and resilience directly helps to prevent distress in the short and long term, both saving resources and reducing suffering.

The Coalition government since 2010 has implemented a program of cuts to public services and welfare that has disproportionately affected the most vulnerable people in our society in the name of 'Austerity'. Measures like the bedroom tax, cuts to disability benefits, the introduction of Universal Credit and cuts to local government, social services and NHS budgets have been presented by the Coalition as necessary to the UK's economic recovery.

Ideas like 'the nation has maxed out its credit card' and austerity as a painful but necessary medicine have been used to frame these policy choices as unavoidable and moral[1].

We argue that recent cuts are both avoidable and immoral. As psychologists we are often in a position to see the effects that societal and economic conditions have on people. Psychologists also occupy a relatively powerful position as professionals with access to resources like theory and research and therefore have an ethical responsibility to speak about these effects. Indeed, according to the British Psychological Society (BPS) code of ethics, part of the standard for competence is sensitivity to developments in our social and political context[2].

It is imperative to take into account the psychological costs of austerity for individuals and communities. Psychological impacts of recent austerity policies have been little discussed in media and policy debates, yet there is clear and robust research linking recent austerity policies with damaging psychological outcomes. Work at an epidemiological level on

social determinants of health like the Marmot Review[3] and The Spirit Level[4] shows robust evidence for the effects of social inequality on health, including emotional wellbeing. Mental health problems are associated with markers of low income and social economic status in all the developed nations, no matter which indicator is used[5]. There are indications of higher levels of mental health problems following austerity, with a rise in antidepressant prescriptions[6], and GPs reporting increasing numbers of mental health appointments[7], and a rise in male suicides[8].

Since the financial crisis, suicides have increased in European countries that have adopted austerity policies (UK, Greece, Spain and Portugal), but not in those who have protected their welfare state (Iceland and Germany) [9, 10].

In this paper, we assume that the emotional wellbeing of societies and individuals is determined by multiple factors that interact with each another[11]. These include economic, societal, familial, psychological and biological influences. We use the terms 'emotional wellbeing', 'distress' and 'mental health problems' rather than 'mental illness'. This is because there is disagreement about whether emotional difficulties are best understood as a product of individual pathology, or a consequence of toxic environments and difficult life experiences.

We use diagnostic terminology as a proxy for a wide range of experiences of distress, which are biographically unique. As psychologists, we believe that the diagnostic and medical understanding of 'mental illness' often neglects socioeconomic context. As Lynne Friedli says: "Mental health is produced socially: the presence or absence of mental health is above all a social indicator and therefore requires social, as well as individual solutions"[12].

Psychological research provides evidence for some of the wide range of pathways by which increasing social inequality and austerity increase emotional distress. In this paper, we will outline well established pathways to short and long term psychological damage from austerity policies; we have called these 'austerity ailments'. They are:

- Humiliation and shame
- Fear and distrust
- Instability and insecurity
- Isolation and loneliness
- Being trapped and powerless

Introduction

These five 'ailments' are indicators of problems in society, of poisonous public policy, weakness of social cohesion, and inequalities in power and wealth. However, there are also well-established psychological outcomes of living in a healthy, well balanced society and economy, which we will explore. These are:

- Agency
- Security
- Connection
- Meaning
- Trust

To provide some indications of the best ways to produce these outcomes, we will end with some recommendations for services, communities and policy makers.

Ailment one: **Humiliation and shame**

Case study

Food banks

The growth of food banks has been a high-profile feature of austerity. Reliance on food banks has increased 22-fold since the beginning of austerity policies in 2010, according to the Trussell Trust, which served nearly 1 million people in 2013/14[27]. Shame has been identified as the most common emotion reported by users of food banks[28]. In a US study, 84% of visitors to food banks described feeling humiliated by the experience, while 43% hid their use of food banks from their children[29]. This is one example of the how the public exposure of being in poverty leads to shame and humiliation. The most common reason for using a food bank in the UK is problems with the benefits system[30], including delays and benefits changes. This directly links austerity policies to the growth in food bank use.

Austerity has increased poverty; austerity policies have hit the poorest hardest[13], increasing levels of poverty in families on the lowest incomes[14]. Households living below minimum income standard has increased by a third since 2008. The majority of this increase is since 2010, when austerity policies began, and families with children are the worst affected group[15]. Experiences of both shame

and humiliation are endemic in poverty[16], due to the low status assigned to people on low incomes, and rhetoric that blames poor people for their own need. Humiliation has also been highlighted as a central experience for those affected by the changes to disability benefits[17]. Both shame and humiliation are social emotions. Humiliation arises when people are made to feel that they are lesser in status or worth, while shame occurs when people are made to feel that they have violated a social or moral standard[18]. These feelings have been compounded by the punitive benefits rhetoric used to drive through austerity policies, which has promoted the idea that those who use welfare benefits are worth less ('shirkers') than those who work ('strivers'[19]) .

The costs to mental health

Shame has been described as "the bedrock of psychopathology"[20] meaning that it is central to many forms of emotional distress. Shame is associated with experiences of depression[21] [22], specifically when combined with a feeling of a lack of community[23]. Shame is also central to many distressed responses to abuse[24]. Experiences of humiliation are also known to be a key cause of depressed experiences[25]. Prolonged humiliation following a severe loss trebles the chance of being diagnosed with clinical depression[26]. Particularly at risk, therefore, are people who face sudden changes to their circumstances which place them in poverty, such as a job loss or benefit cuts.

Austerity has relied on a politics of fear and distrust to drive through policies that hit the most vulnerable the hardest. Fear occurs in situations of danger, whether physical or emotional, while distrust is a response to unreliable or damaging social relationships. Both imagine a negative future[31]. Blaming people for misfortune, disability or poverty, and promoting the idea that people who receive state help are untrustworthy directly promotes distrust in society. In addition, people living in communities that have fewer resources, and higher levels of disorder and disorganisation, have higher levels of distrust[32], and austerity policies have been shown to have hit such deprived areas hardest[33].

The costs to mental health

Fear and distrust are central to many mental health problems. Life events which are rated as dangerous are known to cause experiences of serious anxiety[34]. Societies that are less trusting also tend to be less equal, and have higher levels of mental health diagnoses[35]. High levels of distrust are associated with an 80% increase in overall reported poor health[36]. Low levels of trust also increase the chance of being diagnosed with depression by nearly 50 per cent[37]. People who live in neighbourhoods that have high levels of distrust also have increased levels of all mental health problems, particularly psychosis[38]. Loss of trust in the world and others is also known to be a precursor to suicide[39]. Policies that increase distrust within and between communities are therefore poisonous to both community cohesion and individual mental health.

Ailment two: **Fear and distrust**

Case study

Benefits claimants

Austerity policies targeted benefit claimants, using the vilification of benefit claiming and beliefs about the level of benefit cheating. The DWP has been reprimanded by both the UK Statistics Authority and the parliamentary committee for Work and Pensions on the misleading and ideological use of statistics, to promote negative views about benefit claimants, including disabled people[40]. This is a deliberate strategy to undermine popular support for the principle of social security; over the past 30 years, there has been a 20 per cent reduction in people who think that the unemployed are deserving of the support they receive[41], and people are more likely to think that benefit claimants are lazy and don't deserve help[42]. Media reports are also more likely to contain language that implies that benefit claimants are undeserving of help, or have lacked effort to help themselves[43]. In addition, 30 per cent of media stories discussing benefits focus on fraud, despite the fact that the fraud rate is only 0.5-3 per cent[44]. This feeds the finding that the public overestimate benefit fraud by a factor of 34[45], and 14% of people believe a majority of claims are fraudulent[46]. This kind of rhetoric fosters distrust within and between communities by promoting the idea that people who receive state help are duplicitous and undeserving.

Ailment three: **Instability and insecurity**

Austerity has increased insecurity in both work and welfare benefit payments; instability has become an intrinsic part of many people's experiences. Work is no longer a guarantee of

stability. Half of the people in poverty in the UK, over 6 million people, are now in working households[47]. This period of austerity has led to poor people in work outnumbering poor people out of work for the first time[48]. An increasingly precarious workforce finds itself moving back and forth between insecure work and insecure benefits, with sanctions underpinning an increasingly punitive system. The number of financial penalties ('sanctions') imposed on benefit claimants by the Department of Work and Pensions now exceeds the number of fines imposed by the courts[49].

The costs to mental health

Insecurity, both personal and material, is known to be central to mental distress[50]. It is well established that job insecurity leads to poor mental health outcomes[51][52][53], independently of income or occupation level[54], and is as detrimental to mental health as unemployment[55]. Insecurity at a community level has also been found to feed into individual distress, in particular a feeling that authorities are unreliable or cannot be trusted to look after the interests of an area[56]

Case study

Zero hours contracts

Jobs are increasingly insecure. In December 2014, 697,000 people were employed on zero hours contracts, comprising a job with no guarantee of work or pay[57]. This number has increased fourfold since the beginning of austerity in 2010[58]. The most recent estimate is that 1.8 million people in Britain are on contracts without guaranteed hours[59]. It is also estimated that 22 per cent of UK workers earn less than the living wage, up from 20 per cent in 2012[60]. Robust research has established that job insecurity has damaging effects on both individual employees and organisations[61]. The more insecure the job, the higher levels of mental distress and physical health complaints found in employees[62].

Job insecurity leads to higher levels of strain, worsened job performance and increased sickness[63]. In addition, jobs that are characterised by low status and high levels of strain, along with insecurity, are as damaging to mental and physical health as unemployment[64].

Case study

Housing

Punitive austerity policies combined with an out-of-control housing market have led to people being uprooted from their homes. The BBC suggests that around 30,000 people have been forced to move following the implementation of the bedroom tax[65]. Since 2010, there has been an estimated 37 per cent increase in rough sleeping in England[66]. The numbers being made homeless following a private tenancy has also doubled over the same period, indicating severe insecurity in the private rental sector[67].
It is well known that people on low incomes tend to be tend to have smaller, denser and more localised support networks[68]. Being forced to move from established communities therefore is likely to be particularly problematic and a risk to mental wellbeing.

Ailment four: **Isolation and loneliness**

Austerity has hit local government very hard, and the biggest losses of funding have come in deprived areas[69]. This reduces resources that support community living, social support and contact for groups at particular risk of being lonely and isolated, such as young families and older people[70]. People living in deprived communities are, on average, more socially isolated[71], as well as being more significantly affected by the cuts to free communal and cultural resources[72]. Deprived communities have been disproportionately affected by government cuts[73].

The costs to mental health

Isolation, both social and cultural[74], is known to both precipitate mental health difficulties, and inhibit recovery[75]. Loneliness has a comparable mortality risk to smoking and drinking alcohol, and is a higher risk for mortality than obesity[76]. Britain already has one of the highest levels of loneliness in Europe[77]. Policies that increase isolation and loneliness, therefore, have a direct risk of damaging mental health outcomes in both the short and long term.

Case study

Sure Start centres

More than 400 Sure Start centres closed during the first two years of the Coalition government, following a cut of one third in funding[78]. Mothers of young children are a group at high risk for developing mental health problems, with one in 10 women experiencing mental health problems during or after pregnancy. Women

living in poverty are four times more likely to develop postnatal depression than those in the highest income bracket[79]. Supportive social networks, including those developed at children's centres, have been shown to decrease the level of depression experienced by this group[80]. Early years environments are known to be critical for children's long-term development and adult mental health. Experiencing depression after birth is linked to reduced quality in motherchild interactions and child-stranger interactions[81]. Supporting parents to provide good early years in environments is incredibly important[82].

Case study

Older people and social care

While those over 65 have been relatively protected from austerity[83], the cuts to local government have meant cuts to services for older people at particular risk of loneliness. The Supporting People budget has been cut, and support staff have been removed from people living independently[84].

Widespread "call cramming", meaning shortened visits to disabled and older people, has been reported. Older people are already more likely to be lonely[85], so removing lifelines of social contact is highly damaging. Concentration of social care on only the most severe need is a short-termist strategy that creates problems in the long term. Those affected by the first wave of cuts are often those who only need minimal support. Without this support they are likely to suffer more and to develop more serious levels of need.

Ailment five: **Being trapped and powerless**

Austerity has removed many choices from people's lives who are struggling or living with low incomes. The cuts to legal aid have meant that many people are without legal help in crucial areas such as housing, family, debt and benefits[86]. The tripling of university tuition fees has led to a 47 per cent drop in part-time students[87]. Part-time students are more likely to be mature[88], and so often already have responsibilities, such as children. The debt burden of university education has therefore had the effect of trapping people who do not take the traditional path straight from school to university.

The costs to mental health

Entrapment has serious short- and longterm impacts. Feeling trapped is a key cause of depression and anxiety[89]. Long-term entrapping life experiences nearly treble the chances of anxiety and depression[90]. Central to feeling trapped is a loss of hope in the possibility of being able to change life for the better. Feeling powerless is also a key component of many psychotic experiences, such as paranoia[91]. Mental health problems are responses to difficult life circumstances, so trapping people into situations of trauma, abuse and neglect can create lifelong problems.

Case study

Domestic violence

Funding for domestic violence shelters has plummeted. Last year, nearly a third of referrals to refuges were turned away due to a lack of space. On just one day, 112 women and 84 children were refused accommodation[92]. This literally traps women and children into violent and abusive situations. Beside the risks to women and children this poses in the present, the links between childhood adversity and adult mental health are well known. People are significantly more likely to be diagnosed with both depression[93] and psychosis[94] in adulthood if they have experiences of being abused or neglected in childhood. Experiencing or witnessing abuse as a child increases the risk of attempting suicide as an adult by nearly 70 per cent and of being prescribed medication for mental health issues by three times[95]. There is some evidence that long-term changes in biological stress systems, brain structure and chemistry can be attributed to witnessing or experiencing abuse in childhood[96]. All of these links have a 'dose response', meaning adult impacts are more severe the more sustained and repeated the experiences are in childhood[97]. This is a long-term mental health disaster.

The five ailments: summary

People living in particularly deprived circumstances are likely to be exposed to situations that have elements of all of these 'ailments'. Many austerity policies, such as

harsh benefit sanctions, are likely to produce experiences that have more than one of these features. These experiences can also intertwine and coalesce to compound experiences of distress over time. Powerlessness is linked to distrust, for instance; people living in deprived communities have higher levels of both[98]. Experiences of abuse and neglect, which people can get trapped into, can lead to lifelong feelings of shame[99], colouring future interactions and relationships[100]. Insecurity and instability can also trap people, leaving them feeling powerless over their own lives.

Five psychological indicators of a healthy society

Austerity tears apart communities and reduces people's capacity to live well. The costs and consequences of austerity policies will be long term and far reaching. To counter them, we need to build a society and public services that create the conditions for people to have "the freedom to live a valued life"[101]. Defining a 'good society' is fraught with difficulty, as such a definition will always be tied to a particular culture and time. In 'The Quality of Life'[102], Nussbaum and Sen argue that, although what is valued by different cultures may vary, all societies should aim to support people's capability to function well within them. Suggested capabilities include ensuring people have the capacity to be healthy; to think, feel and act freely; to have control over their environment; and to form communities.

There is evidence that particular kinds of social and economic organisation are better for health and wellbeing than others. Poverty is a robust predictor of poor mental and physical health[103], however there are also 'resilient places', where residents are healthier and happier than other demographically similar areas[104]. Resilience can be defined as the "capability of individuals or systems (such as families, groups, and communities) to cope successfully in the face of significant adversity and risk"[105]. This is a crucial concept for considering how best to provide conditions in which people can live well. Several aspects of community life predict good health and resilience, including civic participation, social cohesion, reciprocation and political efficacy[106]. The built environment is also important, as good quality housing predicts good mental health[107]. Being able to see green space has been found to help people cope more successfully[108]. On a broader level, equality of wealth is known to be central to wellbeing – more equal societies have healthier citizens and lower levels of mental health problems[109]. Social capital, the social ties which link people within and between communities, is also stronger in more equal societies, and is protective for health[110]. This evidence points to the benefits of an equal society, with cohesive communities, in which all citizens have access to meaningful power and influence. Drawing on published research, we outline five key psychological indicators of such a resilient and healthy society.

1. Agency

Agency is subjective sense of having control over one's life, having power to make decisions and shape the future. There is considerable evidence that in Western cultures, which prize individualism, feeling agentic, sometimes called having an 'internal locus of control', is related to better physical[111] and mental health[112]. A similar concept of 'mastery' is also used to describe a person's sense of control over their environment. A general sense of mastery, along with good social resources, has been found to protect disabled people from developing depression in later life[113]. Overall, a sense of mastery over both self and environment predicts lower levels of depression[114]. Preserving a sense of agency is also crucial in times of mental health crisis[115] as well as being central to the recovery process[116].

Many aspects of people's lives, communities and environments feed into the level of perceived agency. Living in poverty is a key circumstance that reduces people's capability to feel agency. People on low incomes[117], and in low-status, passive jobs[118], tend to have a more external 'locus of control', meaning that they feel their lives are more controlled by others[119]. Considering the lower levels of autonomy in low-status jobs[120], and the lack of choice that comes with a low income, this is a valid assessment. Public services that are paternalistic, didactic or punitive, are also known to disempower people and reduce their feelings of agency[121]. Agency is also not only an individual characteristic. Community level empowerment, involving an increase in the participation and efficacy of groups to impact local decision making, been found to be beneficial for health[122].

2. Security

Feeling safe is central to being a happy and healthy person. Psychologists have long known that feeling secure in our environments and our relationships with others is central to wellbeing.

Knowing that you will have enough to eat and somewhere to live is a basic requirement for emotional wellbeing. For example, homelessness has been linked to greater anxiety and low mood in children and parents in homeless families, compared to those in poverty who are housed[123]. Secure housing is likely to have a positive impact on wellbeing, given that moving house three or more times has been identified as a risk factor for increased emotional and behavioural problems in children[124].
There is a wealth of research on the effects of fear of crime, showing the detrimental effects of feeling unsafe on mental health and wellbeing[125]. Areas with visible markers of instability, such as vandalism, litter and abandoned buildings tend to have higher levels of mental health problems[126].Having a job and feeling secure that you will have a job in the future are clearly important for wellbeing as one in five suicides worldwide is linked to unemployment[127] and job insecurity as well as unemployment predicts depression and anxiety[128].
Supporting the capability for experiencing emotions means creating the conditions whereby children's emotional development is not adversely affected by feelings of fear. Good early relationships lead to secure attachments and feelings of safety. Attachment research indicates that maternal sensitivity, a strong predictor of attachment security, is affected by economic deprivation[129] and family socioeconomic status (SES)[130]. Research examining contextual predictors of secure attachments in low-SES families found a range of interrelated resources, including maternal social support, provision of toys, maternal depression and education predicted secure attachment[131].

A society that supported parents would increase the chance of children beginning their lives with a sense of safety that in turn is linked to improved wellbeing in adulthood.

3. Connection

Connection to others is crucial for having a sense of meaningful identity and place in the world. Relatedness is a basic human need according to psychological research, including attachment theory, mainstream social psychology and community psychology[132]. Humans experience social exclusion as painful[133], and a sense of belonging is associated with better emotional wellbeing[134].
There is also a body of research showing a link between sense of community and emotional wellbeing[135]. Research has found that in blocks with comparable levels of moderate deprivation, greater community participation predicted lower levels of anxiety and depression. However in the most deprived areas, living in a block with little community participation appeared to be slightly protective[136]. Levels of community participation were lower in the most deprived blocks. This shows how isolation created by austerity policies can be amplified by the creation of vicious cycles of deprivation and disconnection, with mutually reinforcing negative effects on emotional wellbeing.
Evidence indicates that, where people have more contact and involvement with others, they experience a greater sense of connection and belonging, which is protective for emotional wellbeing. Increasing inequality over the past 30 years has been linked to reduced levels of cohesion and involvement in community life[137]. Therefore it is crucial that the trend toward rising inequality is reversed.

4. Meaning

The ability to live a meaningful life, whether through work, relationships or creative pursuits, is central to wellbeing[138]. An overall sense that life is understandable and meaningful[139], often characterised as a 'sense of coherence', predicts good mental health[140] and physical health[141]. The extent to which people feel valued is based in the quality of their environment, relationships and pursuits.
Work is a key route for people to find meaning, purpose and value in our society, but the quality of work is crucial. Low-skilled jobs have been found to decrease people's sense of coherence[142], helping to mediate the poorer mental health generally found in people in lowpaid roles[143]. For jobs to be beneficial for health rather than detrimental, there needs to be a positive 'effort-reward' balance, where the rewards from the job, whether financial, personal or intellectual, are not overwhelmed by the effort and strain required by the job[144].
Other routes to a meaningful life include relationships[145], creativity[146], spirituality[147] and civic participation[148]. Improving levels of social support for people using mental health services can actively increase a sense that life is meaningful[149]. People who continue to be embedded in family relationships and responsibilities tend to recover better from distress[150], particularly if their role in the family is valued[151]. Engaging in creative pursuits during recovery from distress has also been found to foster hope and develop a sense of meaning and purpose[152]. For those who have a spiritual outlook, these beliefs can also be a strong source of hope, meaning and comfort[153]. Finally, being actively involved in civic and community activities, and feeling a strong sense of belonging through activitie such as volunteering, is also beneficial for health[154].

5. Trust

Trust is a crucial component of wellbeing

in individuals, communities and society. Societies that are more equal[155] and socially cohesive[156] have citizens who trust each more. People living in more trusting societies have higher levels of subjective wellbeing[157], lower levels of mental health diagnoses[158], and a range of other positive social[159], and health[160] outcomes. Trust is important because because it acts as a social and interpersonal facilitator; it helps us to develop and sustain social capital, the social bonds, networks and associations that sustain strong communities[161]. Socially cohesive societies and communities are more trusting due to both the level of bonding within communities and better bridging links between groups[162]. Consequently, communities are able to come together to work towards collective ends[163]. It is by having trust in others that we are able to build strong and stable interpersonal relationships[164], which provide us with a sense of belonging and security, and a foundation upon which to explore ourselves and the environment around us[165]. It is the experience of these trusting and nurturing relationships, particularly in our early development, which are the foundation of good mental health[166] as they help reduce the likelihood of developing a mental health difficulty later in life[167]. Consequently, promoting the accumulation of social capital is now seen as an important objective for governments in order to promote social cohesion and public wellbeing[168].

Implications and recommendations

The evidence presented in this report indicates that a range of key psychological experiences can be directly linked to public policy, and are sensitive to macro social and economic changes. It is therefore crucial that policy makers and service developers consider the psychological impacts of current and future policies. Creating the conditions for wellbeing and resilience directly helps to prevent distress in the short and long term, thereby saving resources and reducing suffering.

We call for:

• Social policy that works towards a more equitable and participatory society, to facilitate individual wellbeing, resilient places, and strong communities.
• Policy makers to take into account the psychological impacts of macro social and economic changes.
• A social security system that empowers and supports, rather than punishing people in times of need.
• Public services to increase focus on preventing distress, improving citizen participation and social justice, as well as help facilitate the five positive indicators above.
• Co-production to be one such model of public service reform. This approach harnesses individuals' and communities' assets and expertise rather than viewing them just as passive recipients of and burdens on services.
• A community-led approach to mental health and emotional wellbeing that develops collective responses to individual needs and by doing so works to strengthen communities and build on communal resources.[169]

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