COMMUNITIES CONNECTED:
INCLUSION, PARTICIPATION AND COMMON PURPOSE

David Morris FRSA and Alison Gilchrist

RSA
Projects

BIG LOTTERY FUND
LOTTERY FUNDED

ABOUT

The RSA is an enlightenment organisation committed to finding innovative practical solutions to today's social challenges. Through its ideas, research and 27,000-strong Fellowship it seeks to understand and enhance human capability so we can close the gap between today's reality and people's hopes for a better world. Citizen Power is one of the RSA's most ambitious programmes, all of which put enlightened thinking to work in practical ways. By researching, designing and testing new social models, projects aim to encourage a more inventive, resourceful and fulfilled society.

Connected Communities is a thought leadership and action research programme at the RSA that focuses on how social networks – our 'real world', face-to-face exchanges – can be better understood and utilised to address social and economic challenges. Work to date has focused on exploring what this approach has to offer for developing the 'Big Society' and on the power and influence networks of some of those most isolated in society.

This paper is the first from our emerging work on Mental Wellbeing and Social Inclusion. This is a five year programme in partnership with the University of Central Lancashire and the London School of Economics, and is operating in seven sites across England. The work is supported by the Big Lottery.

David Morris FRSA is Professor of Mental Health, Inclusion and Community at the University of Central Lancashire (UCLAN) where he leads work on a centre of excellence for learning, evidence, innovation and practice on inclusion in the context of community engagement. David was previously Director of the cross-government National Social Inclusion Programme (NSIP) at the National Institute for Mental Health in England (NIMHE). David also holds a Visiting Academic Associate post in the Health Service and Population Research Department of the Institute of Psychiatry, King's College London. David and his team at UCLAN are partners of the RSA on the Connected Communities Mental Wellbeing and Social Inclusion Programme.

Alison Gilchrist has been involved in community development for more than 25 years: as neighbourhood worker, lecturer, writer, trainer, manager, director, policy advisor and researcher. Alison worked for 11 years as a neighbourhood based community worker, initially at the Bristol Settlement in Barton Hill and then for Easton Community Association. From there Alison went into higher education, teaching the theory and practice of youth work and community development, and researching a doctoral thesis in networking and community development. Alison joined the Community Development Foundation in 1999 and became Director of Practice Development. Alison now works as an independent consultant and has worked as an advisor and fieldworker for the RSA's Connected Communities Programme since its inception.

INTRODUCTION

Community connections, reaching across place, interests and identity, are largely untapped assets that can promote wellbeing and address social exclusion. Redefining the role of public services and their relationship to citizens will require a better understanding, use and development of this potential. But successive government policy initiatives have largely failed to harness and build the social networks and social capital of public service users.

The pressures on public finances are well known and documented. Over the next few years, spending on the NHS will increase at the smallest rate for years while the money local authorities receive for adult social care will be reduced. At the same time, demand for these services is increasing. In the longer term, the Office of Budget Responsibility has shown the strains that will be placed on public finances by our ageing population. They argue that continuing with a similar approach to funding healthcare "would eventually put public sector net debt on an unsustainable upward trajectory" (Office for Budget Responsibility, 2011).

This paper makes the argument for a new approach to delivering public services. Too often people who use public services are viewed as individuals with a set of problems that need to be solved. This perspective means that public services have often found it impossible to build and sustain the social networks of people who use these services. In fact, some services even reinforce the loneliness and isolation of service users. Faced with increased pressure on budgets, public services can no longer afford to ignore the resources of public service users, most notably their community connections.

The recent incidents of civil disorder that affected a large number of British cities and the stubbornly high number of lonely people[1] serve to highlight the need to address alienation and isolation within communities.

'Connected communities' with healthy, thriving social networks are able to mobilise social capital for greater involvement in service design, governance and delivery. With statutory duties being rapidly reframed as community responsibilities, there is an urgent need to better understand what encourages and discourages community involvement and how different forms of participation generate social outcomes.

So far much of the debate over reforming public services has focused on the role that charities and community groups should play in delivering these services. A networks perspective adds the missing dimension to this debate. Understanding how and why informal networks develop reveals the latent resourcefulness of communities and the bridging and interdependence that public policy has largely ignored.

Using a networks approach, the RSA's Connected Communities programme will uncover how changes in the pattern of social and organisational connections affect levels and distribution of social capital. At the same time, our work will outline the current limitations of community networks, and the risks associated with moving public service reform forward without taking these into account. The fragility and fluidity of social networks means there is an uneven distribution of social capital and social goods within and across UK communities. This will limit the progress that policymakers and practitioners can make towards effective public service reform if not addressed.

Strategies for unlocking and realising the full value of social networks are under-explored and poorly understood. The RSA's Connected Communities action research programme will go some of the way to remedying this. Working in seven neighbourhoods across England, in partnership with community groups and statutory bodies, it will train community researchers to map the social networks and mental well being of people who live in these areas. This mapping process will yield tremendously rich data, for example identifying the most well connected people in the area, which organisations bring people together, and discovering the places where people meet and interact.

This information will inform an innovative approach to designing policies to combat locally defined problems, such as inactive lifestyles, isolation or problematic drug and alcohol use, with a view to improving inclusion and fostering wellbeing. Traditionally policies and services have attempted to introduce solutions from outside an area, in the form of money or expertise. In contrast to this approach we will work with communities to co-design interventions that galvanise, connect and stimulate the community assets identified through the mapping process.

There are no guarantees that this style of working will produce significant results – but there is the possibility that, by spreading quickly through social networks, these interventions can have a transformative impact.

This paper begins with a review of current policy, looking specifically at how the ethos of the Big Society is guiding the coalition government's approach to public service reform, and the challenges that this presents to the relationship between civil society and the state. From there, the paper explains how a networks perspective adds a much needed dimension to policy development. The final section looks at how policy and theory interact through the example of mental health service provision. We conclude by outlining four themes for enquiry which will guide the next stage of the Connected Communities programme: community assets, co-production, self-aware autonomy, and democratic empowerment.

2 HM Government (2011) *Open Public Services*, London: HM Government p. 8.

3 Department of Health (2010a) *Healthy Lives, Healthy People: our strategy for Public Health in England*, London: Department of Health, p. 25.

4 Office for Civil Society (2010) *Building a Stronger Civil Society, A strategy for voluntary and community groups, charities and social enterprises* (Introduction), London: Office for Civil Society.

POLICY CONTEXT

Our communities are facing one of the greatest tests of their resilience in recent memory. On the economic front, a financial crisis of unprecedented proportion is threatening their stability and landing disproportionately on those least equipped to withstand its impact. Reduced public services, high unemployment and threats to individual welfare support are becoming a significant strain on individual and community relations. The recent outbreaks of civil disorder show the importance of building positive community connections and the risks associated with having a number of people that feel alienated from their community. On the political front, some feel that communities' ability to create and innovate in the face of local challenges is being repackaged and resold to them under the banner of the Big Society. Following on from New Labour's core policies of community engagement and decentralisation, the coalition government's Big Society agenda hinges on expansive ambitions for the role of active citizens and volunteers in civic and community life. Framed as much as a call to action as a policy, the Big Society represents a politics of participation in which the relationship between state institutions and civil society is tipped in favour of the latter.

For government at any level to engage citizens and empower communities in decision-making and service delivery, policymakers and practitioners alike need to understand the factors that encourage and reduce people's motivation to get involved. Social networks are invaluable channels for recruiting volunteers and mobilising resources, as well as supporting all kinds of informal social interaction. The Connected Communities programme offers a re-configuration of the relationships between these community networks and service providers. The approach looks beyond the unrealistic replacement of state provision by voluntary effort towards opportunities for co-production where individuals, communities, voluntary organisations and statutory services are co-operative partners, joint stakeholders and mutual beneficiaries.

REFORMING PUBLIC SERVICES

Underpinning the Big Society vision is an expectation that communities can and will play a bigger part in providing or co-producing services and fostering social capital. "People should be in the driving seat, not politicians and bureaucrats" is how the recent White Paper on Open Public Services puts it.[2]

However, the kind of social transformation envisaged as the Big Society is only achievable if we revalue community effort and find new ways of releasing that value through social investment. Policy and practice in areas such as mental health and social care must favour interventions that grow and use social networks as providers and as gateways to community engagement and 'user' governance in designing and delivering services.

The first step in transforming the public services landscape is for local authorities to rethink their approach to commissioning. In health and other areas, government has made clear its expectation that communities and community groups will contribute to the mixed economy of service provision as well as determining what this provision should include:

'Charities, voluntary organisations and community groups already make a vital contribution … the government will encourage partnership working and opportunities for providers from all sectors to offer relevant services'.[3]

A new approach to commissioning inevitably means a greater role for the voluntary and community sector (VCS) in defining the form and scope of spending cuts. In fact, central government has proposed the sector's participation is a necessary condition of it fulfilling its new potential:

'These reforms will … give the sector a huge range of new opportunities to shape and provide innovative, bottom-up services where expensive state provision has failed … Badly handled public sector cuts could significantly alter the ability of the sector to nurture social capital and support some of the most vulnerable people in society just at a time when we want to build that social capital and encourage those local support networks. So we are keen to work with the sector in identifying the smartest way of making savings and finding better ways of doing things'.[4]

The diversity within communities and the VCS allows for a myriad of ways in which people can play a part in service provision through shared governance, such as running local schools or leisure amenities like parks or youth clubs. This in turn will enable us to better understand and use community hubs in democratic but innovative ways:

5   Skidmore, P., Bound, K., and Lownsbrough, H. (2006) *Community Participation, Who benefits?* London: Joseph Rowntree Foundation.

6   Rowson, J., Broome, S. and Jones, A. (2010) *Connected communities: How social networks power and sustain the Big Society*, London: RSA.

7   Department of Health (2010a) *Healthy Lives, Healthy People: our strategy for Public Health in England*, London: Department of Health, 1.46.

8   Department of Health (1999) *Saving Lives: Our Healthier Nation*, London: Department of Health.

9   Department of Health (2010a) *Healthy Lives, Healthy People: our strategy for Public Health in England*, London: Department of Health.

'Rather than expect everyone to participate equally in formal governance, we should try to make more people's everyday civic engagement count by designing the formal governance in a way that taps into the informal spaces of community life that they routinely inhabit'.[5]

The familiar places of community life – the school gate, places of worship, local shops or post offices – can create opportunities for individual residents and service users to connect to more formal governance structures. Community hubs are also spaces for personal interaction and networking. This convergence between the dimensions of governance and social capital is key to the future of policy development.

But where does government's emphasis on the sector's potential leave community members who, while dependent on public services, feel ill prepared to take them on themselves? Previous RSA research has shown that not only are community networks often fragile and fluid, but the skills and capacity needed for self help and mutual support are currently unevenly distributed among individuals and groups.[6] For this reason we cannot afford to overestimate the capacity of networks themselves.

THE EXAMPLE OF HEALTH AND SOCIAL CARE POLICY

The importance of social networks and co-production is particularly evident in the fields of health and social care. New policy proposals follow a string of successive attempts to construct a picture of public health as everybody's business. While individuals are being put in the driving seat for all aspects of their own care (and that of their families), addressing the root causes and prevention of ill health is seen as a shared responsibility:

'We need to harness efforts across society – individuals, families, local and national government and the private, voluntary and community sectors to tackle these issues'.[7]

Local people and community groups have a valuable role to play in preventive or support services through volunteering, peer support and befriending. In most local areas these services are either non-existent or are offered through more formal organisational structures. A more visible presence from the local VCS in service provision would make claims of accountability and responsiveness to local needs more feasible. This in turn encourages more co-production and sustained lay engagement than would otherwise be possible. Restoring this local dimension to health and social care services ensures users are properly involved in planning, design and delivery. This can be particularly advantageous for General Practice, where close links between the service and the local areas where people live is an important aspect of the service's effectiveness and appeal.

But health and social care can also show us how public service reform can risk leaving some of the most vulnerable people behind. While the objectives of health and social care policy have become increasingly concerned with whole population impacts, the imperative for policy to simultaneously address the needs of socially excluded communities is also long established. In 1999 the focus was 'better health for everyone and especially the worst off'.[8] By the 2010 'Healthy Lives, Healthy People' White Paper, the idea was 'proportionate universalism' – the notion that action for whole populations needs also to be focused on particular aspects of disadvantage.[9]

In practice, however, there is little evidence that the goals of these joined-up policies have been achieved. There is an ever present risk that in the rush to invest 'upstream' (for example by investing in measures to prevent people becoming ill), some of the most disempowered people will be left marooned downstream in services on which they may already be dependent.

THE PERSONALISATION AGENDA

'Personalisation' places care budgets at the disposal of individuals to purchase support and services that meet their individual needs, giving them greater control over adapting their care to changes in their circumstances or condition. The intention is to enable people to maintain personal independence and well-being through their connections to friends, family, colleagues and more casual acquaintances like neighbours. Not only is this form of co-production a cheaper option, but it offers potential for sustaining community networks and building a more integrated and cohesive society.[10] The link between personal empowerment and social cohesion has been largely unexplored and will be a recurring theme for investigation in the Connected Communities research sites. In examining the benefits of personalised care for individuals, it becomes possible to identify whether this approach helps people forge and maintain links to the wider community. The findings will be valuable particularly if personalisation is found to contribute to overcoming divisions that some people might otherwise experience, such as stigmatisation because of ill health or disability.

10 Glendinning, C., Challis, D., Fernandez, J., Jacobs, S., Jones, K., Knapp, M., Manthorpe, J., Moran, N., Netten, A., Stevens, M. and Wilberforce, M. (2008) *Evaluation of the Individual Budgets Pilot Programme: Final Report*, Social Policy Research Unit, University of York: York.

11 Benard, B. (1991) Fostering resiliency in kids: Protective factors in the family, school and community, Portland, OR: Northwest Regional Educational Laboratory.

12 Gilchrist, A. (2009) *The well-connected community*, Bristol: The Policy Press.

13 Social Exclusion Unit (1997) *Social Exclusion Unit: Purpose, work priorities and working methods,* London: The Stationery Office.

14 Putnam, R. (2000) *Bowling Alone*, London: Simon and Shuster.

15 Bourdieu, P. (1986) 'The forms of capital', in J.G. Richardson (ed.), *Handbook of theory and research for the sociology of education*, New York: Greenwood Press, pp. 241–58.

16 McKenzie, K. and Harphan, T. (eds). (2006) *Social capital and mental health*, London: Jessica Kingsley.

17 Foresight report (2008) *Mental capital and well-being*, London: BIS.

18 Ibid. See Chapter 2, section 2.2 of the final Project report.

19 Ormerod, P. (2010) N *Squared, Public policy and the power of networks*, London: RSA, p.14.

A SOCIAL NETWORKS PERSPECTIVE

KEY CONCEPTS

Resilience: the psychological processes used by individuals to cope with stress, adapt to change and resist threats to their own wellbeing or security. Community connections contribute to individual and collective resilience through three characteristics which align with Putnam's core components of social capital: trust, networks and norms.[11] Resilient communities have multiple opportunities for solidarity and participation through social organisations that are empowering, well-connected and inclusive.[12]

Social inclusion: the degree to which citizens or community members are able to participate in, and benefit from, the activities and services generally available in society. The capacity to influence decisions is crucial to social inclusion, and empowerment is a necessary condition for fair and effective processes of civic engagement and representative democracy. From a social networks perspective, this includes people being sufficiently connected to sources of information and levers of power.

Social Exclusion: The Social Exclusion Unit defined social exclusion as "what can happen when individuals or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime environments, bad health and family breakdown".[13]

Social capital: commonly understood as the value of assets held in or accessed through social networks. Putnam argues that social capital is a collective resource that allows societies and economies to thrive, and his definition includes the less tangible dimension of trust and shared norms.[14] Bourdieu defines social capital as "the aggregate of the actual or potential resources which are linked to possession of a durable network of more or less institutionalized relationships of mutual acquaintance or recognition". He is more critical, arguing that the uneven distribution of social capital perpetuates inequalities, or worse that it can be used to exclude the already disadvantaged.[15] In the Connected Communities programme, we are building on the evidence that social capital contributes to better mental health for individuals[16] and also supports the network of informal care and formal services.

Mental capital is defined in the government Foresight report as:

'A person's cognitive and emotional resources. It includes their cognitive ability, how flexible and efficient they are at learning, and their "emotional intelligence", such as their social skills and resilience in the face of stress. It therefore conditions how well an individual is able to contribute effectively to society, and also to experience a high personal quality of life.' [17]

Of the Report's five 'steps to happiness', two emphasise the importance of positive interaction through connecting and giving.[18]

A social networks perspective adds a much-needed dimension to policy development. As a recent RSA pamphlet notes, the success of social interventions will not depend on the rigid pursuit of rules drawn up by policymakers removed from community realities. Instead, success will rely on a more nuanced investigation of behavioural economics and network effects:

'Networks introduce an entirely different dimension into the policy picture...Network theory allows the social dimension of human activity to be taken into account when trying to understand how agents behave, and when thinking through the policy implications of their behaviour'.[19]

Communities are complex, dynamic and diverse. A social networks perspective allows different aspects of people's lives to be investigated within the context of the community as a whole system. Individuals' experiences are examined in terms of their positions in a network of relationships with local groups and organisations, as well as with other community members. Over time, these patterns of connection change both naturally and as a result of specific interventions.

20 For example: Young, M. and Willmott, P. (1957) *Family and kinship in East London*, London: Routledge and Kegan Paul; Bott, E. (1957) *Family and social networks*, London: Tavistock; Wellman, B. (ed). (2006) Wellman, B. 'The Network is Personal: Introduction to a Special Issue of Social Networks', Social Networks 29, 3 (July) pp 349-56.; Crow, G. and Allan, G. (1994) *Community life*, Hemel Hempstead: Harvester Wheatsheaf; 6, Perri (2002) 'Governing friends and acquaintances: public policy and social networks', in Nash, V. (ed). *Reclaiming community*, London: IPPR; Crisp, R. and Robinson, D. (2010) *Family, friends and neighbours: social relations and support in six low income neighbourhoods*, Sheffield: CRESR.

21 Rowson, J., Broome, S. and Jones, A. (2010) *Connected communities: How social networks power and sustain the Big Society*, London: RSA.

22 Phillipson, C., Allan, G. and Morgan, D. (2004) *Social Networks and Social Exclusion*, Aldershot: Ashgate Books.

23 Rose, D. (1996) *Living in the Community*, London: The Sainsbury Centre for Mental Health.

HOW CONNECTED COMMUNITIES WORK

The Connected Communities approach has its roots in sociological studies that emphasised the significance of interactions and relationships in helping communities and individuals cope with whatever fate (or the economy) deals them.[20] Social networks are organic constellations of inter-connected nodes with certain structural features. The behaviours and life chances of network members are affected by their position relative to others and the nature of their connections. On a wider community level, the characteristics of networks are also associated with community spirit, resilience and empowerment. Networks have a number of functions – they are:

- reservoirs of social capital;
- communication webs (using various modes, including digital media);
- mobilising vehicles for collective action;
- sources of support and advice;
- a basis for shared identity; and
- foundations for cross-sectoral collaboration.

INTEREST, IDENTITY OR PLACE?

Social networks develop within communities of place and also link people with shared interests or identities. Local pubs, sports clubs and other community bases are important in establishing and maintaining connections, but geographic convenience is not always the deciding factor in how residents choose or find themselves to be connected.[21] The key to understanding how communities operate is to examine the nature and extent of interactions rather than concentrating exclusively on area-based programmes. Exclusion and stigma are most effectively addressed through interventions that address prejudice, poverty, power differentials and cultural preferences, especially when these create divisions between communities of identity and within communities of place.

Social inequalities impact on networks in different ways affecting people's life chances and their sense of well-being. Positive relationships can foster a sense of interdependence and mutual solidarity based on empathy and shared identities, while negative attitudes and barriers reinforce discrimination, disadvantage and exclusion.[22] A network analysis at the individual and community levels can be used to explain the levels and distribution of 'social goods' associated with social capital, such as health, happiness and collective efficacy. Furthermore, the Connected Communities programme will reveal the ways in which networks embody social capital and mobilise it co-productively.

24 Social Exclusion Unit (2004) Mental Health and Social Exclusion, *Social Exclusion Unit Report* , London: Office of the Deputy Prime Minister, p. 30-33.

25 See for example: 'Time to Change': http://www.time-to-change.org.uk

26 Wallcraft, J., Read, J. and Sweeney, A. (2003) *On Our Own Terms: Users and survivors of mental health services working together for support and change*. London: The Sainsbury Centre for Mental Health.

27 Read, J. and Baker, S. (1996) *Not Just Sticks and Stones: A survey of the discrimination experienced by people with mental health problems*, London: Mind.

28 Rusch, L. et al. The Impact of In Our Own Voice on Stigma, *American Journal of Psychiatric Rehabilitation*, 1548-7776, Vol: 11, 4, 2008, pp. 373-389.

29 HM Government (2009) *Work, Recovery and Inclusion, Employment support for people in contact with secondary mental health services*, London: HM Government.

30 Sayce, L. (2000) *From Psychiatric Patient to Citizen: Overcoming Discrimination and Social Exclusion*, Basingstoke: Macmillan, p. 111.

31 National Social Inclusion Programme, (2009) *Vision and progress, Social Inclusion and Mental Health*. (p. 1) www.socialinclusion.org.uk

LOOKING AT THE EXAMPLE OF MENTAL HEALTH SERVICES

Public policy has made insufficient use of the social capital of service users – public service reform must now aim to build and use the social networks that connect different communities. Reform must proceed at a realistic pace so as to not leave marginalised groups behind in taking on a greater role in design and delivery of services.

This next section demonstrates how the policy and theory play out in practice, by looking at the example of mental health service provision.

STIGMA AND EXCLUSION

'I feel alone on the estate – they know me and they shut me out.'

'I regularly get called "pervert" when I go out of my house, by the five year old kids in the street. Sometimes I stay at home because I can't run the gauntlet for that day. Hence, although there may be lots of inclusive activities available, I am emotionally unable to access them.' [23]

The stigma of mental ill health is widely recognised and comprehensively evidenced. When published in 2004 the Social Exclusion Unit's report was underpinned by decades' worth of evidence on the ways in which stigma and prejudice limit the scope for community involvement for people living with mental health problems. Sixteen years ago, Mind identified discrimination as the single biggest problem for mental health policy, an insight that spawned a host of national initiatives to address the issue,[24] some with significant investment and celebrity involvement.[25]

Mental health service users draw on the strength of the service user movement to challenge discrimination. This community of identity has developed a powerful voice and has succeeded in convincing service providers of the importance of an 'integrated prevention, self-management, recovery and inclusion focus'.[26] But mental health service users are also residents in local villages, estates and neighbourhoods, and their inclusion and integration in these geographic communities can have a significant bearing on their recovery. An important question raised by the Mind survey still goes largely unanswered: 'how can people recover and establish themselves in their community if they are constantly refused a chance to work or contribute to society?'.[27]

Previous strategies to promote the positive representation of people with mental health problems have prioritised media influence and public education over approaches concerned with the value of social contact in everyday life. While evidence on the impact of social contact is encouraging,[28] there is relatively little of it. There is even less evidence on how social contact occurs and how it could be effectively mobilised. While we have seen a minor flood of recent policy to promote better access to employment,[29] the many other ways to contribute to community life through normal social interaction and voluntary involvement have received comparatively scant attention in policy or practice.

Exclusion occurs 'at the fundamental boundary between people who have a mental health problem and those who do not'.[30] Being included involves accessing the power, value and respect that is often associated with paid work, but that can also be derived from the various social networks and communities in which people with mental health problems participate. The National Social Inclusion Programme (2004-09) sought to stimulate action in the many areas of people's lives in which exclusion operates – arts and culture, learning and skills, housing and employment – bringing a wide angle lens to the challenge of whole system change in these complex environments:

'Though simple in aim, thanks to the variety of systems through which we work and the richness of the people for whom we work, inclusion is diverse in nature. In going about this work, it has been important to resist reductionism; to reduce the complexity of individuals or the interdependent nature of communities to a single element or objective in the process of change may achieve simplicity but it also risks an underestimation of the complexity of human life'. [31]

The Programme argued that these multiple connections were the foundations upon which mental health services, among others, needed to build their activity. This remains the case today.

"Interdependence then becomes as important as independence because mutuality and the reciprocity of social relationships are crucial to reducing discrimination at community level."

———

32 Department of Health (2010 a) *Ibid;* Foresight report (2008) ibid.

33 Department of Health, (2009) *New Horizons: towards a shared vision for mental health consultation*, London: Department of Health.

34 Dobson, F. (1998) *Frank Dobson outlines third way for mental health.* Department of Health Press Release London: Department of Health.

35 Rowson et al, op. cit. p. 9.

CONNECTING COMMUNITIES FOR BETTER INDIVIDUAL AND PUBLIC MENTAL HEALTH

Community mental health and wellbeing are now central issues for the public health domain.[32] The notion of public mental health moved to centre stage in the previous government's policy and is likely to remain at the heart of the coalition government's new strategy for mental health.[33] But a broad policy for public mental health must retain a keen focus on the needs of people with established mental health problems, so as to prevent exclusion from the otherwise progressive momentum of population-level approaches.

While connected communities are recognised as good for public health, they also need to become the basis for a matrix of provision for the individual user. Amidst the strategies to rationalise, refine and circumscribe service entitlement against narrowing clinical criteria is the need to encourage service providers to work alongside communities in reconnecting excluded people to the social networks and communities of which they are a part. Interdependence then becomes as important as independence because mutuality and the reciprocity of social relationships are crucial to reducing discrimination at community level. Achieving this inter-dependence will require a better understanding of how social identities are used in different communities and how inter-community connections can be made.

PREVIOUS INITIATIVES

Despite the centrality of place in public mental health thinking, this type of community has been undermined historically by mental health services that were community in name but did not in practice engage with real communities. As a result, community care was characterised as a failure[34] and a move was made to more specialised services. Some initiatives, like the community teams introduced in the wake of the 1999 National Service Framework for Mental Health (assertive outreach, crisis, home treatment and early intervention), did transform the mental health service system's ability to use inter-disciplinary expertise in achieving goals of individual care planning and independence. However, these teams did not engage communities in the design or delivery of services, nor did they advance the principles of collective responsibility and interdependence.

The shift away from community care also saw the loss of any community development orientation like the kind seen in early neighbourhood-based Mental Health Centres and community projects. These initiatives were often the product of community activism, galvanised by personal experience:

> *'… the centre has its origins in the death of a volunteer … Her story resonated so powerfully with the experiences of other staff and volunteers involved at the centre that when the opportunity arose they decided to … build an integrated community health facility in which we as a community organisation would be key partners alongside the statutory professions … we would design specifically a building which had integration in mind so we could force the process of integration really deep into the physical structures of the building' ('On Your Doorstep', Sainsbury Centre for Mental Health).*

These projects reflected an effort to create effective whole community assets from statutory resources in the way that is now seen by some local authority leaders as fundamental to the Big Society approach.[35]

CHALLENGES

Community engagement in the design or even delivery of such services, never especially widespread, has been even further diminished by the increased rationing of resources, risk aversion in corporate service culture and resurgence in the clinical dimensions of service delivery. This has taken place without recourse to the behavioural impact on local people, their perceptions of mental health and the extent of their engagement with other community members with mental health problems.

36 Gilchrist, A., Bowles, M. and Wetherell, M.S. (2010) *Identities and social action connecting communities for a change,* Open University. www.socialidentities.org

NEXT STEPS: BUILDING A MODEL FOR CONNECTED COMMUNITIES

This research comes at a crucial moment in policy development. Connected Communities can rapidly becoming the foundation of the 21st Century model of localism and citizenship. There is an immediate need to rethink community networks and work with communities to build an evidence base on what works and why. The Connected Communities programme offers a critical perspective on the social networks that reflect the diverse character and needs of communities, while at the same time tapping into the potential of community assets. Starting from the challenging viewpoint that identities are multi-faceted and contextualised, is essential to achieving our goals:

> *'In order to effectively mobilise citizens and activate whole communities, it is crucial that we have a good understanding of how identities 'work': for individuals and at a collective level. What role does identity play in civil society, in political engagement, in bringing communities together, in managing life's transitions and in helping newcomers to integrate?'.*[36]

An account of social networks is needed that reveals the patterns and bridging value of connections and then builds this into a new approach in everyday practice. The task of the Connected Communities programme as it progresses is to contribute to that account. Our investigations of seven local areas will allow us to move beyond merely mapping the existence of network ties to discovering how their characteristics and functions affect the quality of life of individuals and communities.

The next stages of the programme will capture the richness of activity and purpose that arises in the seven local test areas, building a picture of the complexity of life through narratives of personal and community experience. We will position Connected Communities under four inter-related themes for enquiry drawn from the programme's early learning. Together, these four themes constitute our framework for theorising connected communities in practice. They are:

- Community assets: How do Connected Communities extend opportunity for participation and civic engagement, including through networks of support?
- Co-production: How can Connected Communities work with service providers to co-produce resources and outcomes that meet community need?
- Self-aware autonomy: How can community connections enable personal independence by involving people in collective activities that foster interdependence, thus transforming the relationship between individuals in the community?
- Empowerment and democracy: How do community connections promote civic involvement and accountability?

CONCLUSION

For too long public services have adopted a largely disinterested approach to the social networks of the users. Community engagement has focused on encouraging user participation, especially in governance roles, sometimes through sustaining, developing and exploiting the social networks of services users.

Current debates over ways in which public services can build connected communities have tended to focus on the role that voluntary and community groups can play in delivering these services. There has been insufficient attention paid to the institutions, organisations and informal activities that build and maintain our social networks. Many of these are not public services. They might be associated with small businesses, public spaces, individual members of the community, places of worship or community groups.

If public services can be re-engineered so that they support, galvanise and connect these community assets then they will have a far better chance of combating social exclusion and increasing mental well-being. The Connected Communities action research programme will be testing this approach to co-producing public services over the coming years. This pamphlet provides the underpinning rational for this programme and a way forward for all those who seek to redesign public services so that they become integral to building Connected Communities.

POLICY RECOMMENDATIONS

While it is relatively early days in the life of our programme, this pamphlet and our discussions around it, point to some recommendations that can be adopted now and as strategy and practice around mental health develops.

Firstly, commissioners of public services, for example GP consortia or Local Authorities in charge of public health spending, should specify social network related outcomes as well as more service specific outcomes. In particular, commissioners should ensure that public services do not damage the networks of service users or reinforce isolation or loneliness. Instead public services should help to sustain and grow these networks.

Secondly, commissioners of public services should protect and utilise the positive assets that currently exist. By assets we do not simply mean buildings. Assets can include individual assets but also assets of association (formal and informal), the assets of organisations (including the assets they control), physical assets, economic assets and cultural assets.

Thirdly, the community engagement work that public services undertake should be designed so that it opens up the possibility of bridging capital being created. This is a powerful way to combat stigma and to increase the opportunities available to service users.

Fourthly, when service users gain access to individual budgets they should be supported to develop a more self-aware form of autonomy. For example, service users should be supported to create a map of their connections to help them see the vast range of resources that are already available to them and to which they contribute.

Finally, wherever possible, interventions that are intended to improve our health or change our behaviour should be designed to allow for the possibility that their impact could be spread through networks and peer persuasion.

CONTACT

For more information about the RSA's Connected Communities programme, see our website or contact Steve Broome, Director of Research, at steve.broome@rsa.org.uk.

REFERENCES

Benard, B. (1991) *Fostering resiliency in kids: Protective factors in the family, school and community*, Portland, OR: Northwest Regional Educational Laboratory.

Bourdieu, P. (1986) 'The forms of capital', in J.G. Richardson (ed.*), Handbook of theory and research for the sociology of education*, New York: Greenwood Press.

Building a Stronger Civil Society (2010) *A strategy for voluntary and community groups, charities and social enterprises*, Office for Civil Society, London 2010.

Crisp, R. and Robinson, D. (2010) *Family, friends and neighbours: social relations and support in six low income neighbourhoods,t* Sheffield: CRESR.

Crow, G. and Allan, G. (1994) *Community life*, Hemel Hempstead: Harvester Wheatsheaf.

Department of Communities and Local Government (2006) *Strong and Prosperous Communities – The Local Government White Paper*, London: Department for Communities and Local Government.

Department of Health (1999) *Saving Lives: Our Healthier Nation*, London: Department of Health.

Department of Health, (2006) *Our Health, our Care, our say: a new direction for community services*, London: Department of Health.

Department of Health (2009) *New Horizons: towards a shared vision for mental health* – consultation, London: Department of Health.

Department of Health (2010a) *Healthy Lives, Healthy People: our strategy for Public Health in England*, London: Department of Health.

Department of Health (2010 b) *A Vision for Adult Social Care: Capable Communities and Active Citizens*, London: Department of Health.

Dobson, F. (1998) *Frank Dobson outlines third way for mental health'*, Department of Health Press Release, London: Department of Health.

Foresight (2008) *Mental Capital and Wellbeing project: Final Project Report*, London: The Government Office for Science.

Gilchrist, A. (2009)*The well-connected community*, Bristol: The Policy Press.

Gilchrist, A., Bowles, M. and Wetherell, M.S. (2010) *Identities and social action connecting communities for a change,* Open University, Community Development Foundation. www.socialidentities.org

HM Government (2009) *Work, Recovery and Inclusion, Employment support for people in contact with secondary mental health services*, London: HM Government.

HM Government (2011) *Open Public Services,* London: HM Government.

Judt, T. (2010) *Ill Fares the Land*, London: Penguin.

Kegan P. and Bott, E. (1957) *Family and social networks*, London: Tavistock.

Marmot, M.G., Allen, J., Goldblatt, P., Boyce, T., McNeish, D., Grady, M. and Geddes, I. on behalf of the Marmot Review (2010) *Fair society, healthy lives: Strategic review of health inequalities in England post-2010.*

McKenzie, K. and Harphan, T. (eds.), (2006) *Social capital and mental health*, London: Jessica Kingsley.

National Social Inclusion Programme (2009) *Vision and progress, Social Inclusion and Mental Health.* www.socialinclusion.org.uk

New Economics Foundation (2010) *Ten Big Questions about the Big Society and how to make the best of it*, London: NEF.

Office for Civil Society (2010) *Building a Stronger Civil Society, A strategy for voluntary and community groups, charities and social enterprises* (Introduction), London: Office for Civil Society.

Office for Budgetary Responsibility (2011) *Economic and fiscal outlook,* London: TSO.

Ormerod, P. (2010) N *Squared, Public policy and the power of networks*, London: RSA.

Perri, 6. (2002) 'Governing friends and acquaintances: public policy and social networks', in V. Nash (ed.), *Reclaiming community*, London: IPPR;

Phillipson, C., Allan, G. and Morgan, D. (2004) *Social Networks and Social Exclusion***, Aldershot: Ashgate Books.

Putnam, R. (2000) *Bowling Alone*, London: Simon and Shuster.

Read, J. and Baker, S. (1996) *Not Just Sticks and Stones: A survey of the discrimination experienced by people with mental health problems*, London: Mind.

Rose, D. (1996) *Living in the Community*, London: The Sainsbury Centre for Mental Health.

Rowson, J., Broome, S. and Jones, A. (2010) *Connected communities: How social networks power and sustain the Big Society*, London: RSA.

Rusch, L. et al. The Impact of In Our Own Voice on Stigma, *American Journal of Psychiatric Rehabilitation*, 1548-7776, Vol: 11, 4, 2008, pp. 373-389.

Sainsbury Centre for Mental Health (2000) *On Your Doorstep, Community Organisations and mental health,* London: Sainsbury Centre for Mental Health.

Sayce, L. (2000) *From Psychiatric Patient to Citizen: Overcoming Discrimination and Social Exclusion*, Basingstoke: Macmillan.

Skidmore, P., Bound, K. and Lownsbrough, H. (2006) *Community Participation, Who benefits?,* London: Joseph Rowntree Foundation.

Social Exclusion Unit (2004) *Mental Health and Social Exclusion, Social Exclusion Unit Report*, London: Office of the Deputy Prime Minister.

Social Exclusion Unit (1997), *Social Exclusion Unit: Purpose, work priorities and working methods*, London: The Stationery Office.

'Time to Change': http://www.time-to-change.org.uk

Nash, V. (ed.), *Reclaiming community*, London: IPPR.

Wallcraft, J., Read, J. and Sweeney, A. (2003) *On Our Own Terms: Users and survivors of mental health services working together for support and change*, London: The Sainsbury Centre for Mental Health.

Wellman, B. 'The Network is Personal: Introduction to a Special Issue of Social Networks', Social Networks 29, 3 (July) pp 349-56.

Wilkinson, R. and Pickett, K. (2009) *The Spirit Level: Why more equal societies almost always do better*, London: Allen Lane.

Young, M. and Willmott, P. (1957) *Family and kinship in East London*, London: Routledge.