



Supporting best practice in community development

Doing with, not to: Community resilience and Co-production

The Implications for NHS Education for Scotland

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1. *Introduction and background*

Purpose of the research

This research was commissioned by NHS Education for Scotland in December 2010 to explore the factors that contribute to community resilience and their link with co-production. It was intended to be an initial small scale and focussed piece of work to help inform and develop further NES activity to support the wider policy agenda regarding community assets, co-production and resilience.

Our approach was based on our experience of some real groundbreaking work going on in all sectors in Scotland, and a shared conviction that it would be valuable to share more widely and learn from this. SCDC used existing networks to identify services and projects that saw themselves as working to change the way services in Scotland are designed and delivered. We explicitly sought examples of projects which saw themselves as doing something more than service user involvement, but who were clearly working *with* people, rather than 'simply processing them'.

A small number of these projects were invited to a Practice Exchange event in May 2011 to allow project staff and volunteers, along with other stakeholders, to share experience and contribute to the development of recommendations to NES regarding community resilience and co-production. The event was based around sharing and analysing stories. This report provides a short synopsis of the stories and recommendations based on the views of those attending the event.

We expect this work to inform and develop further NES activity to support development.

2. *How we understand co-production and community resilience*

Community resilience and co-production are among an array of terms gaining currency in debates about the way communities function, how they can support residents and enhance well-being, and how public bodies can best engage with them. Some of the terms are contested or used to mean different things; others are used as a form of shorthand for more complex ideas. They all relate to each other at some level. The terms are often used interchangeably and to a certain extent they do indeed describe closely related ideas. These are all discussed more fully in Annex 1.

The term **community resilience** is used in three main ways. The most widespread use is in the context of preparation for, and responses to potential disasters such as fire, flood or climate change. More broadly it is associated with economic and social vitality, typically in response to an economic downturn or crisis. Yet another interpretation is related to defence from violent extremism. In the 'The Well-Connected Community', Alison Gilchrist¹ argues the importance and value of building networks within communities that results in individual, families and the wider community building a 'resilience' leading to a sense of wellbeing and greater quality of life. Community networks enhance people's ability to cope with difficulties and disasters – networks of necessity are crucial mechanisms for survival and sustenance of poor or oppressed groups. They comprise communities of shared interest or political identity. Forming (such) communities can be seen as a device for collective empowerment (Gilchrist p3). In light of these different interpretations, our initial working definition of community resilience is as follows:

'a quality or state that produces good outcomes for individuals and communities in spite of serious threats to their adaptation or development; these threats may arise both from shocks or emergencies and on-going daily conditions of life'.

Disadvantaged communities can and do evolve networks and systems that help people and families build the resilience and support needed to deal with the everyday challenges and risks faced by families in need. Where there are strong community relationships and connections, and where a neighbourhood is alive with activity and cross-cut with networks of relationships providing informal support and mutual aid, people will be much better able to cope with pressures and will have a better quality of life.

Such an understanding challenges the view that disadvantaged families are passive recipients of health and social services, supported by paternalistic ways of working that encourage dependency and reliance. Rather, through involvement in community affairs, families will gain new insights into their own health improvement and that of the wider community. Opportunities will be created to unlock existing knowledge, build confidence, resilience, contacts, ideas, enthusiasm and energy.

Research in Glasgow (GoWell²) demonstrates that in disadvantaged but settled communities there is a strong relationship between social networks and people's level of wellbeing while other studies on parenting and children's resilience in disadvantaged communities illuminate the coping mechanisms adopted by parents and children reinforcing the importance of informal networks to risk prevention strategies even in adverse circumstances³.

¹ Alison Gilchrist (2009), *The well-connected community: a networking approach to community development*, Policy Press

² GoWell (2010). *Progress for People and Places: Monitoring change in Glasgow's communities. Evidence from the GoWell Surveys 2006 and 2008*. Glasgow: Glasgow Centre for Population Health.

³ Peter Seaman, Katrina Turner, Malcolm Hill, Anne Stafford and Moira Walker (2006) *Parenting and children's resilience in disadvantaged communities*, JRF

Co-production essentially describes a relationship between service providers, service users and wider community resources that draws on their knowledge, ability and resources to develop solutions to issues that are claimed to be successful, sustainable and cost-effective, changing the balance of power from the professional towards the service user. The approach is used in work with both individuals and communities. The New Economics Foundation (NEF) has developed a workstream focusing on the theory and practice of co-production⁴, seeking to:

“Transform public services by building in co-production so that they become sustainable and produce better outcomes. It builds models of co-production around a set of core values: recognising that people have assets not just problems; redefining work so that unpaid activities are valued and supported; building reciprocity and mutual exchange and strengthening and extending social networks.”

The New Economics Foundation conceives co-production as involving collaboration over both the decisions on what to do, and taking mutual responsibility for agreed actions. Others define the process of involving users in service design as ‘co-creation’, reserving the term co-production for the involvement of people in service delivery. In Scotland NHS Tayside has played a leading role in embedding co-production into its health equity and wider policies⁵, and has taken the initiative to establish a practitioner network.⁶

As a working definition, we would propose to adopt that used by NEF:

“Co-production means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. Where activities are co-produced in this way, both services and neighbourhoods become far more effective agents of change”.

Co-production recognises and aims to combine and strengthen different kinds of knowledge and experience, and seeks to ‘work with people rather than processing them’.⁷ This entails a significant shift away from a culture of ‘caring for’ or ‘doing to’ to a culture of enabling and facilitating, in order to build capacity for people to help themselves and each other. Professional expertise is valued but does not replace the knowledge that comes from personal experience; real transformative change comes from combining all kinds of expertise.⁸

As a community development or health improvement approach, **community resilience and co-production** can be understood as end points, with engagement and empowerment being the processes through which these endpoints can be reached, and with capacity building and community or voluntary activity being the starting point on which the other processes and outcomes are based. Although prepared for a different purpose⁹, the following logic model diagram locates community resilience (in the circles labelled ‘build community’ and ‘build capacity’) and co-production (in the

⁴ <http://www.neweconomics.org/projects/co-production>

⁵ : NHS Tayside (2009) Health Equity Strategy: Communities in Control. <http://www.nhstayside.scot.nhs.uk/>.

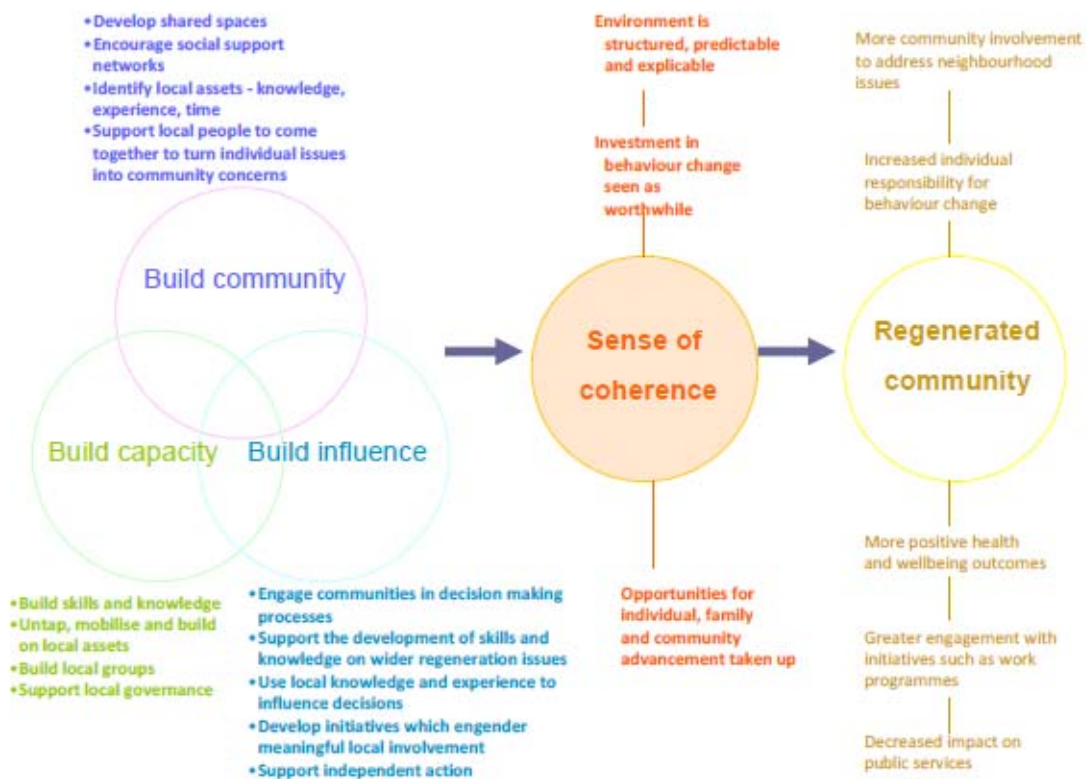
⁶ <http://www.scdc.org.uk/co-production-scotland/co-production-news-and-events/>

⁷ Boyle, D., Coote, A., Sherwood, C., & Slay, J (2010) *Right here, Right now - Taking co-production into the mainstream*, NEF/NESTA

⁸ Ibid.

⁹ Scottish Community Development Centre (2011) Response to Building a Sustainable Future Regeneration Discussion paper

circle labelled 'build influence') as core components contributing to a regenerated community with improved outcomes in most areas of life.



The whole process – including both co-production and resilience - can be described as **asset-based** in that it starts with and builds on the human and resource assets of the community in question, rather than seeing issues as problems that can be addressed by different forms of service delivery or 'treatment'. In this view, stable, well-functioning and mature communities are, almost by definition, resilient, healthy and engaged in co-production. It is the divided, transient and disorganised communities that are most in need of intervention to build their capacity and their social capital.

The current economic climate has renewed the focus on community resilience with a growing interest from the public health sector. Asset-driven work can have a transformative effect on individuals, on social relations between and among people, and with external agencies and organisations. This transformative effect lays down some of the conditions required for the structural changes that allow a more equitable distribution of, or access to, resources.

Towards co-production and community resilience: a vision of Scotland's future

Do we understand enough about resilience to make it a meaningful concept around which to build public policy and new forms of relational professional practice? There is clearly a significant amount of recent policy documents and practice guides – some of which are discussed here – to suggest that we do.

The recent *Commission on the Future Delivery of Public Services* suggests that one of the four key objectives of the reform programme must be to ensure that 'public services are built around people

and communities, their needs, aspirations, capacities and skills, and work to build up their autonomy and resilience’. The commission's recommendations clearly link the development of individual and community resilience with a co-production approach.¹⁰

The *National Performance Framework* introduced by the Scottish Government in 2007 sets out 15 national outcomes towards which all partners in government agree to direct their energies. One of these desired national outcomes is that: *‘We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others’*¹¹. This outcome is seen as important because it asserts that *‘people are more likely to live fulfilling lives and realise their social and economic potential in strong, resilient and supportive communities’*. It also suggests that tolerant communities where people support each other provide a better quality of life, citing gains in health, independence, sustainability, the environment, education and safety.

The inclusion of the term in the *National Performance Framework* is significant here. It implies the ability of a community to afford some protection against threats and adversity, yet the characteristics of resilience also appear consistent with those that enable wellbeing and a satisfactory quality of life. In this sense, community resilience would seem to share characteristics with other terms used to signify a positive state of affairs in a community, such as a healthy community¹²; a cohesive community; a sustainable community or a well-functioning community. Each of these terms can be and is used to describe the desired end state of community development or community regeneration, and encompasses social, economic, physical and environmental considerations.

This suggests that the notion has gained across the board acceptance as a precondition, or at least a favourable context within which policy initiatives are most likely to be effective. It is therefore important to understand how the term is used; how it is expected to contribute to outcomes, and how it is generated.

Recognition of the benefits of resilience are well stated, and the influences and actions cited are important and necessary. However they may not be sufficient. Most of the remedies are extensions and continuation of existing policies and most of them are top-down and protective of, or directed towards the individual. Little or nothing is said about how government can engage with communities to help them become resilient and self sustaining. Most recently, the Commission report does advance the notion of co-production and proposes that:

*‘Managers and leaders within public service organisations should develop and extend the empowerment of front-line staff, to support their engagement with people and communities. The Scottish Government, local government and relevant organisations should develop a systematic and coordinated approach to workforce development.’*¹³

There are some good examples on which future work by NES could draw. In April 2011 the Scottish Ambulance Service published a draft Community Resilience Strategy for consultation.¹⁴ Again, this advocates working to support community resilience as it has *‘an important role to play in finding sustainable solutions to the challenges of delivering ... core functions.’* The draft strategy cites

¹⁰ Commission on the Future Delivery of Public Services, 2011

<http://www.scotland.gov.uk/Publications/2011/06/27154527/18>

¹¹ <http://www.scotland.gov.uk/About/scotPerforms/outcomes/communities>

¹² Barr A and Hashagen S (2000) Achieving Better Community Development, Community Development Foundation

¹³ Commission, p72

¹⁴ Scottish Ambulance Service (2011) Draft Community Resilience Strategy

Bartley's definition of resilience: *'the process of withstanding the negative effects of risk exposure, demonstrating positive adjustment in the face of adversity or trauma, and beating the odds associated with risks'*¹⁵, noting that resilience appears to differ between and within communities.

The important feature of the strategy is that it explicitly adopts an asset-based, co-production approach to promote resilience, *'working with community members and public and voluntary sector partners to develop more sustainable ways to deal with health emergencies ... to lessen their impact, and develop preventative measures'*. Describing this as part of the core business of the Scottish Ambulance Service the draft strategy goes on to advocate building social capital to increase people's *'self esteem, their sense of connectedness, belonging and ability to bring about change in their lives and communities'*¹⁶.

The three key elements of social capital are described as social support, capacity to be informed and involved, and ability to participate and influence decisions. Drawing on these principles, the strategy advocates three main ways that resilience can be enhanced. First, by swift and effective provision of assistance the impact of problems can be minimised. Second, public services should be planned and delivered in partnership with local people so they can meet community needs and work in conjunction with the wider resources provided by local people – in other words a co-production approach. Third, effort can be directed towards building social capital through engaging with the community, encouraging informal support projects such as befriending or good neighbour schemes, and involving people in decision-making. The draft strategy concludes with a logic model that demonstrates how the actions described above lead to short term and medium term outcomes that ultimately contribute to the achievement of selected outcomes in the national performance framework, including the one discussed above.

The links with spiritual care

Providing spiritual care is an important element of the service offered by the NHS. In *'Spiritual Care Matters'*¹⁷, spiritual care is described as the care which *'recognises and responds to the needs of the human spirit when faced with trauma, ill health or sadness and can include the need for meaning, for self-worth, to express oneself, for faith support ... or simply for a sensitive listener.'* Advocates and practitioners in spiritual care have a growing interest in the relationship between community conditions and individual resilience, and between spiritual care and individual resilience. There is therefore an emergent interest in whether and how communities might be able to encourage and support individual resilience, and whether some of the functions carried out by chaplains, counsellors and others might be complemented by the outcomes and values of community development, including social capital, inclusion, participation, self-esteem and self-determination. A conference organised by NHS Education in March 2011 explored these matters and may well be worthwhile to further explore and understand the extent to which 'resilient communities' provide psychological, emotional and spiritual forms of social support, and the mechanisms by which this takes place and can be encouraged.

¹⁵ Bartley, M (2006) Capability and Resilience: Beating the Odds, England, UCL Dept of Epidemiology and Public Health

¹⁶ Social Capital and Wellbeing Planning and Evaluation Toolkit, Edinburgh Health Inequalities Standing Group, 2009, quoted in Scottish Ambulance Service (2011)

¹⁷ NHS Education for Scotland (2009) Spiritual Care Matters: An Introductory Resource for all NHS Scotland staff A briefing and discussion paper

3. *Our approach to the research*

Our approach to this work was to invite projects working on community resilience and co-production to participate in the project. We used a range of networks to contact projects who were invited to identify themselves as interested in the issues¹⁸.

Telephone conversations were held to develop an understanding of how they think about what they are doing, what changes they are seeing and how this is based on co-production approaches and promotion of community resilience. In discussion with NES, we then distilled and selected projects which appeared to be able to offer 'promising practice' worth exploring and sharing. These projects were invited to participate more actively in the next stages of the process.

Staff and 'service users' from a range of agencies attended a Practice Exchange Event in May 2011. This involved a story-based exercise in which 13 participants told a story about their experiences and other participants shared in the analysis of their accounts. The projects who took part represented a diverse range of fields, approaches and geographical locations, yet they shared an interest in using participative models of service provision.

The stories are not reproduced in full here; two more detailed stories are provided below as examples as well as short synopses of the other stories to give a flavour. Section four discusses the analysis that emerged from the participants at the event.

Short synopsis of the stories

Shared Solutions (Glasgow Homelessness Network)

GHN has developed a number of both service user involvement and co-production initiatives, and they chose to talk about Shared Solutions. These are local community initiatives to equally share perspectives, develop action plans and design homelessness services with a wide range of stakeholders including community members, and people who use, work, design and commission services. Those attending were split into small groups and asked to identify issues to do with homelessness that they had experienced or worked with and develop solutions together. People found the process very empowering and productive.

IE (Glasgow Homelessness Network)

IE provides training and advice for organisations hoping to empower service users and provides the foundation laying for good practice in co-production of services. GHN highlighted the gains of initiatives that enable intelligence from all perspectives to be shared and highlighted that there are varied tools to do this in order to ensure they are fit for purpose and accessible to different communities of interest who may face inequalities or marginalisation. They noted that these are tried and tested tools, and shared a number of case studies where people's lives, services, policies and perceptions had vastly improved as a result of empowerment.

Nothing about us without us (PLUS Perth & Kinross)

Susan was trained as a psychiatric nurse and told a story about her working life experience on acute wards. She realised that although people may well have been helped, no one ever gets asked if

¹⁸ These included CHEX, community regeneration, community learning and development, public health and health improvement networks. See Annex 2

they'd like to give something back. She asks: is it a human right? It would require a revolutionary shift in professional attitudes.

Internal stigma (PLUS Perth & Kinross)

Jayne told a story about gradually gaining confidence to get more involved – including being able to attend the event today and tell her story. She spoke of the 'internal stigma'¹⁹ of people who have experienced mental health problems, that holds them back even when they seem confident to others. She said *'it's important to focus on what people can do – and what potential they have and it can help to have someone buddying you alongside.'*

Offering in a different space (Comas)

Comas told a story of a man involved as a volunteer in a recovery-led community – he was an ex-prisoner and was making good progress in terms of growing in confidence and taking on new things. Twice when he was in a position to 'step up' into another more challenging role he suddenly withdrew. Whilst it could be seen that 'he only got so far' – another perspective is to accept that this is not a failure – it is his choice to decide to offer his time in a different space – rather than continue to be associated with recovery.

Meeting and mixing in new ways (Space Unlimited)

Young people visiting a museum were experienced by the staff as disruptive. In a remarkable turnaround, the Museum was able to learn valuable insights about young people by working together with them and staff, including what physically and visually attracts or 'puts off' young people, the impact museum staff can have on young people's desire to visit or revisit the museum and how to get young people more involved as positively motivated visitors, marketers and contributors.

Finding own voice – literally (Inspire)

A local area co-ordinator for Inspire told the story of a disabled client who wanted to travel independently but found it difficult to be understood. In order to overcome this, yet retain her own voice, she developed a set of photos of landmarks and showed them to bus drivers at the same time as telling them where she wanted to go. This meant bus drivers were eventually able to understand not only where she wanted to go but what she was saying. She then started attending college on her own and eventually got a placement in a church café which might lead to paid work (her goal). Whereas she was previously seen as a problem she is now seen as a real asset.

A collaborative approach (Mitch, Inspire)

Mitch spoke of his involvement in the setting up of an information 'hub', a public/social partnership working together with other groups and stakeholders. This collaborative approach allows for everyone involved to tap into clients. The story showed the need for perseverance, persistence, guts and innovative ideas, and that information is power.

¹⁹ Professor Richard Warner, Director of Psychiatry at the University of Colorado has undertaken research on the impact of internal stigma cf. www.coloradorecovery.com

Journey of participation (Edinburgh's Joint Plan for Older People)

Glenda helped to develop a strategy for older people and the Older People's Forum, and described how the voice of older people was threaded through the process from beginning to end. The key message of this work is that older people who have been part of the process have both contributed and learned a lot (e.g. the skills required to participate in formal discussions and meetings). The process has been well-received and recognised through various awards.

Betty's story was about her personal journey and feeling of achievement. Before the initiatives set up by Edinburgh's Joint Plan for Older People, Betty had been found the formal round table Board meetings intimidating. In addition, she had previously experienced consultation in terms of notices being put up which was not suitable for her and, she believed, other older people. Now, the initiatives developed by Edinburgh's Joint Plan for Older People have made her and others like her totally involved. Furthermore, these initiatives are intergenerational, bringing more perspectives into the group.

Public Service Barriers (Jane, Moray HandyPerson Service)

Moray HandyPerson Service (MHPS) carries out a range of minor repairs and DIY work for older and vulnerable people in Moray. As manager, Jane feels that one of the main barriers to new approaches of working together is that what the public sector says about co-productive working may be different from what it understands. Sometimes, the methods and frameworks that are set by the sector may be too prescriptive. For Jane, co-production should be thought of as working together, in terms of both inter-agency work and service providers working with communities.

Verbatim stories

The stories reproduced below are presented as the text from which the storyteller concerned described their experience:

The Breakthrough (Angus Healthy Happy Communities)

Angus HHC is a project aiming to improve the health of mothers and young children which starts from a community development point of view - with people's own interests and concerns. Shona who comes from a Community Learning and Development background within the voluntary sector described how she started her job within the NHS with a two pronged approach. She used a collaborative, rapid improvement, model in addition to a more general community development approach of engaging with the community to develop services based on their needs and wants.

However, to begin with the project struggled to get women to engage. Even linking to other health services already connecting with young mums and mums-to-be proved problematic, perhaps because the approach seemed new and could be perceived as challenging the traditional medical model of service delivery

At one stage ready to give up, Shona now recognises that they hadn't truly involved participants and potential participants in using their own ideas and establishing their need. The turning point was when one young mum-to-be advertised through Facebook and things began to take off. The group now has a membership of about 22, with 15 attending on a regular basis, including both mums and mums-to-be. The programme of activity is designed by the group.

There has been a lot of good feedback from the group since and Shona feels that although it takes a long time to work in this way with young mothers. However, it is well worth it as it allows you to reach people you might not otherwise reach and also ensures that service requirements are defined by participants.

Reflecting and acting together (Perth and Kinross Healthy Communities Collaborative)

Pat is the secretary of the Senior Citizens' Lunch Club in Alyth – a small town in NE Perthshire. Around 75 older people come for a soup and filled-roll lunch once a month in summer and twice a month in winter to find warmth, companionship – many live alone – and useful information. There are special lunches to look forward to – such as haggis on Burns' Day, Easter Eggs, Scottish music for St Andrew's Day, turkey at Christmas.

The Lunch Club story began 4 years ago, after Project Manager Jackie Doe gave a talk about the Healthy Communities Collaborative. Part of her remit was to enable older people to set up and run activities in their own communities – activities which they wanted. She invited members of the audience to go to an Area meeting to find out more. Community members in Alyth wanted an exercise group for older people, and Pat took up Jackie's invitation to become a Healthy Communities Volunteer initially expecting to increase her fitness.

Soon after Pat joined up, the Collaborative extended its remit to include Mental Health and Wellbeing. Pat, along with other volunteers attended training sessions on these issues. The topics covered discrimination, poverty, relationships, exercise, and meaningful activities. Soon, other issues apart from exercise arose on the agenda. Research at coffee mornings, and a taster session, indicated a need for a Lunch Club. Along with another Alyth volunteer, Pat got involved in setting one up – keeping in mind the training sessions they had just attended.

Things didn't materialise overnight, but with considerable initial practical help from Jackie, along with unlimited advice, they formed a committee; the local parish minister drew up a constitution and became their first Convenor. Through community networks, the group found a cook and more volunteers. They started up using plastic spoons, polystyrene cups and borrowed pots.

Pat emphasises that everybody worked together, including a Community Learning Worker who helped to apply for grants for equipment. Since then, the group has grown to over 100 members, 39 of whom are also volunteers, and has become financially self-sufficient.

Jackie and her team continue to be involved, and always remain available to give help of any sort. Jackie also arranges for information to be provided – about disability services or energy saving advice, for example – along with a professional person to speak to about members' problems and concerns.

There have been visits from the local MSP, Council Members and Community Policewoman. Through the Lunch Club, older people are recognised, and have a voice in the community. The Lunch Club provides a short respite for some carers. Volunteers can have training in areas such as food hygiene and first aid. Professionals and volunteers work in partnership in so many different ways. Pat feels that she and other volunteers now have a voice in the community.

Pat adds that the group did eventually get an exercise group – 2 in fact – a few months after the Lunch Club started up. They are both going strong too.

4. Key messages and issues

Overview of the stories

The stories described new types of conversations beginning to happen, when service providers opened up to a two-way communication and dialogue. They showed what mattered and what worked well in the encounters they described. They frequently acknowledged the anxieties or conflicts and showed what provided comfort or reassurance.

Both in their telling and the response to them, they revealed much about the assumptions, values, expectations, ways of seeing and emotions which may not always have been acknowledged or shared. Some may have been seen as 'un-discussible' or people may have been 'too busy' to reflect on whether their experience might be valuable. Stories showed the interdependence of people and issues and often showed how a minute shift in position and newly explored choices in situations of apparent powerlessness could have a significant impact. The shift in the focus of attention and intention highlighted new options that did not appear available before.

What we can learn from the stories

This section highlights the themes from the stories in relation to community resilience and co-production, based on the analysis undertaken at the event by storytellers and those listening to the stories.

- **Co-production leads to better outcomes**

None of the storytellers needing convincing that a coproduction approach led to better results and the evidence shone through in all the stories. Owen's story about the museum collaborating with young people showed how it was able to attract a new market; Mitch's story told how the development of a hub allowed people who needed support to access it more easily and Glasgow Homelessness Network described the insights they got through talking to people as 'gold dust'.

- **Co-production makes the most of existing assets and builds capacity**

Many of the stories show how an assets approach, that accentuates positive capability within individuals, supports people to identify problems and activate their own solutions to problems.²⁰ Deficit approaches miss opportunities to allow individuals and communities to react positively to the problems they encounter. Instead of taking control, they are encouraged to remain passive as others try to do things for them. In contrast, the stories show the benefits of an assets approach; Susan from PLUS went further to highlight the importance of giving people the opportunity to contribute as part of the process of recovery.

- **Strength in relationships is mutually reinforcing**

Resilience is both an outcome of co-production and a further input. In many of the stories shared, resilience was not directly named but was a key feature in terms of personal qualities and strengths, with these strengths derived in part from building stronger relationships with others.

There was a clear sense that a focus on peoples' strengths enables them to be more resilient and this is a mutually enforcing positive loop. These strengths may have previously been unrecognised or unacknowledged by the individuals concerned and the professionals whom they have

²⁰ Time for Change: Annual Report of the Chief Medical Officer. 2010

encountered. This was particularly evident in two of the stories told by older people, Pat of the Alyth lunchclub and Betty who was part of developing Edinburgh's Joint Plan for Older People and in the story told by Jayne, who had used mental health services.

- **'Everyone's thinking is equal'**

The experience of a number of the story tellers was that breakthroughs happened when practitioners and 'service users' met and talked on an equal footing. Nancy Kline in her work on developing thinking in organisations suggests that *'even in a hierarchy people can be equal as thinkers'*²¹. Learning to 'talk with' and listen is not necessarily an easy shift to make. People are not used to being asked their views, offer their own solutions or 'give back' to others; even those with good support and experience of speaking out may find it difficult at times as they seek to confront their own 'internal stigma' or other barriers and maintain their confidence. Jane spoke of this and Amanda's story is one of growing in confidence through communication.

Stories also suggest that a non-judgemental, open approach is needed. Trust and respect on all sides is essential to enable mutual learning and understanding of the issues, dilemmas, constraints and the possibilities for change.

- **It's better by (co-)design**

Meeting, mixing and sharing were the key ingredients. In some cases, it had been an accident or chance rather than an intentional shift that had made for a more positive encounter between 'service users' and professionals. For example, the unplanned encounter between a policy manager and a former service user at a conference, which the manager described as 'liberating'. They were able to meet in a much more natural way and had a chance to talk to each other. Although it was unplanned, it was very powerful – and the insights generated were described as 'gold dust'. Meeting on a human level allowed for recognition of the existing capacities of individuals and the value of their insights; this was sometimes seen as liberating for the professionals as much as anyone, and allowed for a new type of encounter in which people could be more genuinely involved in inquiry, decision-making about what is right for them and in broader service redesign. A challenge will be to deliberately co-design services *for* and *with* people, rather than deliver them *to* them.

- **Co-production requires risk-taking**

Much of this shift is about individual and organisational power. It involves recognising that building on the 'expertise' of those who currently use services, or who could use them, is as important as professional knowledge and experience. The stories illustrated the times when someone has taken a risk – has asked a new or different question, or just remained curious, rather than seeking to control or 'fix things' for others. Owen's story about the museum working with young people to change the way they exhibited is a good illustration of this.

The stories showed that inquiring rather than advocating or 'doing' is risk-taking for both sides, as familiar patterns, routines and defences have to be overcome. This plays out at the individual level, but is shaped by the risk-averse cultures that *'over-legislates'*; a desire to 'control' for fear of *'things going wrong'* was identified as a major barrier.

²¹ Kline N: Time to Think. Cassell 1999 p. 58

The stories illustrate that change is not ‘delivered’ but developed through a new dialogue and collaboration. At best, this becomes a virtuous cycle. Here professionals share what they know based on their learning and (personal) experience and learn to ask questions and listen, rather than advocate solutions. Professionals do not claim to know ‘the answer’; they may become aware of and open to questioning of their own perspective and start to think about ‘the problem’ differently. Listening is often the most important feature. ‘Service users’ share their ‘knowing’ from experience; where this perspective is welcomed and met with positive regard, there is a basis for the more collaborative seeking of solutions.

- **Co-production requires the support of leadership**

Participants in the Practice Exchange acknowledged that risk taking is ‘counter-cultural’ and takes courage. Some thought that ‘training’ might be needed. It was clear those involved at a project level were aware of a gap between the rhetoric and intentions of policy makers and the practice and understanding of middle managers within services. Several participants expressed their concerns about who wasn’t taking part in the practice exchange. One participant told us as she left that her manager *‘always sent her along to these kind of events’* rather than coming himself. Risk-taking needs to be supported throughout the organisation and requires leaders to acknowledge that they don’t have answers; this has been described as *‘negative capability’* which is the ability to resist the adoption of defensive routines when leading at the limits of one’s knowledge, resources and trust.²²

There are examples within Scotland of organisations beginning to adopt new approaches: NHS Tayside’s Health Equity Strategy: Communities in Control (2009) takes the risk of outlining strategies to promote co-production rather than identifying fixed targets.

- **Rethinking participation for public services**

Co-production offers a different way of thinking about participation. ‘Treatment’ models in public service where the ‘provider knows best’ do not support resilience. Professionals haven’t always been encouraged to ask and may not feel comfortable or confident about doing so. Consultation has often been limited or one-way.

Building services around people and communities will be challenging; systemic defences and barriers will come into play, including issues about meeting targets, silo-working, sharing clients, confidentiality and lack of time. Services may not have been encouraged to seek dialogue for fear that the response won’t comply with the priorities and targets of the current strategy or that the questions raised won’t be able to be answered. Part of the organisational challenge is to facilitate the creation of time and space where people can engage together in inquiry:

*“How to build in routine times, spaces and sacrosanct places for observing and speaking (especially at cross-purposes) far far sooner- before too much damage is done, and before too many unwanted ways become ‘the way we do things around here (or else)’”?*²³

Creating space of this kind may be less comfortable than making plans or strategies; there is a need to make meeting, mixing and sharing more deliberate, to design it in to the way we work, so it is valued and doesn’t rely on chance or a few pioneers. There needs to be ‘strategic permission’ to try new approaches and ‘fail’, to reflect, learn and try again. The PDSA (Plan – Do – Study – Act) approach used by Perth and Kinross Healthy Communities Collaborative was one example of a

²² Simpson P: Leadership and Negative Capability. Journal Human Relations. Tavistock Institute (2002)

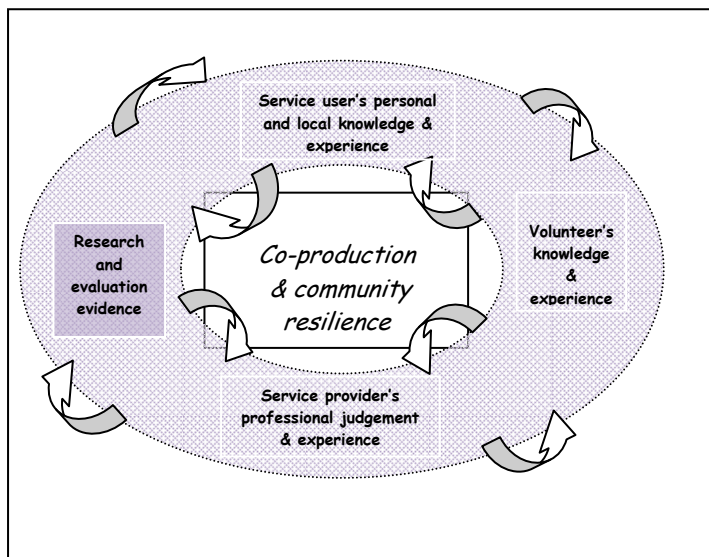
²³ Wadsworth, Y (2010) *Building in Research and Evaluation, Human Inquiry for Living Systems*, Allen and Unwin, p166

deliberate methodology being used as a way of developing a new relationships between older people, a wide range of professionals and other community members.

A major barrier to working differently is likely to be concern that this will cost money and from a desire not to waste precious financial resources. A clear message was that community resilience cannot be addressed if it is only to be about saving money. The stories of co-production illustrated that *'things are going wrong already – that's why we're doing something different'*. A co-production approach will often challenge the logic of existing services and in this, will generate uncertainty; potentially inducing a default fear of the worst or excitement and energy for change.

By way of summary, Figure 4.1 below offers a way of thinking about co-production and community resilience that is an on-going process which both builds and builds on the combined expertise of 'service users', volunteers, professionals and formal sources of evidence. The stories and the analysis offered by the participants in this work suggest that, in essence, it is a reflective, relational and emergent process that differs in important ways from conventional thinking about participation. It doesn't have a formal 'end', although there may be different emphases as the dynamic of the process shifts. Frequently it has been small scale and serendipitous; the challenge now will be to scale it up and make it part of the mainstream approach to public services.

Figure 4.1: The dynamics of co-production and community resilience



5. *Concluding reflections*

This has been a small scale and limited piece of work. The value may be in illuminating both the possibilities and challenges of a co-production approach to community resilience and as a starting point for NES in developing further activities and workforce development to support the wider public service reform agenda.

It is notable that the conditions under which the examples of this approach cited here have often been informal, small-scale and local. Ideas and approaches have emerged from relationships rather than being pre-planned and often outwith the parameters of the usual ways of working. They have thrived where the disposition and attitudes of both staff and service users have been positive. They have been based on dialogue, openness and a positive attitude towards the value of the experience of all parties. There has been a willingness to take risks, to abandon any professional armoury and a willingness to learn. Funding has often been minimal or absent.

These examples show many positive outcomes for a range of parties and interests; there may be an apparent paradox as outcomes have been achieved 'despite' the existence of plans, targets and a formal more controlled approach to service planning and delivery.

There is much to learn from this more holistic and human way of working. The examples show that there is also a potential positive gain for professionals; strengths based work is often highly motivational. This must also include acknowledgment of the strengths and assets that professionals bring to the picture. This approach seems to thrive best where staff are given clear leadership and the message that they have the freedom to adopt new approaches - even if 'failure' is risked - to reflect, learn and try again. Those responsible for the development of professional practice need to learn from this and lead people into comfort and confidence in a more relational way of working.

A number of parallel developments suggest a crystallisation of thinking and practice around the challenges for public service reform. For example, the Chief Medical Officer and the Christie Commission are both advocating a similar set of principles. From the perspective of community development practice, the *National Standards for Community Engagement* were commissioned by the Scottish Government in 2005 and continue to offer important principles and values for community-based relational practice between public bodies, third sector agencies, volunteers and communities.²⁴ It is clear that we are not starting from scratch; a co-production approach within government and partner agencies that recognises the commonality of the challenges across a wide range of public services would have a good grounding. At a strategic level, it is clear that there is a need for:

- a) a high level policy statement that helps shape and define the organisational values and purpose
- b) a competence framework that includes a qualitatively different skill-set²⁵
- c) an awareness of the systemic barriers to change and the opportunities to address them

SCDC invites further dialogue with NES about appropriate ways to move this agenda forward.

²⁴ <http://www.scdc.org.uk/what/national-standards/>

²⁵ these include developing awareness of values, assumptions and emotions; recognising your own ways of seeing issues; reframing issues; acknowledging and being comfortable enough with uncertainty; effective influencing; recognising other perspectives; being prepared to try new things out; to be prepared to reflect, rather than react or act.

Annex 1: Co-production and community resilience: some definitions and discussions

Community resilience²⁶

This term is used in three main ways. The most widespread use of the term is in the context of preparation for, and responses to potential disasters such as fire, flood or climate change. The UK government for example defines community resilience as

‘Community resilience is about communities and individuals harnessing local resources and expertise to help themselves in an emergency, in a way that complements the response of the emergency services.’²⁷

More broadly it is associated with economic and social vitality, typically in response to an economic downturn or crisis. For example, the Canadian Centre for Community Renewal²⁸ has produced a community resilience manual which identifies 23 characteristics of resilient communities organised under ‘people’, ‘resources’, ‘organisations’, and ‘community processes’.

Yet another interpretation is related to defence from violent extremism. The Improvement and Development Agency (I&DeA) in association with Communities and Local Government published a set of case studies entitled ‘Cohesive and Resilient Communities’²⁹ describing projects designed to combat extremism.

In the ‘The Well-Connected Community’, Alison Gilchrist³⁰ argues the importance and value of building networks within communities that results in individual, families and the wider community building a ‘resilience’ leading to a sense of wellbeing and greater quality of life.

Community networks enhance people’s ability to cope with difficulties and disasters – networks of necessity are crucial mechanisms for survival and sustenance of poor or oppressed groups. They comprise communities of shared interest or political identity. Forming (such) communities can be seen as a device for collective empowerment (Gilchrist p3).

In light of the above an initial working definition of community resilience is as follows:

‘a quality or state that produces good outcomes for individuals and communities in spite of serious threats to their adaptation or development; these threats may arise both from shocks or emergencies and on-going daily conditions of life’

Co-production³¹

Co-production essentially describes a relationship between service provider and service user that draws on the knowledge, ability and resources of both to develop solutions to issues that are claimed to be successful, sustainable and cost-effective, changing the balance of power from the

²⁶ Related concepts: community cohesion, social capital

²⁷ <http://umbr4.cabinetoffice.gov.uk/ukresilience/communityresilience.aspx>

²⁸ <http://www.cedworks.com/files/pdf/free/MW100410.pdf>

²⁹ <http://www.localinnovation.idea.gov.uk/idk/aio/12915120>

³⁰ Alison Gilchrist (2009), *The well-connected community: a networking approach to community development*, Policy Press

³¹ Related concepts: Partnership; community engagement

professional towards the service user. The approach is used in work with both individuals and communities. The New Economics Foundation has developed a workstream focusing on the theory and practice of co-production³², seeking to

‘transform public services by building in co-production so that they become sustainable and produce better outcomes. It builds models of co-production around a set of core values: recognising that people have assets not just problems; redefining work so that unpaid activities are valued and supported; building reciprocity and mutual exchange and strengthening and extending social networks.’

NEF conceives co-production as involving collaboration over both the decisions on what to do, and taking mutual responsibility for agreed actions. Others define the process of involving users in service design as ‘co-creation’, reserving the term co-production for the involvement of people service delivery. In Scotland NHS Tayside has played a leading role in embedding co-production into its health equity and wider policies³³, and is currently seeking to establish a practice network on co-production.

As a working definition we would propose to adopt that used by the New Economics Foundation:

Co-production means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. Where activities are co-produced in this way, both services and neighbourhoods become far more effective agents of change.

Community reassurance and intergenerational practice³⁴

Essentially an approach to practice in communities concerned with ‘building confident communities that emphasise a culture of respect and understanding, using approaches that build on the positive contributions that people are able to make’³⁵, intergenerational practice seeks to build dialogue between older and younger community members to allay fears and prejudices, to build respect and to share experience. The Beth Johnson Foundation has a leading role in advocating and supporting intergenerational practice and produces toolkits and other resources. It conducts research, provides information, commission's projects, delivers support and encourages involvement to benefit all of Scotland's generations, by working, learning, volunteering and living together. In Scotland, Generations Working Together, the Scottish Centre for Intergenerational Practice conducts research, provides information, commission's projects, delivers support and encourages involvement to benefit all of Scotland's generations, by working, learning, volunteering and living together and lists some 100 local projects.

Asset-based approaches

‘Asset based’ can have two different meanings. First, the social and human resources within communities, and second the ownership of material assets such as land and buildings by the community and for community benefit.

The first meaning is more relevant to discussion of resilience and co-production. As a community development approach it seeks to build on the existing strengths of a community – the social capital,

³² <http://www.neweconomics.org/projects/co-production>

³³ : NHS Tayside (2009) Health Equity Strategy: Communities in Control. Unpublished draft.

³⁴ Related concept: community philosophy

³⁵ Beth Johnson Foundation, Towards more confident communities

networks, motivation and capacities. As such it is contrasted with the 'deficit' approach which is characterised as focusing on negatives such as deprivation, disorder and need. Good practice would normally draw on a deficit model to identify where and when to intervene, but adopt an assets approach to inform how to work for change.

Most of us would agree that the nature of the community we live in can have a profound effect on our health and wellbeing. Thus, a basic proposition in adopting a community asset approach is that there is a connection between community conditions and health outcomes. If this is true, then there is a case for engaging with and seeking to improve community wellbeing as a core component of health improvement.

Such engagement recognises existing human and social assets (or capital) and seeks to build on them, leading to new relationships and stronger bonds and ties. Not only are these assets health enhancing in themselves, but they also open up the possibility of pursuing co-production and community-led approaches to service design and delivery.

This assets approach is also an equalities strategy. Communities with limited horizons will tend to score poorly on the index of multiple deprivation and within such areas the focus, if done properly, should be on the most disengaged and disempowered. Moreover, the approach identifies and recognises deficiencies in capacity, motivation and opportunity for change as inequalities in themselves.

A community asset based approach which emphasises the importance of building capacity (especially in capacity-poor communities) and effective, purposeful engagement helps enable cohesive, sustainable and resilient communities to emerge. Such communities can exercise more control, realise their social and material assets, and develop co-production responses to health and other risks or opportunities.

Scotland's Chief Medical Officer has talked about how we tackle some of the seemingly intractable health challenges Scotland faces - exacerbated by factors such as poverty, Scotland's relationship with alcohol, unemployment, and poor physical and social environments. To create and improve our health and wellbeing he encourages a move away from a glass half empty (deficit model) to a glass half full (asset model). Taking forward assets approaches in Scotland will require changes in mind set and approach within Scottish Government, local public services, Third Sector and communities themselves. As a starting point, the Scottish Government in partnership with the Scottish Centre for Community Development (SCDC) and Long Term Conditions Alliance Scotland recently organised an event to initiate an Assets Alliance Scotland³⁶. A useful review of assets based approaches has been recently published by the Carnegie UK Trust and the International Association for Community Development³⁷

Social capital

There is an extensive academic literature on the definition, meaning and value of social capital. In practice it is generally understood to, embody concepts of trust and reciprocity in groups and communities, and is seen to enhance health and wellbeing where it is in place. In more detail, and following Putnam³⁸, it includes Bonding: strong supportive ties which occur within a group, e.g. a family, circle of friends, club, religion, ethnic group etc. Bridging: weaker ties that connect people

³⁶ <http://www.scdc.org.uk/assets-alliance-scotland/>

³⁷ Tara O'Leary, Ingrid Burkett and Kate Braithwaite (2011) *Appreciating Assets*, Carnegie UK Trust

³⁸ Putnam, Robert. (2000), "Bowling Alone: The Collapse and Revival of American Community"

across group boundaries, for example with work colleagues, acquaintances, individuals from different communities etc. These are critical to providing access to new ideas, resources, communities and cultures. Linking: connections between those with different levels of power or status. They connect people that may have similar ideals but who move in different social classes and circles. Linking ties are important for strategic outcomes, and for increasing the ability of individuals and communities to influence change.

The Health Inequalities Standing Group of Edinburgh community health partnership produced a *Social Capital, Health and Wellbeing* planning and evaluation toolkit which describes social capital as 'one way to tackle the health inequalities that result from social isolation, low levels of support and low self-confidence' and identifies the 'protective health factors that can result from strong networks, good levels of support and positive relationships that help integrate individuals and communities'.³⁹ The toolkit provides a framework and tools for assessing levels and nature of social capital as well as for planning and evaluating change interventions.

These networks and relationships are important in another sense: they are the foundation upon which all other community activities are built. Where they are absent or incomplete there is little prospect of community-led initiatives emerging, and little prospect of health improvement strategies that engage with the community succeeding, unless they incorporate a significant amount of attention to encouraging the formation and growth of informal social networks.

John McKnight's⁴⁰ analysis, suggests seven important areas of well-being that can be positively influenced by community action: health, security, environmental quality, economy, food production, nurturing of children and care for others. He suggests that:

- *How long we live and how often we are sick is determined by our personal behaviours, our social relationships, our physical environment, and our income. As neighbours, we are the people who can change these things*
- *Whether we are safe and secure in our neighbourhood is largely within our personal domain. Many studies show that there are two major determinants of our local safety. One is how many neighbours we know by name. The second is how often we are present and associated in public – outside our houses*
- *Health of the environment is a major local responsibility. How we transport ourselves, how we heat and light our homes and how much waste we create are factors we can control*
- *In our villages and neighbourhoods, we have the power to build a resilient economy. Most enterprise begins locally. As neighbours, we have the power to nurture and support these businesses so that they have a viable market. We have the local power to capture our own savings*
- *We have some control over the production of the food we eat*
- *We all say that it takes a village to raise a child*
- *Locally we are the site of care. Our institutions can only offer service – not care. As neighbours, we care for each other, for our children and for our elders*

³⁹ Download from:

http://www.edinburgh.gov.uk/downloads/file/4206/social_capital_health_and_wellbeing_toolkit

⁴⁰ Community Capacities and Community Necessities, Address by John McKnight, at the "From Clients to Citizens Forum," Coady International Institute, St. Francis Xavier University, Antigonish, Nova Scotia (2009).

An alternative formulation is presented in the ‘seven capitals’ model⁴¹ used by the Carnegie UK Trust and others to classify the types of capital that should be in place if a community is to be resilient and sustainable:

| Capital | Definition |
|-----------|---|
| Financial | Financial capital plays an important role in the economy, enabling other types of capital to be owned and traded. |
| Built | Fixed assets which facilitate the livelihood or well-being of the community. |
| Social | Features of social organisation such as networks, norms of trust that facilitate co-operation for mutual benefit, includes a sub-set of spiritual capital (that form of social capital that links to religion/spirituality). Bonding, bridging social capital. |
| Human | People’s health, knowledge, skills and motivation. Enhancing human capital can be achieved through education and training. |
| Natural | Landscape and any stock or flow of energy and material that produces goods and services. Resources – renewable and non-renewable materials |
| Cultural | Shaping how we see the world, what we take for granted and what we value. |
| Political | The ability of a community to influence the distribution and use of resources. |

To enhance these capitals or assets, the practice of community development would propose that work would be needed, most especially in excluded or non-cohesive communities to develop knowledge, skills and understanding; to build stronger community organisations and networks; to address issues of equality and inequality, and to become more influential. Work is also required by both communities and public services to improve the process and outcomes of engagement.

The Local Wellbeing Project⁴² tested community empowerment as a way to build social capital, reduce feelings of powerlessness, improve the quality of local democracy and boost services’ responses to local needs. Three main strategies were adopted: increasing opportunities for residents to influence decisions affecting their neighbourhoods, facilitating regular contact between neighbours, and helping residents gain confidence to exercise control over local circumstances. Practical recommendations from the project include: training democratic services staff in outreach work; encouraging staff to become ‘mentors’ or ‘ambassadors’ to residents trying to navigate complex local institutions, encouraging schools and colleges to deliver course on how democracy works, organising informal events or fun days where residents and decision makers can mingle, and providing materials and workshops so residents can maintain areas in their neighbourhood.

Community capacity and capacity-building

The better connected a community is, the greater will be its capacity to respond to opportunities, resist threats, protect its interests and solve problems. A well-connected community is thus the cornerstone of what is often described as the community assets approach to development. But building community capacity involves more than this: there needs to be understanding, skills and confidence; a firm commitment to equalities both within and between communities otherwise we will encourage inequality and the misuse of power; a well-developed network of organisations in touch with each other both within and outwith the community; and the ability to engage with and influence decisions and policies in the wider world. Particularly in the case of disadvantaged communities, community engagement and co-production cannot succeed unless the community in

⁴¹ Carnegie UK Trust 2009, A Manifesto for Rural Communities

⁴² Hothi M et al (undated) Neighbourliness + Empowerment = Wellbeing, The Young Foundation

question has the understanding, skills and confidence to engage or co-produce. Attention to understanding the capacity of communities, and providing support to enhance capacity is therefore central to successful co-production as well as to enhancing resilience. It is also important to recognise the community's right not to engage with co-production if the community does not see this as advantageous.

Community engagement

The National Standards for Community Engagement⁴³ define this as:

'Developing and sustaining a working relationship between one or more public body and one or more community group, to help them both to understand and act on the needs or issues that the community experiences'.

It is therefore a process, a relationship and a dialogue focusing in particular on excluded and disadvantaged groups. It is essentially the process (at community level) on which co-production or other solutions to community issues and needs can be built. Community engagement is closely aligned to the ideas of 'deciding together' (encouraging additional options and ideas, and providing opportunities for joint decision making) and 'acting together' (not only do different interests decide together on what is best, they form a partnership to carry it out) in the ladder of citizen participation⁴⁴. The Standards are essentially a framework of challenges which, if met, would indicate that the engagement has been purposeful, involving, collaborative, effective and inclusive.

Community development

Community development seeks to empower individuals and groups of people by providing these groups with the skills they need to effect change in their own communities. These skills are often concentrated around building political power through the formation of social groups working for a common agenda. Community developers must understand both how to work with individuals and how to affect communities' positions within the context of larger institutions.

The Community Development Exchange defines community development as both an occupation (such as a community development worker in a local authority) and a way of working with communities. Its key purpose is to build communities based on justice, equality and mutual respect.

Community development involves changing the relationships between ordinary people and people in positions of power, so that everyone can take part in the issues that affect their lives. It starts from the principle that within any community there is a wealth of knowledge and experience which, if used in creative ways, can be channelled into collective action to achieve the communities' desired goals.

Community development practitioners work alongside people in communities to help build relationships with key people and organisations and to identify common concerns. They create opportunities for the community to learn new skills and, by enabling people to act together, community development practitioners help to foster social inclusion and equality.

⁴³ http://www.scdc.org.uk/uploads/standards_booklet.pdf

⁴⁴ <http://pubs.iied.org/pdfs/G01549.pdf>

In Scotland, community development is adopted as a general approach in a wide range of policy areas, including regeneration, health improvement, environmental improvement and community safety. It is part of the broader field of the community learning and development function of Scottish Government, defined as:

"Community learning and development (CLD) is learning and social development work with individuals and groups in their communities using a range of formal and informal methods. A common defining feature is that programmes and activities are developed in dialogue with communities and participants...(CLD's) main aim is to help individuals and communities tackle real issues in their lives through community action and community-based learning."

Volunteering

Volunteering can be described as unpaid and un-coerced activity that is of benefit to others – and typically to the volunteer as well. As such it can be seen to encompass a very wide range of possible actions and roles. In relation to questions of community resilience and coproduction, voluntary activity of some sort by members of the community in question are essential to both. Such voluntarism is perhaps better described as community activity or community action, essentially because the activity is of benefit to the community of which the volunteer is her/himself a member.

Annex 2: List of projects participating in telephone interviews and practice exchange

a) Telephone interviews

| Name of Project | Geographical focus | Type of work | Attended Practice Exchange |
|--|---------------------------|--|-----------------------------------|
| Angus Healthy Happy Communities (Angus Community Health Partnership) | Angus | Nutritional health of under fives | Yes |
| Artlink | Edinburgh | Charity involving disabled people in arts | No |
| Comas | Edinburgh | Charity supporting recovery from drug addiction | Yes |
| City of Edinburgh Council | Edinburgh | Edinburgh's Joint Plan for Older People | Yes |
| EVOC | Edinburgh | Timebanking | No |
| Glasgow Homelessness Network | Glasgow | SHIEN project involving homeless people in decisions and encouraging co-leadership | Yes |
| Hepatitis C Resource Centre | Fife | Peer Education Project for drug users | No |
| Inspire | Aberdeen | Proposal for community hub | Yes |
| Moray HandyPerson Service | Moray | Charity supporting older people | Yes |
| Penumbra | Scottish-wide | Mental health charity | No |
| Perth and Kinross Healthy Communities Collaborative | Perth & Kinross | Health initiative for older people | Yes |
| PLUS Perth & Kinross | Perth & Kinross | Mental health charity | Yes |
| Scottish Music Centre | Glasgow | Education projects for young people | No |
| Space Unlimited | Scotland-wide | Consultancy agency for young people | Yes |
| Volunteer Centre Angus | Angus | Volunteer training and support | No |

b) Practice Exchange participant list (organisations)

| Name of Project | Geographical focus | Type of work | Number of participants from organisation | Role |
|--|--------------------|--|--|---|
| Angus Healthy Happy Communities (Angus Community Health Partnership) | Angus | Nutritional health of under fives | 1 | Storyteller |
| Comas | Edinburgh | Charity supporting recovery from drug addiction | 2 | Storytellers |
| City of Edinburgh Council | Edinburgh | Edinburgh's Joint Plan for Older People | 2 | Storytellers |
| Glasgow Homelessness Network | Glasgow | Homelessness charity | 2 | Storytellers |
| Inspire | Aberdeen | Proposal for community hub | 2 | Storytellers |
| Jo Kennedy | Scottish-wide | Independent consultant | 1 | Facilitator |
| Joint Improvement Team Scottish Government | Scottish-wide | Health improvement | 1 | Participant |
| Moray HandyPerson Service | Moray | Charity supporting older people | 1 | Storyteller |
| NHS Education Scotland | Scottish-wide | Health education body | 3 | Participants |
| Perth and Kinross Healthy Communities Collaborative | Perth & Kinross | Health initiative for older people | 2 | 1 Storyteller and 1 regular participant |
| PLUS Perth & Kinross | Perth & Kinross | Mental health charity | 2 | Storytellers |
| Research for Real | Scottish-wide | Research | 1 | Facilitator |
| Scottish Community Development Centre | Scottish-wide | Promoting and supporting community development | 4 | Facilitators |
| Scottish Government | Scottish-wide | Joint Improvement Team and Vulnerable Families and Early Years | 2 | Participants |
| Space Unlimited | Scotland-wide | Consultancy agency for young people | 1 | Storyteller |

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