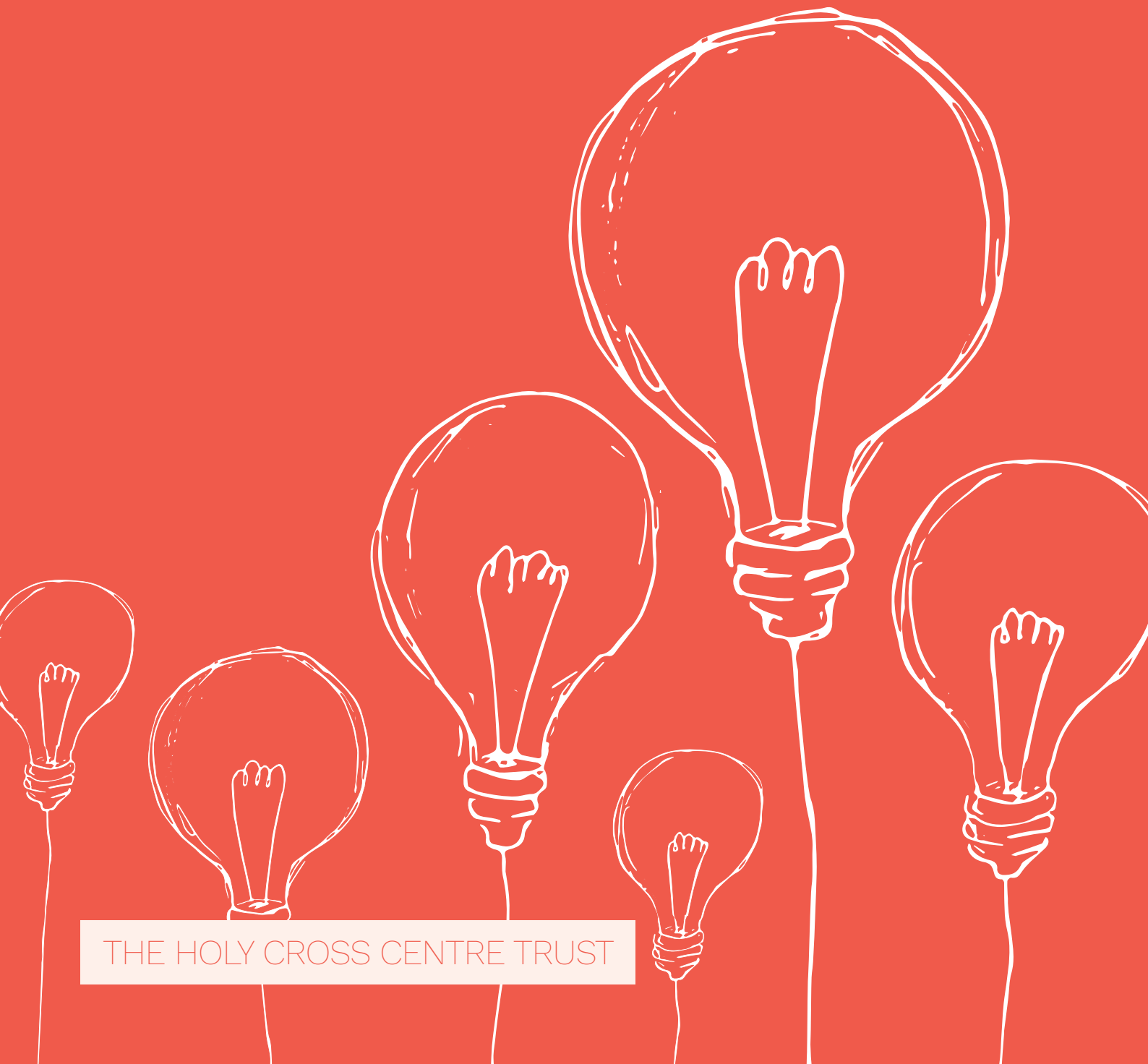


# Towards Community Owned Health & Social Care



THE HOLY CROSS CENTRE TRUST



# Developing our hypothesis

Three and a half years ago we began structuring our community organisation and the way we work around the values of Learning, Doing, and Belonging. This approach emerged from years of exploring how a small community charity could begin to tackle some of the fundamental, structural issues encountered by service users, staff and local people in the social care sector. We asked how stigma, disempowerment and problem-identity remained so strong despite huge investment in services. And we began to wonder whether the proposed “solutions” were missing something fundamental, often exacerbating the very problems they aimed to solve.

Faced with the sheer range and complexity of health, economic, social and other issues, the response of public sector commissioners has been to focus on a particular problem or need, and commission a service designed to meet it. However niche or tailored interventions might be, a dominant characteristic of this ‘service’ approach is to take a focalised view of the ‘problem,’ rather than see it as part of a broader whole.

Over time, it became increasingly clear to us that taking such a strong problem focus has major implications. Firstly, through our work in our community we have found that the stigma associated with various personal and social problems can be incredibly alienating. When that is exacerbated and highlighted by particular services that are only for the ‘problem’ people, it is the difference of those people rather than their sameness which is being emphasised within that community. The emphasis is on why these people do not fit the mould, rather than how as a whole the mould might be reshaped or understood differently to accommodate and learn from difference.

Any sense of belonging can become dictated and bounded by their particular ‘problem’ rather than through connection to any broader community and the empowerment we know this generates.

Secondly, time and again we noticed that this problem focus leads to a confusion between supply and demand. It is assumed that identifying a need and developing a service to meet that will solve the problem. Having supplied the service, commissioners then get confused about why service users aren’t engaging with something that is designed so obviously to help them, and try in various ways to incentivise and cajole the service users along. We began to see that whenever we work within this problem-service paradigm something fundamental is missing: behaviour change, or learning, is being directed from above to you, and you have to engage with that process on somebody else’s terms.

*“Authentic education is not carried on by “A” to “B” or by “A” bout “B”, but rather by “A” with “B,” mediated by the world”<sup>1</sup>.*

We began to wonder whether the proposed “solutions” were missing something fundamental, often exacerbating the very problems they aim to solve.

Unable to understand why problems remain, for many years money was poured into an ever expanding range of services, to little effect. Now, in a time of increasingly constrained

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The Pedagogy of the Oppressed. (1970) Paulo Freire. P74

public spending, limited resources are still being spent in the same way. The more we encountered this, the more we came to believe that the balance of investment here is skewed. Whilst there is endless growth in the layers of service solutions, the fact remains that a genuinely sustainable solution, i.e. a long-lasting change in behaviour, can only happen *in* the 'problem-person' when a new capacity for behaviour is learnt. In our experience, most investment in solutions is separate from, albeit in interaction with, the 'problem-person.' The outside change agent or interloper decides what a good outcome represents, and invests in the solutions to help bring it about. But little investment is made in the perspective of the 'problem person,' what a good 'outcome' might mean to them and how it relates to the wholeness of their life rather than just their problem. We think that people's own perspective and their sense of self as an empowered member of a vibrant community is at least as valuable in a process of change as the interloping expertise might be – that the context is as valuable as the process. And we think that creating a cohesive, resilient and empowered community which looks at the person first, outcome second, is the only way to achieve genuinely sustainable and preventative change.

As a small community business, we also began to wonder whether we were making the best use of the assets that lie around us, and whether this problem-service paradigm might be impeding that. We noticed how easy it is for services to become siloed, separate from and in contrast to the wider community rather than embedded within it, and how this can so quickly strengthen a person's sense of difference and separateness. Even attempts to develop 'asset-based' approaches more often than not limit their focus to contributions people make to the service itself, which

is inherently limiting. We shifted our focus towards building competency in our local people rather than attempting to correct weakness, and found this to be a far more effective way of building an innate sense of value within individuals, a connectedness and communal sense of ownership that are fundamental preconditions to any sort of behaviour change or learning journey.

Finally, having worked in the social care and mental health sector for close to 30 years, we had been exploring for some time how traditional approaches to management and organisational structure were having a direct impact on staff and therefore frontline delivery. Too many staff in the sector quickly become burnt out and emotionally drained, and are often disempowered by top-down management techniques which remove responsibility and active decision-making from the frontline. The development of sophisticated emotional intelligence and strategic thinking is hamstrung, and the support delivered cannot remain truly person-first. The work tends to be long hours on low pay, and talented individuals are quickly moved into back office, management roles as the only avenue for progression. We felt that many of these problems are symptoms of outdated, inappropriate management techniques not designed for working with *people*, and that new ways of working fit for the sector and the complexities of the 21st century are urgently needed. We need to develop *leadership* skills across all our roles, and develop people able to make emotionally and strategically intelligent decisions on the frontline. We need to move away from siloed working, competing priorities and rigid management structures towards an empowered workforce where the focus remains the client at all times.

...little investment is made in the perspective of the 'problem person,' what a good 'outcome' might mean to them and how it relates to the wholeness of their life rather than just their problem.

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## TOP DOWN SERVICE DESIGN CONFUSES NEED WITH DEMAND:

Commissioners identify needs and design services to meet them. Success is dependent on users 'fitting' in to the complicated service pathway that faces them.

A traditional response is to design more service – new pathways to navigate through an ineffective system. Such approaches fail to recognise the inefficiency of the problem-service paradigm.

Behaviour change or learning is done to you

# Developing a new approach:

## LEARNING, DOING & BELONGING

We began to conclude that public services have put enormous effort into the *what*, often at the expense of understanding the *how*. Focusing so intently on the problem separates the problem from the person themselves, creating and sustaining an individual's problem-identity. Yet it is this very identity which lies at the heart of the problems we are trying to tackle. So we began to ask ourselves those difficult questions: *How* do we make sure we focus on the whole person and not just their problem? *How* do people feel when they access services? *How* do we create an environment in which people feel a genuine sense of value and belonging? *How* do we develop emotionally intelligent, strategic frontline staff? *How* can we feel less like a service and more like a community?

Our response has been to take **learning** as a cornerstone of our mission, rather than the narrow 'recovery' or 'mainstreaming' of a set of problem-people. This approach has allowed us to send very different signals: that everyone is a learner and everyone is in the business of behaviour change, not just 'problem-people'. This has structurally

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embedded the notion that everybody is at a different starting point, and that the business of 'mainstreaming' a problem person is one that involves multiple actors with different roles across our community. For example the 'expert' can be recognised as expert in a particular process, but the 'problem-person' is the expert in their own context and life. Any sustainable solution where new capacity for behaviour change is learned can only happen when both recognise and respect the worth of the particular perspective being brought to the table. Together we have been creating an environment in which both actors are mutual learners.

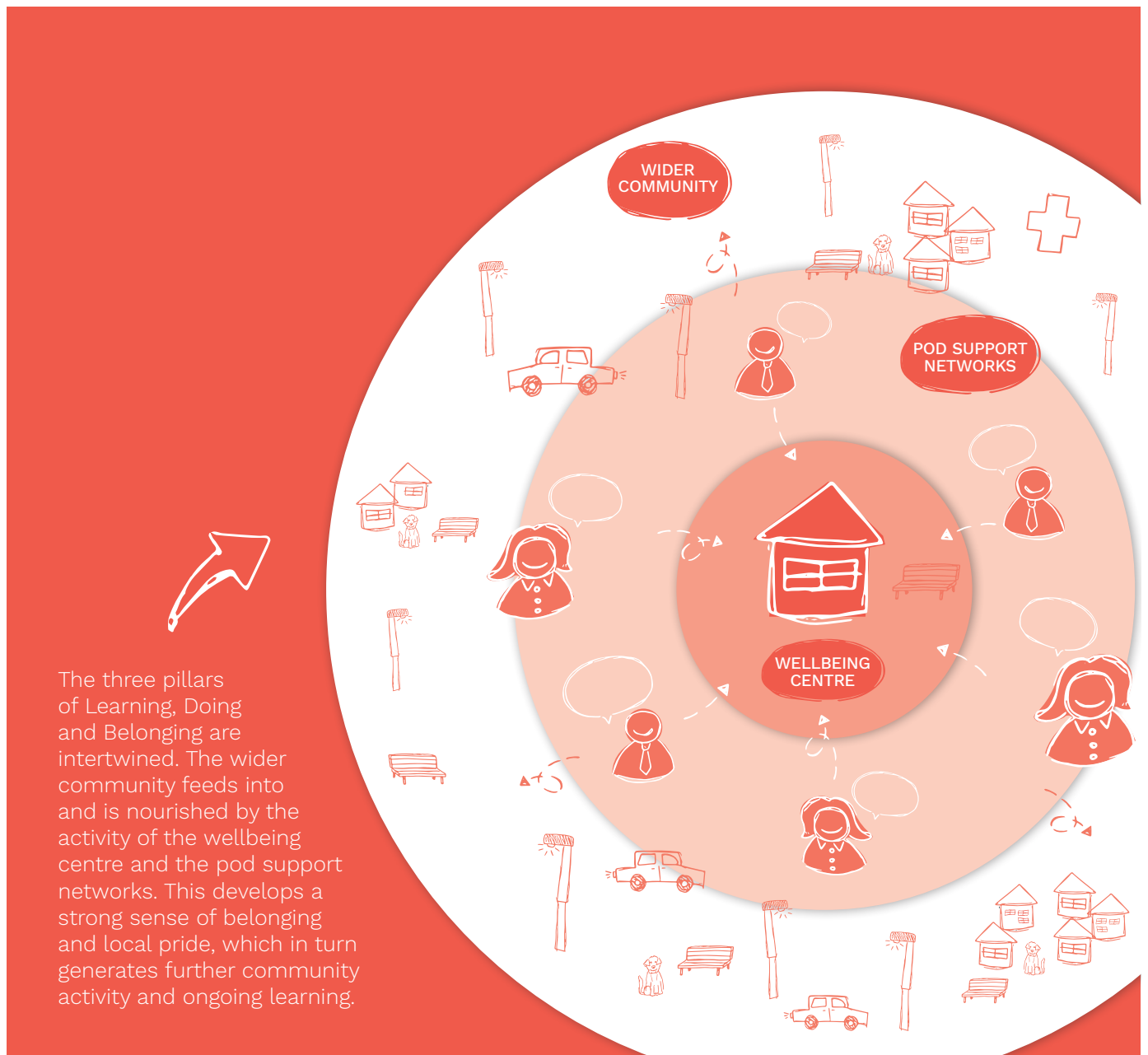
A crucial part of our approach to learning is the way we train our staff to develop emotional intelligence. Traditional approaches in the sector emphasise IQ and classroom learning, with staff trained to take these intellectual tools and techniques into their client relationships. Our expertise is in developing the emotional intelligence of our staff, an approach supported by the work of the Henley Advanced Leadership Programme. We see leadership as being about *influence* rather than management, and emphasise the centrality of experiential learning and reflective practice as the means to developing sophisticated emotional intelligence. This learning approach feeds directly into our client work and the way our community feels.

We believe it is in the act of **doing**, rather than being passively serviced, that competency can be nurtured and personal learning supported. By enlisting service users as active doers in our community business, not only have we been using our assets far more effectively and opening up the cul-de-sac

of public spending on problem people, but we are recognising there is more to a person than their problem, that they can do valuable activity, that they are wanted and needed by others too, and that they exist beyond the world solely defined by their problem. We only learn and discover our capacity to feel and behave differently through the act of doing, in an empowered community where we have the opportunity to learn experientially.

We think that learning and doing are most effective when a person feels a real sense of **belonging**. So often the opportunity to learn and grow as an individual, to experience new challenges, to pass through the uncertainty

and instability of being out of a 'comfort zone' is kept away from the 'problem-person' as the industry associated with service solutions grows around them. But feeling uncomfortable and learning from that experience can only really happen in an environment and a community where someone truly feels valued and accepted for who they are, just as they are. By opening up our community business and our services to people from all walks of life, viewing each individual as being a 'learner', we have begun to create the space for people to explore, learn and discover their capacity to experience the world in a different way.



# Learning, Doing and Belonging in practice:

## WHAT WE'VE DONE, AND WHAT WE'VE LEARNT

We have had the opportunity over the past three and a half years to put the values of Learning, Doing and Belonging into practice, to pilot different ways of working and new models for delivering exceptional frontline social care. These values have been threaded through everything we do, and both the learnings and the impact have been rich.

### THE POD MODEL

We have developed a "Pod" model for delivering one-to-one support. We train and employ a number of Pod Leaders who coordinate a team of community learners in delivering one-to-one support to long-term clients. The community learners are a mixture of placement students, volunteers, former service users and paid support workers, who are all part of HCCT's training programme. The training programme is a combination of formal social care modules and hands-on experience of delivering care, with the emphasis upon experiential learning. Homecare visits and activities are coordinated in accordance with the level of experience each learner has, and HCCT oversee each individual's learning and development. We work with around 50 long-term clients in our pods and are steadily increasing this number as we develop more pod leaders.

Everyone involved in a pod - the pod leader, volunteers, service users - is considered a learner, which fundamentally changes the dynamic of the relationship. There is no expert servicing a passive, needy recipient, but rather two learners both engaged in shared experiences in which both are learning and contributing. Our training and culture enables pod leaders to take on the sophisticated and

nuanced role of an influencer rather than a manager, using reflective practice and the development of emotional intelligence as learning methodologies. The varied backgrounds of the support workers in the pod play a key role in blending community resources, creating a broad sense of belonging, and supporting people away from problem siloes and towards mainstream activity. Bringing local people together in this way is beginning to have a profound impact upon our local community.

In delivering this model of social care and building a more resilient, empowered community, we are beginning to tackle two critical public policy problems: rising youth unemployment and the growing need for adult social care as our population ages. Our model has begun to alter the landscape for adult social care whilst providing a cost-free option for students and youths to develop professional care qualifications and rich experience of working directly in care settings. In doing so, we are also tackling the problem of a stale, demoralised, exhausted social care workforce. The pod model changes the very nature of social care delivery in our community by injecting a sense of vitality, freshness, new ideas and new people eager to learn about themselves and others.

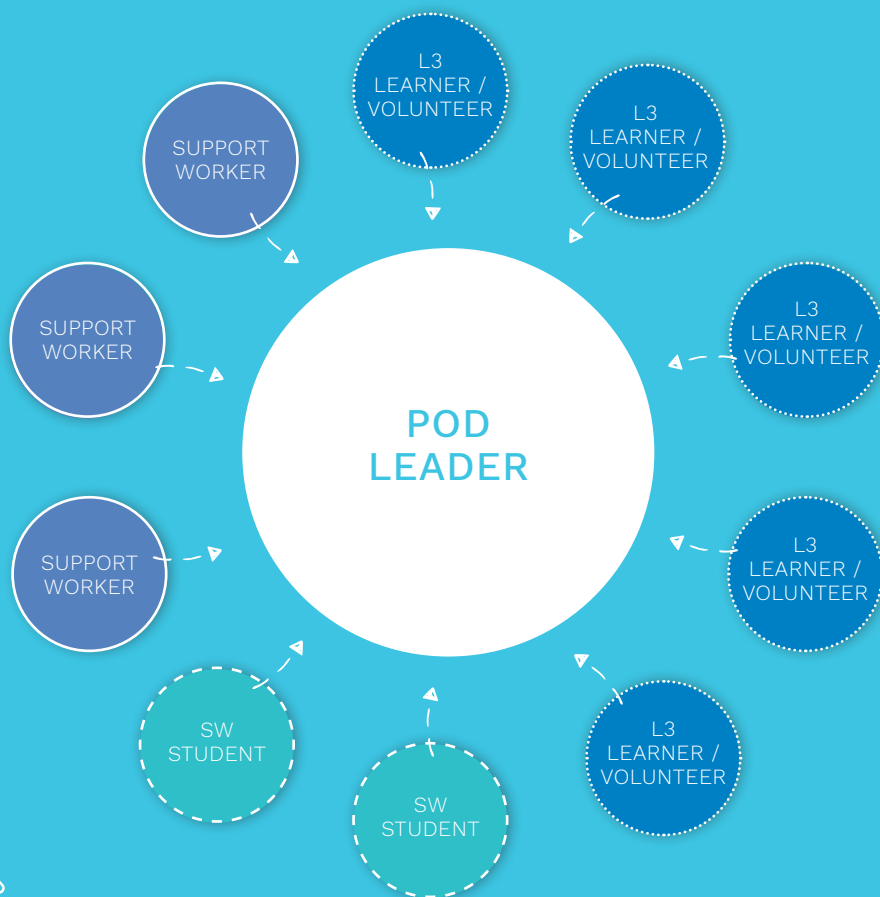
### GRADUATE TRAINING PROGRAMME

We have developed an 18-month leadership training programme for bright, energetic people with the capacity for unlearning and a keen interest in developing their emotional intelligence and positively impacting their local



## POD MODEL

This is our 'Pod' model for delivering one-to-one floating support. Everyone involved in a pod is considered a learner, which fundamentally changes the dynamic of the relationship with the client.



community. We are constantly evolving and learning from this training programme, and are using this training to develop pod leaders and grow the pod model. This programme combines experiential and formal training, and is designed to develop exceptional generalists who see frontline social care as a genuine career option or who will become change-makers in the sector more broadly. The training develops the emotional intelligence to enable consistent, person-first support and the strategic thinking to enable them to juggle multiple priorities and stakeholders. We have trained two pod leaders through this programme, and our current cohort of four graduates are nearing the end of their first year with us.

The first six months of each graduate's training involves a steep personal learning journey.

Assumptions about oneself and what client work involves are highlighted and questioned, and we explore the individual's understanding of care and what their role is. This initial phase is an introspective period, in which each graduate begins to engage in self-reflection as a means to their own personal development and understanding their emotional responses to the client work. Graduates work one-to-one with 6-8 week clients and support pod leaders with some longer term client work, reflecting on their experiences and developing the emotional intelligence to enable consistent, person-first client work.

The next six months sees our graduates begin to develop relationships with slightly longer-term clients. They begin working towards their City & Guilds Level 3 in Social Care as their focus shifts slightly towards more strategic

and structured learning. Transitioning from an intense period of 'unlearning' many of their assumptions about themselves and the client work, the graduates begin actively learning how to become pod leaders as they begin to process and explore their experiences with a greater degree of insight and sensitivity.

The final six months of the programme sees the graduates develop their skills around relationship and partnership building, developing relationships with care coordinators, family members as well as their clients' wider support networks. The graduates' client work evolves further as they deepen their understanding of motivations and behaviours, and they develop their ability to influence and support change. They also develop key leadership skills around managing their pod's support workers and volunteers.

The graduate scheme has proven a huge success. Over 150 high calibre applicants applied for just four graduate places, showing significant demand for a scheme of this nature and a rich pool of talent for growing our community business going forward. The current cohort have worked with over 100 clients since they began, and are on track to develop into exceptional frontline pod leaders, with the skillset and capability to begin changing the way social care is delivered.

“A huge part of the learning for me has been about the value of reflection and investigating our personal drivers behind the work we do. Over time the experiential learning has shown me that the way we relate to ourselves affects the dynamic we bring into our client relationships.”

- Anna Thirkettle, HCCT Graduate

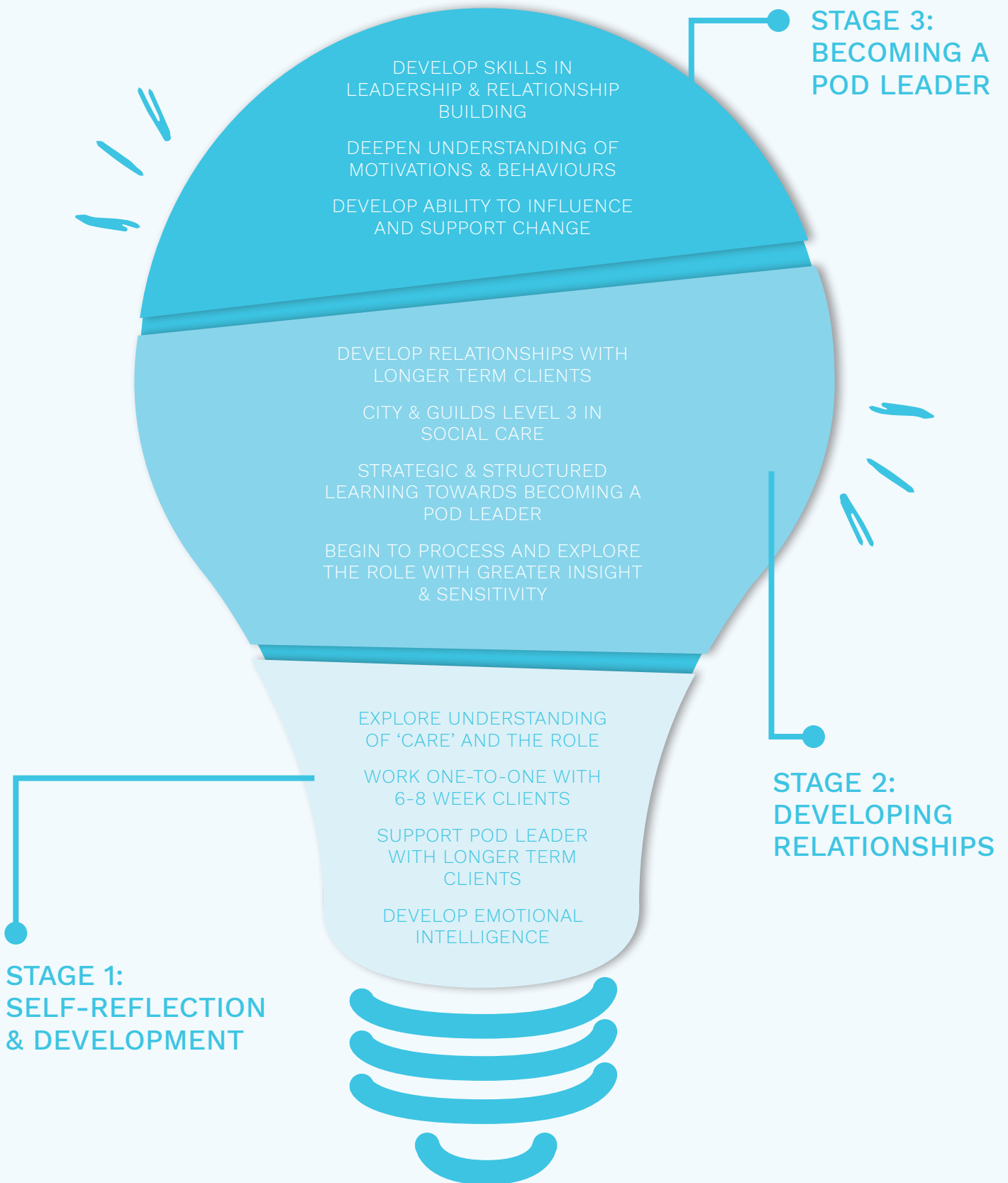
## 6-8 WEEK PREVENTION SERVICE

A key element of the Camden Hub contract we took on three and a half years ago was the 6-8 week prevention service. Through this service we offer 6-8 sessions of one-to-one emotional and practical support to any adult in Camden experiencing mental health difficulties.

We bring our person-first, outcome second approach to this work, and the ability of our pod leaders and graduates to work in this way has continued to increase the demand for this service. To date we have worked with nearly 500 clients through the 6-8 week service, and the impact on wellbeing has been hugely encouraging as evidence for the efficacy of our approach. Last year, across our client group the average increase in wellbeing (using the WEMWBS wellbeing scale) directly after our work was 26%. When measured a month later, this grew to 34%, and six months later the average increase in wellbeing was 57%. This gives us confidence that our approach of working person-first really does mean that the outcomes naturally follow as a by-product. Moreover, this indicates that our approach facilitates sustained learning and improvement over time. The relationships formed and the environment created have a significant impact well beyond the time these clients worked with us. As a new model for delivering social care aiming to realise genuinely sustainable and preventative change, our work with our 6-8 week clients has begun to show us that a learning approach can truly change this dynamic and that rich outcomes emerge as a by-product.

## CAMDEN HUB WELLBEING CENTRE

When we took on the 6-8 week contract we also began offering day opportunities to longer term mental health clients who have used mental health day centres for decades.



**OUR GRADUATE TRAINING PROGRAMME**

## CASE STUDY: MARY

83% improvement in wellbeing,  
based on WEMWBS measure.

Mary, a widowed British lady in her mid-50s, was referred to the wellbeing centre around three years ago. She experiences hearing persecutory voices and some difficulties with cognition. After the death of her partner and then her parents a few years ago she has been very socially isolated, living in supported housing. The voices she experienced had become more threatening and disrupted her sleep as well as discouraged her from going out.

Mary attends the wellbeing centre on a regular basis, and initially appeared very withdrawn, having retreated over the years into an increasingly insular life. Mary has developed relationships with staff, volunteers and service users, as well as a relationship more broadly with the wellbeing centre as a whole. Through our person-first, outcome second, approach, the environment of accepting people for who they are, just as they are, has enabled Mary to accept elements of herself, like the voices, rather than fight them. Mary has developed an informal relationship where she can call up just to check in, or pop up to the office to have a chat, and she uses this relationship as her way of reaffirming that sense of belonging and value. She has begun to develop the confidence and energy to pursue her *own* goals and outcomes, knowing that she has a community which relates to her as a person and accepts her for who she is. Mary has instigated various new activities in her daily routine. For some time now been making regular trips around London with our volunteers, and has recently begun taking trips on her own to Birmingham and Leicester, places she has not travelled to in 40 years. Mary still struggles with the voices, but now exudes a vitality and confidence previously hidden away.

Creating a local hub where people can feel confident and proud of their community in an environment which fosters a sense of mutual ownership and empowerment was a central driver for us. Applying our approach at the Camden Hub Wellbeing Centre has been a real learning experience for all involved, resulting in numerous authentic relationships and rich outcomes for our local community.

We have used the pod model to develop one-to-one relationships with each of our wellbeing centre clients. A pod leader, graduate trainee or other staff member holds the core relationship with a client and their support network whilst also coordinating volunteers and others in their one-to-one work. Clients have, over time, increasingly been engaging in mainstream activities outside the wellbeing centre, and in building authentic relationships with a range of individuals have begun to broaden horizons and create a resilient and vibrant community beyond problem identities.

We have experimented with how the physical space at the wellbeing centre can foster a sense of belonging and community, responsive to local interests and needs and empowering local people. We have explored what a wellbeing centre could become, and we have begun to create an environment where people can see each other in a different way. We are beginning to become a bridge to facilitate new relationships, where people from across the local community can enjoy the space with each other without interest in labels or background. We have looked to develop a more mainstream vibe, opening our doors to local groups who use the space for yoga, tai chi, language sessions, sewing and other activities, as well as putting on events for the community such as SOUP. Unlike traditional services, our office is open for clients to come in and out - we treat people like adults rather than children. Most importantly, we have seen a number of clients slowly develop a stronger sense of self beyond their problem

or label, achieving real outcomes such as reduced hospital stays and increased community involvement as a *by-product* of authentic, person-first relationships at the wellbeing centre. Our vision for a genuinely co-designed, co-developed community hub is beginning to take shape, and the shared sense of ownership emerging from this is starting to bring local people together and having a tangible impact on individuals.

## EVALUATING OUR WORK: STAFF & CLIENTS

As we have been piloting innovative approaches to social care work, we have seen it as critical that we evaluate our impact. And in contrast to services which would only look for change and movement on the part of the client, we also use the same tools on ourselves. How can we genuinely and authentically be involved in a client's change process if we are not engaging in that same process ourselves?

We use the WEMWBS wellbeing questionnaire both on ourselves and with clients as a tool to examine how we are feeling and engage in a process of self-reflection. Using WEMWBS with clients has also enabled us to measure the impact of our approach on wellbeing over time, with the results described above proving extremely encouraging.

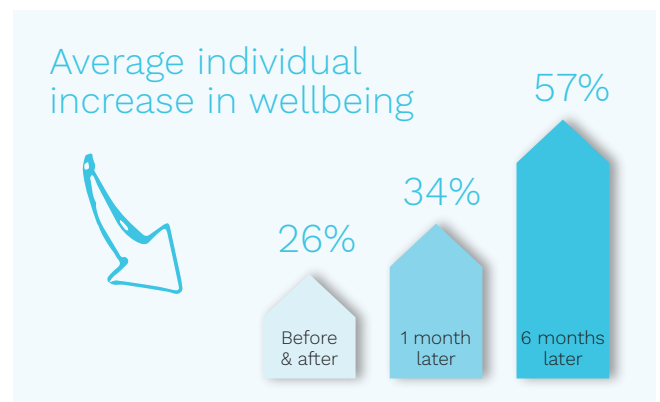
We use staff questionnaires to examine our understanding and feelings about our approach, and the ability to look back at our previous answers and difficulties enables us to better understand our own development. We are currently recruiting a new Evaluation Lead to continue the work of the previous post-holder, and are keen to explore a number of other avenues for embedding impact assessment through reflective practice and other innovative techniques. Assessing the impact of our community business on the resilience and cohesiveness of our local community is also a key driver of our organisation going forward.

## OUR CULTURE: OUR WAY OF WORKING WITH EACH OTHER

We have embedded a number of distinctive ways of working not only into our client work but also into the way we work as an organisation. This is because we believe that fundamentally the two cannot be separated - a community business which fosters openness, leadership and emotional intelligence through its structures and ways of working will as a result do more impactful and sensitive client work. Especially as a community-focused enterprise, heavily reliant on the energy, skills and input of local people, we think it is critical that we think seriously about how we work and the impact this has on our staff and the wider community.

A key element of this approach is that we do not believe in separating strategy from operations. All roles in our organisation combine frontline work with strategic and administrative responsibilities - we all have something to learn and contribute. This has fostered a working environment which minimises the disconnect between management and frontline work; all our staff understand and engage in the experience of frontline delivery, and all our staff shape and input into our strategy and direction of travel.

We have also developed an open, challenging culture. Struggles with client work, frustrations about the way we work with each other, conflict which arises naturally between staff members coming from different, passionate perspectives - all of this is discussed openly in our office and normalised. Feelings and emotions do not need to be surrounded by layer upon layer of anxiety and awkward



avoidance. Feelings are normal, and by creating a greater sense of ease and openness around feelings in our working environment we model this approach in our client work. We hold regular group reflection sessions where we talk openly about the way we have been feeling at work, and where we all have the opportunity to share and learn from each other's emotional responses to the work we do. In doing so our staff develop the ability to more easily identify their own emotions and therefore maintain focus on the client.

In our regular full team meeting we have experimented with spending the first twenty minutes cleaning, tidying or improving the Hub building in some way. On top of ensuring we care for our working space more attentively, this regularly affords all of us the ability to engage in an activity with our colleagues

in a different way. It enables us to see past some of the rigid, work-related opinions we form about each other, and to see each other as people beyond the job title. Again, this process fosters a greater self-awareness and stops us falling into the trap of stereotyping each other, a skill which feeds directly into person-centred client work.

We have even experimented and developed our recruitment process as a mutual learning experience. For recruiting both staff and volunteers, our process is multi-layered and gives both us and potential recruits the ability to learn different things about one another at every stage. Our selection day involves a reflection session, and we both provide and ask for feedback at various stages. If we are serious about seeing everyone as learners, then this needs to be integral from the very start of someone's journey with us.

## OUR NEXT STEPS

# Sustainability

We have now completed our pilot phase for our Learning, Doing, and Belonging approach. We are excited by the learnings, the impact, and the outcomes, and are now looking to take the next step. We are ready to scale our pod model for social care delivery, and our work with ICSF shows that scaling to 15 pods will bring us financial sustainability.

We are serious about making our community business financially sustainable. We are confident in the impact of our model, and have worked hard to develop the detail necessary to take this next step.

Achieving financial sustainability is of fundamental importance to us for a number of reasons. Firstly, it will help us achieve better outcomes. The essential premise of our approach and our model is that we need to be creating communities and services focused on the person as a whole, rather than achieving

particular outcomes or solving individual problems. Financial sustainability will enable us to ensure that our focus remains entirely on the people in front of us. Chasing outcomes defined by commissioners, strategists and policymakers can often dilute and impact the effort to remain person-first; financial sustainability means that we will remain passionately person-centred, and we know that this leads to better outcomes.

Moreover, financial independence means that our only customers are our clients and our community. In order to become and remain financially sustainable the quality of our work has to be and remain exceptional - otherwise our customers can simply spend their money elsewhere. This keeps us true to our values and means that our work has to remain of the highest quality if we are to exist and grow.

# Taking Belonging Further:

## COMMUNITY CO-OWNERSHIP

Independence is also key to creating a mutually owned community and the sense of belonging that comes with that. If we are to continue to become embedded within and serve the local community we can only be accountable to that community itself. Independence gives us the security and platform to work towards the community's goals without looking to achieve outcomes directed from outside.

As we move towards financial sustainability we will explore a community ownership model of health and social care. Co-ownership of our community business by staff, volunteers and service users will further shift the dynamic towards a genuine sense of belonging. Service users become co-owners, and the community's existence, viability and direction depends as much upon them as everybody else. Just as with people, communities are so much more than just their problems, and the combination of financial independence and mutual ownership will combine to strengthen the community's sense of what is possible and what can be achieved.



We are looking forward to taking the next step, building on the exceptional work which has already been done and the vibrant, enthusiastic community developing around us. We are beginning to carve out a new direction for community-based, community-owned health and social care, and we are excited about the opportunities that lie ahead.

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