

# A brighter social care future: Co-producing the evidence to make five key changes

Communities where everyone belongs



## Defining community

### What this means

When ‘communities’ are discussed, it is often in a narrow way. When thinking about ‘communities where everyone belongs’ we need to think both about physical and/or geographical communities (where people live, and may or may not have things in common) and ‘communities of interest’ (where, by definition, people share a wide variety of interests, worldviews, activism, culture, religion, and an almost infinite number of other permutations). You may also think of your own communities of practice in the work you do, and how valuable they are to your professional resilience.

People can belong to many different types of community, and these communities help make up people’s individual identities.

“We need to work towards a new definition of community.”  
What’s your personal definition of community?

### The research

Communities – whether geographical, ‘communities of interest’ or communities of practice – are complex and don’t always have one meaning. The same community can be seen very differently by different members within it; communities can also evolve, with a network of shifting relationships and resources (Sutton, 2017; Leaney, 2021).

This very complexity can be a source of strength. The ‘social infrastructure’ within communities – where relationships are formed and maintained – can lead to innovative use of space – for example, with communities both defining their own issues and formulating their own responses (British Academy/Space To Change, 2023). Working positively with communities is different to ‘providing services’ to a community – it’s about promoting engagement and empowerment rather than meeting a need.

At their heart, communities often have values of **reciprocity** and **mutuality**. Reciprocity is when people get something in return for their efforts. Neighbours or people with a shared interest might do things in return for each another, sharing their skills or abilities. Mutuality is where people do something together, such as work on a community project, and this can bring indirect benefits to a community relationship, such as a sense of achievement and comradeship (Sutton, 2017).

Sometimes, when thinking about communities of interest, people who share an interest live close to one another – but, often, they don’t. The internet facilitates communities all over the world (this is explored in more detail in the theme Access (Technological)). However, when people can travel to be physically close to communities of interest, they often will.

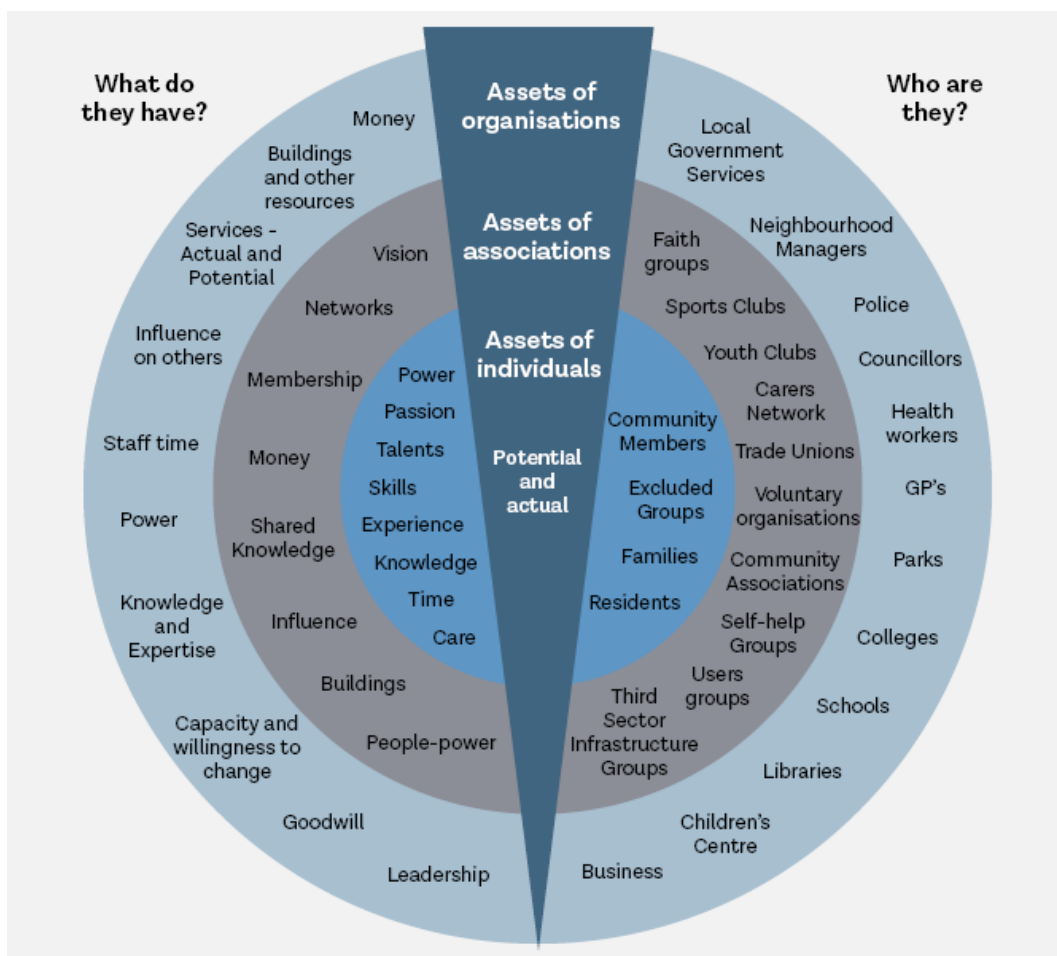
Bonetree (2022) looked at older people’s ‘dispersed communities of interest’, including faith and culture-based communities of interest of many different heritages, and found that people make great efforts to travel to see their fellow community of interest members. These mutually-supportive communities of interest were important in helping Manchester’s aim to be an age-friendly city. However, such local communities of interest are not always self-sustaining – the study also found that they were, in turn, supported by local grassroots organisations, and that these organisations could themselves be vulnerable to reductions in funding (Bonetree, 2022). This is explored in more detail within the Supporting Community Organisations theme.

Communities of practice have been defined as ‘groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interaction on an ongoing basis’ (Wenger et al., 2002). Communities of practice in social care have been associated with the development of understanding and skills, collaborative working and problem-solving, and being part of a wider learning organisation (Staempfli, 2020). It has also been argued that they support practitioner resilience when facing complex issues (Goglio-Primard et al., 2020).

There are limitations in the overall research picture around communities. This is partly because communities are as unique as the people who form them, so it can be difficult to pull out wider generalisable messages from individual research studies. In addition, there is an abundance of small-scale studies and ‘grey literature’, making it difficult to find and assess the effectiveness of initiatives. However, the overall research picture is generally positive about the power of both geographical communities and communities of interest, providing suggestions for how communities where everyone belongs can become a reality through patience, co-production and power sharing.

## What you can do

**If you are a senior leader or commissioner:** The *Care Act 2014* requires local authorities to ‘consider what services, facilities and resources are already in the area and how these might help local people’. Field and Miller (2017) created a graphic that illustrates the rich variety of what these services, facilities and resources might look like.



(Field and Miller, 2017; quoted in Sutton, 2020)

Look at the graphic above and consider the assets in your local community **plus** the potential of ‘communities of interest’, which may exist over a wider geographical area. What are the strengths? Where are the gaps?

In addition, the research brings out how important it is for people to remain connected to communities of interest. As Bonetree (2022) put it: ‘It’s about people, not just place’. The research also highlights that people are willing to travel distances to be part of their communities of interest.

- > What is already in place to facilitate travel to communities of interest?
- > Where are the gaps? For instance, is there only one model (such as concessionary transport) in place?
- > Are there ways to link up strengthening communities with environmental work via affordable and sustainable transport?

**If you are in direct practice:** Be curious about people’s communities and don’t make assumptions. While people may live in a certain area, they may consider their community of interest to be elsewhere - in some cases in a completely different country. You could consider asking people:

- > What does community mean to you?
- > What communities do you feel like you belong to (encourage thinking about both geographical communities and communities of interest)?
- > Do you need support to continue or strengthen your community ties – and, if so, what type of support?

If you are noticing patterns in terms of people’s community ties (such as to a particular group or centre) this is worth a wider discussion in your team. Your team can then consider how it can strengthen your organisation’s ties with these vital community links, and support the work they do.

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## Further information



### Read

Think Local Act Personal has a guide to ‘**transforming conventional into asset-based practice**’, which provides an overview of community co-production.

The Practice Supervisor Development Programme has a *Practice Tool on Developing a community of practice in your organisation*.



### Listen

Research in Practice has three podcasts on **Love Barrow Families**. Although the context is work with families and children, the experiences offer much learning for adult services – thinking about geographical and social context, the importance of relationships, and an honest discussion of challenges as a dynamic community organisation with limited resources.

## What this means

Physical access – being able to confidently use streets, get on and off public transport, have places to rest, and feel welcome in doing so – is a cornerstone of belonging in a geographical community. It is also very much about having the social model of disability at the heart of how communities are designed and maintained.

“Being able to physically get around streets is a right, not a privilege.”

## The research

Ease of physical access can play an important role in preventing loneliness and promoting wellbeing for people with care and support needs. Without physical access in and around their local communities, people with a wide range of needs can experience social isolation and feel that their independence is compromised (Giebel et al., 2022; Evaluation Support Scotland, 2014).

Physical accessibility and accessible public transport are not only important for people with limited mobility, they are also vital for people with learning disabilities to feel connected to their communities (Milot et al., 2021). Furthermore, if one stage of a journey is difficult (such as catching a bus), it will often derail the whole trip and remove an opportunity for getting out and about in the community (Living Streets, 2016).

A report by Living Streets (2016), which specifically concentrated on walking, found a disparity between design guidelines for accessibility and ‘real world’ physical barriers faced by disabled people. The most common barrier was crossing the road – including having enough time to cross, and the absence of dropped kerbs. The preference was for wide, level, smooth, uncluttered and well-maintained pavements – and the condition of the pavement had a direct impact on people’s confidence when walking outdoors; and the need to keep ‘checking’ the pavement reduced the pleasure in walking (Living Streets, 2016).

Particularly for wheelchair users, obstructions (or the strong likelihood of obstructions) were enough to prevent them going out entirely (Living Streets, 2016). In addition, the urban planning feature of ‘shared space’ – where, for example, pedestrians share pavements with cyclists and e-scooters – has been flagged as having a particular impact on disabled people, visually impaired people, and those who are deaf or living with hearing loss (Carr, 2016; Flower et al., 2021).

The decline in the number and quality of public toilets has also seriously impacted older and disabled people’s confidence when out of their own homes – or it can mean that people do not eat and drink when they are out, for fear of needing the toilet (Slater & Jones, 2018). Thinking about this in connection with potential accessibility issues in someone’s own home (as detailed in Housing Adaptations, Technology and Control in the Living In The Place We Call Home key change), a lack of accessibility and comfort in **both** the home and community can be a real possibility.

'Hostile' or 'defensive' architecture – where public spaces have intentional features such as metal spikes or studs, and sloped or partitioned benches – is often found in urban spaces. Its prime function is to deter people who are rough sleeping, and sometimes other activities such as skateboarding (Petty, 2016). Aside from the ethical concerns around this, the effects of hostile design features in public spaces can range from making people feel less welcome in general, to preventing people leaving their home due to fewer spaces in which to sit comfortably (De Fine Licht, 2017; Living Streets, 2016). There are also many homeless disabled or older people who are at a double disadvantage when it comes to accessing public space.

The 15-minute city is an urban planning concept that suggests everyone should have their daily needs – work, food, healthcare, education, culture and leisure – within a 15-minute walk or bike ride from where they live. This could be seen as a broadly positive idea for people with care and support needs, in that it aims to strengthen communities with its focus on people rather than cars, and supporting the development of hubs closer to people's homes. This is important when, for example, many people do not drive when they reach older age (Gaglione et al., 2022). However, the model has also been criticised as ableist; that the 15-minute city takes as its starting point the 'average' person, and that inclusion for disabled people is an afterthought (Willberg et al., 2023).

## What you can do

**If you are in direct practice:** It is clear from the research that there are many and varied issues in getting around and using the UK's public spaces. Have you asked the people you work with how they physically experience their local area? What helps them, and what do they worry about?

There may be simple, low-cost options available that you, when working directly with people, can offer to aid physical access in people's local area. The way to find this out is to ask people with care and support needs, and then, together, think how you can take action. For example, lack of confidence and company are highlighted as two big access barriers in the research. Can you, a person's family or friends, or other local services, go on walks with people? Can this be written into a care plan?

If you are working with people who are **registered as sight impaired**, you can also ensure people are aware of their rights in **support for getting around**.

**If you are a senior leader:** Unless you work in civic planning or transport, it may feel hard to affect direct change in physical environments. However, as a senior leader in social care, you can advocate for local older and disabled people to ensure their views are heard in the future design of streets and local communities, and promote disability awareness training throughout your area of influence. You can also map current available information, such as providing web-based and printed information on accessible toilets and benches.

Social care is often a leader in co-production, possessing greater awareness of co-production and its benefits [link to relevant sections]. How can you work with fellow senior leaders in your local authority to explain (and argue for) the benefits of co-production in civic planning and transport?

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## Further information



### Use

**AccessAble** has accessibility information on over 10,000 venues, buildings and businesses across the UK. The **Great British Public Toilet Map** can help anyone find a nearby public toilet.



### Read

**Chester was the first recipient of the Europe-wide Access City Award, in 2016.** Read about the reasons for the city's success, including the close relationship between Chester's Access Group, made up of disabled people, which fed into developments across the city.

### What this means

Digital technology – a collective term for electronic tools and devices which generate, process or store digitised information – and the internet has offered up numerous opportunities for communities of interest to join together when they are not physically close. It's important that these are understood, and that barriers are removed to people being part of these.

Digital inclusion is not only a technological issue; it's a social issue too. Access to equipment such as smartphones, tablets and laptops that facilitate digital access are less available to people on lower incomes – which disproportionately means people with care and support needs.

### The research

Digital technologies and the internet are an important part of everyday life, and are now also widely used in adult social care practice. While almost all adults aged 16 to 44 years in the UK were recent internet users (99%), this drops for people who are more likely to draw on social care: 81% of disabled adults are regular internet users, and only 54% of adults aged 75 years and over are (Office for National Statistics, 2021). Adult social care has a key role to play in increasing the digital inclusion of people with care and support needs.

When thinking about socioeconomic circumstances, it's not as straightforward as simply providing equipment. The British Academy (2022) looked at digital poverty, and highlighted three levels to consider:

1. Poor access to digital technology.
2. Poor digital literacy and skills.
3. A reduced ability to exploit digital resources and transform them into tangible social benefits.

This means, for instance, that someone being close to a library with free internet access only goes so far; it's also about the resources to develop people's digital skills and to support them to navigate a digital environment.

In older adults, frequent social media communication is associated with lower levels of loneliness, and associated with higher levels of perceived social support and social contact (Zhang et al., 2021). However, this field is complex. Using online technology for social purposes, such as a directed communication (communication with a specific person or group of people, as opposed to broadcast communication or passive browsing), may increase feelings of social relationship satisfaction and reduce loneliness (Szabo et al., 2019). However, for some, connecting with a community on social media may be associated with negative outcomes – for example, for adults aged 19 to 32 with an eating disorder (Sidani et al., 2016).

Cyberbullying has also been identified as an issue for adults with learning disabilities, with effects of cyberbullying including reduced use of digital technology, more unhealthy behaviours, and depressive mood (Jenaro et al., 2018).

Digital skills and access to the internet can have a significant and positive impact on the lives of all people with care and support needs – as long as any barriers to inclusion and access are addressed, including support to feel safe and confident when online (Lambell et al., 2022). This includes giving people appropriate and timely advice, alongside support and information so they can keep safe online.



There are significant benefits of providing training in digital capabilities – including in being alert to scams and online safety – for practitioners. This can be carried out as ‘tandem’ learning, where practitioners and people with care and support needs are trained together: this enables a shared learning environment, where everyone can acquire the necessary skills at the same time (Heitplatz et al., 2019; Heitplatz, 2020).

## What you can do

**If you are in direct practice:** Always try to understand the perspective of the person you’re working with and take the time to ask what they think when it comes to digital access. Who do they already connect with on social media or via internet groups of interest? Have they thought about finding like-minded people via technology, and are there ways to encourage the people you work with to seek out online spaces that might interest them?

You might think about the following:

- > **Accessibility**  
Is there a need for assistive technology? How can you help?
- > **Infrastructure**  
Are there issues with owning or affording devices or internet access? How can you help?
- > **Skills**  
Do people feel safe and confident when going online? How can you help?

**If you are in workforce development:** Think about this idea of ‘tandem’ learning in digital capabilities. What are the opportunities for everyone learning together about confident and safe use of the internet?

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## Further information



### Read

*The Digital Capabilities Statement* is based on the Professional Capabilities Framework (PCF). It outlines the knowledge, skills and values that social care practitioners should have in order to make the most of digital technologies in social care.



### Share

There is information about staying safe online from CHANGE’s [Keeping Safe Online](#) (particularly suitable for people with learning disabilities), or from the government’s [National Cyber Security Centre](#) (general information for individuals and families).

## Focal points in the community

### What this means

There are a huge number of unused spaces in communities – for example, there are shuttered shops in high streets where pop-up services could locate. It's important when thinking about communities to get creative when considering what people want to do, where they might want to do it, and how they might access these spaces.

### The research

The Office for National Statistics (2018) identified that a large percentage of people who reported feeling lonely lived in the most deprived areas of the UK. This suggests that poverty is an associated risk factor for experiencing loneliness, which is consistent with other research literature (Eckhard, 2018). Loneliness can feel stigmatising – with men feeling more stigma from being perceived as lonely by their community, while women were more likely to feel self-stigma, that is personal shame for being lonely (Barreto et al., 2022).

Kharicha et al. (2017) found that stigma is particularly an issue when attending social groups with no specific activity (such as lunch clubs or coffee mornings), which were widely perceived as being for 'lonely old people' – and most people did not want to go. Instead, accessible groups that had a common interest and a purpose for meeting were far more popular.

It may follow that local high streets – which are already mixed-use spaces for shopping, meeting, and exercise – can reduce the stigma associated with interventions for loneliness. The Doncaster Talking Shop was founded on these principles – that people could access the support as part of their regular walks down the local high street (NHS England, n.d.). This may be particularly important as an approach in deprived areas, not only because of higher rates of loneliness and mental health need, but because deprived high streets are currently more likely to be 'unhealthy' – with high concentrations of payday lenders, bookmakers, and fast-food outlets (Royal Society of Public Health, 2018). The contrast between ease of access to 'unhealthy' spaces compared to difficult access to supportive ones is therefore likely to be stark.

While funding remains a key issue, local authorities do have powers to tackle empty spaces on their high streets. These include 'hard powers' related to planning, asset management, grants and town centre frameworks, and 'soft powers' of civic leadership and communication (Local Government Association, 2020).

### What you can do

**If you are a senior leader:** The Royal Society of Public Health, in their report *Health on the High Street*, made several recommendations for senior leaders in local authorities. These recommendations, adapted below, align with the discussions in the Communities Where Everyone Belongs group – about seeing the potential in currently unused spaces:

- > Make records of empty commercial properties easily available.
- > Encourage the development of, or directly provide, 'third places' in towns and cities – places where people can meet and/or access essential services.
- > Consider different business rates, with relief or exemption for those that promote health and wellbeing.

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## Further information



### Watch

The Doncaster Talking Shop discusses how **high street access to therapy allows people to get mental health support without stigma.**



### Read

The Local Government Association has produced a guide, *Dealing with empty shops: A Good Practice Guide* that includes several practice examples related to supporting new wellbeing initiatives in a local high street.



### Explore and connect

Several areas have experimented with pop-up locations to address loneliness. These include **Sevenoaks, Saffron Waldon and Solihull.**

## Supporting community organisations

### What this means

Organisations that can start off as grassroots, and be cherished for their connections to their communities, can face challenges. Due to lack of funding, their work can be compromised or their very existence put at risk. They can also become managerial and professional in order to survive these challenging financial and bureaucratic climates.

Greater partnership between local authorities and small organisations, for example supporting them with grant applications, can free up community organisations to concentrate on core work and help them remain profoundly connected to the communities they were created to serve.

“Commissioners, in particular, need to support innovation – and not just the type of innovation they approve of!”

### The research

It is estimated that there are 13,000 grassroots organisations (GROs) in the UK, many providing services and activities that are not provided by anyone else (Hornung et al., 2020). GROs can be defined as a local and/or community organisation, where people are drawn together to address an issue, are usually led by local people, and which tend to have limited resources and/or low influence at policy level (Chowdry et al., 2021).

Positively, GROs are perceived to possess ‘authenticity’ (Eliasoph, 2014), with local people seeing GROs as a ‘safe, understanding space that can provide immediate support which meets the social and cultural needs of different communities’ (People’s Health Trust, 2022, p. 4). Many specifically pride themselves on avoiding ‘bureaucratic, expert-driven, top-down decision-making’ (Eliasoph, 2014, p. 468). However, when a GRO receives funding from a statutory body, there are usually conditions attached to that funding – often demanding results against measurable targets and/or outcomes (Eliasoph, 2014).

Chowdry et al. (2021) found a paradox in this. GROs generally wish the issues they are passionate about to receive greater exposure, and for their own work to be more financially stable – so they wish to gain a louder voice (or ‘legitimacy’, as the study put it). They will therefore become more pragmatic, and this may entail accepting funding with conditions that may not completely align with their core values (Eliasoph, 2014). This may also involve making their own operation more standardised, developing a more ‘top-down’ approach to their organisation, or forming alliances with organisations that do not completely align with their own values (Chowdry et al., 2021).

GROs may easily feel overwhelmed with the scale of the issues they face. People’s Health Trust (2022) found that, in February 2022, 82% of all GRO project leaders feared staff burnout in the next six months – this was double the rate from November 2021. Reasons included an increased workload, a need to provide more intensive support, difficulties in maintaining work-life balance, an increased role in working with those who have experienced trauma, and a feeling of responsibility towards those people GROs worked with.

## What you can do

**If you are a commissioner:** Think about the GROs that receive funding from you. What conditions are attached to the funding? How were the conditions arrived at? What practical support do you offer (if any?)

Consider the power relationship between the local authority and each GRO. How can you open up a genuine conversation about:

- > How the GROs feel their values align (or not) with the outcomes sought by the local authority – and how working together can bring these values as close together as possible in the future?
- > The GRO feeling able to offer constructive critique to the local authority without worrying that their funding will be affected?
- > The GRO being able to innovate, responding to needs that they see in the community, without seeking ‘permission’ from the local authority – and in fact being seen as a positive source of fresh insight that can help the local authority?
- > Any help the local authority can provide in terms of applying for grants or smoothing the bureaucratic process?
- > Any help the local authority can give in terms of resilience, mental health support, and access to training (or example, Research in Practice partners offer a number of website logins to local authorities’ **partner organisations**)?
- > Any help the GRO can give the local authority in supporting co-production.

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## Further information



### Watch

The *Parable of the Blobs and Squares* is a six-minute animation that articulates how ‘squares’ (government agencies) and ‘blobs’ (people in the community) can struggle to understand one another, with the solution lying in co-production.



### Engage

The **Joseph Rowntree Charitable Trust** offer **regular rounds of funding** to support the sustainability of grassroots organisations.

# Disruption

## What this means

The language of ‘disruption’ is often frowned upon. Why? Disruption, in the sense of disrupting the expected way of doing things, is seen as positive in commercial spaces. It is only through disruption that change occurs.

When people know and understand the issue, they can often find the best and most creative solutions. It’s not about services being presented with unachievable demands by their citizens – but about working together to arrive at workable solutions.

Ideas that may seem initially too hard, too unusual, or too ‘disruptive’ are likely to have at least something in them that’s doable. Don’t only think of the risk in doing something new within communities; think of the risk of **not** doing anything, and in carrying on with business as usual. Ensuring people and grassroots organisations are equal partners in existing power structures, such as Integrated Health and Care Boards, are vital for allowing the conditions for disruption to exist.

“Communities have the power to effect change, but it can often feel like they don’t.”

## The research

Communities are uniquely placed to identify their own problems and create their own solutions (Durie & Wyatt, 2013). This is not likely to align exactly to what local and national policymakers **think** are the problems and solutions – so co-production is of vital importance in ensuring community needs are met in a way valued by citizens.

The conditions for disruption are also founded on the values discussed in the Sharing Power As Equals key change (particularly within the pre-produce, co-produce, evaluate section). O’Shea et al. (2019) found that, in patient and public involvement groups, hierarchies existed, with some professionals and public members afforded more scope for influencing service development than others, and where ‘public and lay members could not have as much input to commissioning decision-making as they believed was or should have been possible’ (p.6). If people don’t feel like their voice is heard, disruption is less likely to occur.

Risk aversion can become embedded as a way of working in local authorities. As Nesta (2020) puts it, ‘...the idea of risk avoidance and aversion has become a dominant and crucial feature in the way public services are designed, managed and reviewed. Public servants are often tasked with managing the possibility of something bad happening, and services are designed to respond to and mitigate against these negative risks’ (p.6).

In direct practice, risk enablement (instead of risk aversion) is seen as part of strengths-based practice and is a way of working that’s aligned with human rights and self-determination (Nosowska, 2020). Risk enablement recognises that supporting people to take carefully-considered risks – rather than seeking to avoid them – can lead to better outcomes for people, and is an ethos that has underpinned **Making Safeguarding Personal**. One reason that risk enablement is valued so highly is because ‘taking risks can engage positive collaborations for beneficial outcomes’ (McNamara & Morgan, 2016, p.3).

There are parallels between this kind of direct positive risk-taking and the kind of risk-taking, or disruption, local authorities can take in their wider work with communities. Nesta (2020) argues that innovation in local authorities can be seen not as 'risky' but, in fact, as **reducing** risk – because it encourages partnership and trust between local authorities and communities, where 'trusting people to innovate, explore and learn from what goes wrong, as well as what goes right, is enabled by a more mature and nuanced conversation about risk appetite' (p.18). Therefore, taking the principles of risk enablement in direct work – understanding that risk can never be completely eliminated – can be a helpful starting point in wider community work, too.

## What you can do

**If you are a senior manager:** Think about how risk, disruption, and innovation are seen in your organisation. You might reflect on how far the following are true:

- > Culture and values drive decision-making, rather than processes.
- > Learning, experimentation and curiosity are prioritised in service delivery.
- > Decision-making is devolved to those closest to the people affected by the decisions, and both staff and citizens are trusted to take appropriate action.
- > Psychological safety is prioritised, creating a culture where it is safe to innovate, take risks, fail, and learn.

(Adapted from Nesta, 2020).

Another useful way of looking at embracing disruption is the idea of '**Red Ocean**' and '**Blue Ocean**', a term coined in the business world by Chan and Kim (2004). This is the idea that you should 'go where the competition isn't' – that the red ocean is crowded, fighting for a diminishing market share, but the blue ocean isn't, and this is where the true opportunities lie. What are the possible 'blue oceans' in your community – areas of demand, or potential demand, where you could create something different where nothing is happening?

The Communities Where Everyone Belongs group strongly felt that local authorities had very little to lose by adopting organisational mindsets built on trust, innovation and disruption. There was often the sense that organisations felt fear, rather than excitement, about disruption and innovation.

Simple ideas for increasing innovation might include always ringfencing 5% of a budget for something new; or 'blue sky thinking' sessions where senior leaders can get together with all in the organisation, and create conditions where they can be challenged and hear new ideas from everyone.

## Further information



### Read

Nesta's publication, *Reframing Risk*, can help local authorities innovate and disrupt in their work with communities.

Research in Practice has a frontline briefing on *Risk enablement* – which helps link organisational and practice approaches to risk.



### Engage

Denbighshire Council has developed a 'risk appetite framework' which they use to plot the organisation's own appetite for risk in different areas such as finance, reputation, policy delivery, and so on. The categories they use are:

Classification and description				
Unacceptable to take risks			Willingness to take risks	
Averse	Minimalist	Cautious	Open	Hungry
Avoidance of risk and uncertainty is a key organisational objective	Preference for ultra-safe options that have a low degree of inherent risk and have a potential for only limited reward	Preference for safe options that have a medium degree of inherent risk and may have some potential for rewards	Willing to consider all delivery options and choose one that is most likely to result in successful delivery with an acceptable level of reward (and value for money)	Eager to be innovative and to choose options offering potentially higher business rewards despite greater inherent risk

You can read more about Denbighshire's work in the appendix to *Managing Risk for Better Service Delivery*.



## What this means

When people have less money to spend, and feel more insecure in their work or home life, this is likely to have a knock-on effect in communities. For example, when someone's income reduces, they may be less likely to buy extra items for local food banks, and may be less likely to volunteer, as they may need to work more hours.

## The research

There has been an increasing tendency in the UK for local authorities to use volunteers in their work – perhaps unsurprisingly, as fiscal constraints are associated with greater use of volunteers (Kang et al., 2020). In addition, part of the ideology behind austerity was that spending cuts would result in greater volunteering – the 'Big Society' approach (Gibbons & Hilber, 2022).

However, even before the cost of living crisis, this has held challenges: for instance, volunteers being inappropriately tasked with roles formally undertaken by qualified staff such as social workers and specialist support practitioners, with pressure to do work that they are not adequately equipped to carry out (Cameron et al., 2022). In the latest available report on volunteering in the UK, the 2023 *Time Well Spent*, findings included lower volunteer numbers, reduced volunteer satisfaction, and people being less likely to continue volunteering (NCVO, 2023).

Volunteering in a community can take many forms, but can broadly be split into 'formal' and 'informal' volunteering. Formal volunteering is unpaid work for an organisation, usually a charity, group, club or community organisation; informal volunteering is that carried out on an individual basis to help people outside the person's household, such as neighbours or the local community (Lee & Brudney, 2012). However, there's often no clear split – and people who volunteer formally are also more likely to be 'informal' volunteers, and vice versa (Lee & Brudney, 2012).

A 2022 report (Volunteer Scotland, 2022) looked specifically at how the cost of living crisis was impacting on both formal and informal volunteering, and found the following:

- > The cost of living crisis has brought increased **demand** for services that rely on volunteers, including food banks, services that offer advice on the cost of living, and wider societal issues that are impacted by the cost of living crisis.
- > For some, the impact of reduced disposable income can impact their willingness to volunteer.
- > Also for some, volunteering may be unaffected or even increase, as people are more motivated to 'make a difference' or gain respite from the challenges they personally face.
- > Volunteers' mental and physical health may deteriorate, which can impact their ability to volunteer now and in the future.
- > There may be fewer resources to manage volunteers, including the removal or scaling back of volunteer manager or coordinator posts.
- > Volunteers were increasingly replacing paid staff, in an effort by organisations to maintain service delivery in the face of higher costs.

Other research has found that food banks specifically have seen a large rise in demand upon their services. Official figures from October 2022 found that nearly 90% of food banks saw a rise in demand, and 72% had experienced a fall in donations - with 19% of food banks having to reduce parcel size (House of Commons Library, 2022).

The Volunteer Scotland (2022) study also noted the **cumulative** impact of stresses on volunteers, which included legacies of distress from coronavirus (COVID-19), and a constant stream of 'bad news' stories on the cost of living - 'This could result in not just practical barriers to volunteering through increased costs, but also emotional ones, such as apathy to volunteering, poorer attendance and potentially withdrawal from volunteering altogether' (Volunteer Scotland, 2022, p.4).

## What you can do

**If you are in direct practice:** Volunteer-led organisations, informal support from neighbours, and people who draw on social care themselves acting as volunteers, are all examples of how direct social care work and volunteering intersect. What impact have you noticed from the cost of living crisis in these areas?

You might focus on the role of 'informal' volunteering in your role. For example, as well as establishing whether neighbours or friends can offer support to the person with care and support needs, it's important to establish whether those informal volunteers may need support themselves. What's on offer to them locally? How can you make sure informal volunteers know the work they do is valued? How can you acknowledge the stresses that the cost in living crisis has brought, and signpost to support?

**If you are a commissioner:** Volunteer Scotland (2022) suggest some actions for those who commission voluntary agencies, or who are responsible for overseeing volunteering, in order to support formal volunteers in the current cost of living crisis. These have been adapted below:

- > Directly engage with, and develop creative solutions in partnership with, the voluntary sector. Voluntary sector organisations, and those they support, will know the type and scope of support that could help people, volunteers and voluntary organisations weather the cost of living crisis.
- > Offer support for the health and resilience of volunteers. Is there any training, or are there wellbeing initiatives offered to local authority staff, that can be shared with local volunteering organisations?
- > Invest in volunteer management. Acknowledge the value of volunteers through the management and coordination of volunteers.

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## Further information



### Read

The Local Government Association has created a **practical guide** for local authorities to support improved partnership working with their local voluntary and community sector, including positive examples from around the country.

Think Local Act Personal has created ***Ten Actions for an Asset-Based Area***, which includes thinking about harnessing the strengths and capabilities of the local community.



### Connect

The National Council for Voluntary Agencies (NCVO) has information on **how the cost of living is affecting small charities**, and has a helpdesk where charities can go for support.

## Don't be static!

### What this means

The Communities Where Everyone Belongs group was often mystified by how so many services and hubs were still static and/or building-based. Why not move them around? Why not use empty or underused spaces in communities for advice and wellbeing support? Why not have mobility aid loan services at libraries? Why not try something **totally** different?

Don't expect communities to come to services, or assume that people only want building-based services in their communities. Go to where people are, don't be afraid to be mobile, and find out the best way to have true conversations with people in their own communities.

“Simply asking what people want of their local libraries, community hubs, and information services would be a start.”

### The research

The **Care Act 2014** requires local authorities to consider people's lives as a whole, promoting their wellbeing, with duties to provide information about care and support choices in their area. It places a duty on local authorities to shape the local market for care and support, and empower people in choosing the services that best meet their needs. Early research suggested that flexibility of service was equally as important to people as cost and quality was when choosing the type of social care they wanted (National Market Development Forum, 2010).

The COVID-19 period offers some interesting insight into the possible effectiveness of more flexible services that engage with people directly in the community. MacIntyre (2021) looked at how a service for older people in a London borough (Ageing Better in Camden) was forced to adapt due to lockdown. It found running outdoor events for people to safely socialise (called 'face-mask pop-ups') had proved effective. They found that the 'peaceful' space of parks would often make people feel more relaxed, and older people would start spontaneously chatting to other older people, as well as directly with the Ageing Better in Camden team. (MacIntyre, 2021).

Libraries in the UK have also recently taken on wider roles in society, including acting as **local 'warm banks' in the winter of 2022/23**, so people could keep warm in the face of vastly increased gas and electricity bills. An American study (Wahler et al., 2020) looked at the potential for libraries to offer varied types of support to the people who use them, including those experiencing mental health issues, homelessness, and physical health difficulties.

The study found that library staff would often offer informal support; and that some states had direct partnerships with local social services, which included pop-up services, training and support for local library staff. (It's important to note that the context for libraries is different in the UK; as a result of austerity, many local authorities have reduced their paid staff in libraries and increased their use of volunteers (Baber, 2018), with the same potential implications as set out in the section on the cost of living crisis (page 17).

Once again, the role of co-production is crucial here. By not assuming what people want but, instead, by working together with people to co-design and co-deliver in the community, local authorities can support more accessible and better-used services (Sutton, 2020).

## What you can do

### If you are a senior manager:

Ask yourself:

- > What is stopping you from using dynamic spaces as hubs for local people?
- > What do local people, and those in direct practice who support them, think are key ideas for a dynamic community?
- > What are you doing already? How are these initiatives evaluated? What kind of conversations emerged in them?

Reach out to other senior leaders in neighbouring local authorities to hear about their initiatives. Visit them. Have conversations with people about the spaces they use and gather their ideas – there'll be lots of them! Be creative.

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## Further information



### Watch

SCIE has a 2021 webinar, *Thriving places: Delivering services with and for our communities* that looks at local community work alongside existing contexts such as housing, skills and education, employment support and the environment.



### Read

Ageing Better in Camden has published its lessons from COVID-19 in terms of **outreach and direct engagement in the community**.

## Put the social in social care

### What this means

The word **social** implies community and relationships. Social care should embrace this aspect of its work, prioritising and celebrating work that fosters connection.

This doesn't have to be expensive or difficult. It could be as simple as going on a walk with someone who doesn't have the confidence to do this on their own.

### The research

Making use of community resources, and connecting people with resources in their local area, is included in the **Care Act 2014**. In addition to the legal context, people generally wish to be part of their chosen communities, whether geographical or a community of interest, and be sociable with those they enjoy spending time with. It can also be a big part of someone's health and recovery – for example, Wang et al. (2018), looking at mental health difficulties, found that if someone had higher perceived social support in their community they were less likely to experience more severe symptoms, and to experience better recovery, from a wide range of mental health issues.

'Social prescribing' is a term generally used to describe non-medical options that could be available to health and social care professionals, and usually coordinated by a link worker or community connector (Polley et. al, 2017). However, social prescribing is more than simply pointing to activities – it is a holistic approach that connects health and wellbeing with social, economic and environmental factors, and aims to support people to take greater control of their own health and wellbeing (Buck & Ewbank, 2020).

Many, if not most, of the 'socially prescribed' activities are community-based activities – such as arts and creative activity groups, gardening, volunteering, or team-based sports. Although much of the evidence relates to its use in healthcare – for instance, in terms of how it could **potentially reduce GP appointments and pressure on primary care** – the broader findings on wellbeing and accessibility are of direct relevance to social care professionals.

While there remain weaknesses in the evidence base – many studies are small-scale, do not have a control group, focus on progress rather than outcomes, or relate to individual interventions (Buck & Ewbank, 2020; Elliott et al., 2022) – some key themes have emerged:

- > The person needs to believe that social prescribing will address a particular and personalised area of their life that they want support with (rather than something more generalised). This then allows them to decide whether the activity is working for them.
- > The person needs to believe those running activities are sufficiently reliable and skilled to address their needs – this is a big factor in whether people will continue to go after an initial session.
- > People may need extra support, including printed information or someone to accompany them, the first time they go to an activity. People found a printed referral form, that they could give to activity organisers as an introduction, particularly helpful.
- > The way the 'referral' is presented has an impact on how it is acted on. There is no one rule to this; some people appreciate social prescribing being presented as a suggestion, whereby they feel an equal stakeholder and able to make a positive choice; others respond better to a more directive approach.

- > Proximity and accessibility are key; even if people have private transport, or public transport links are good, activities that are too far away can feel intimidating (you can also consider the theme of physical access here).
- > Similarly, people will have different preferences and needs as to the time of day an activity takes place. Some people may like evening activities, while others may not wish to be out after dark, and, for some, medication regimes may influence the time of day they feel most able to be part of an activity.
- > Transport is a key issue - how people get to places (and return home).
- > Following up via a phone call, being interested in how the activity went, asking for the person's experience, can all help people return - or quickly find an alternative that may suit them better. Having someone to encourage and support is considered key to success. (Husk et al., 2020)

**Men's sheds** may be a particularly interesting example of the potential of social prescribing. Kelly et al. (2021) found them a way to address potential gendered issues in relation to health, such as men being less inclined to seek help for mental health issues. The informal and flexible nature of men's sheds means that activities can easily be tailored to the specific needs of individual men.

Finally, these issues may be particularly important if someone has recently moved house, particularly as an older person. While moving in later life is often linked to improving physical living environments, being away from a known community can be especially unsettling (Wu et al., 2015) and support to engage in a new community can be invaluable.

## What you can do

**If you are in direct practice:** Social prescribing isn't only for GPs, or those with a 'community connector' job title. Its principles can be used in all kinds of direct work. Think about the following:

- > How do assessments and care plans currently address people's needs for connection and community?
- > When discussing community activities, how can you explore with the person about the potential effect this may have on their **specific** mental and physical health needs, rather than focusing on generalised impacts on wellbeing?
- > Do you ascertain whether people need extra support, including transport, to access community activities? Are there creative, low-cost solutions to this?
- > How do you follow-up with people's community activities - can you phone them to see how they found it, particularly after their first session? How can you measure its success?

In some areas, social care practitioners can refer directly to social prescribing teams; if you are unsure, a clear action to take is to clarify this, so you can refer directly in the future if this is possible. Even if a social prescribing team doesn't take your direct referrals, you can still explore the possibility of closer working relationships with them.

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## Further information



### Read

NHS England has a guide to **social prescribing and community-based support**.

New Frontier Economics has a guide (aimed at policy and strategic staff) on the **effective use of data in social prescribing**.



### Listen

The National Academy for Social Prescribing has a **podcast series** on social prescribing.

Highlights include the **healing power of heritage**, **interacting with nature** and the **mental health benefits of fishing**.



### What this means

Co-production in civic design is not routine. This is a longer-term ambition, but it's important to work towards it. The earlier that disabled people and/or anyone with any type of mobility issue can be part of civic design, the less need to retrofit and adapt later. This is not only an ethical thing to do – it's cost and time-efficient, too.

### The research

Because so little of it goes on, the evidence into co-produced civic planning in communities is limited. It has been argued that 'ableism exists across urban and regional planning, yet it is largely unknown, untaught, and unchecked in planning education and practice. It is entrenched in urban policy, codes, transport systems, and in the designs of our streets and communities' (Stafford, 2022 p.107).

However, there are some initiatives that can support learning in this area. In 2015, in the London borough of Hammersmith & Fulham, the local authority made a commitment to its disabled residents that reflected the social model of disability and had 'nothing about us, without us' at its core. One of its **commitments** was to embed co-production in its work. In 2019, disabled people co-produced the redevelopment of Grade Two-listed Hammersmith Town Hall, a new town square, and four new buildings - including 204 new homes, offices and a cinema.

A notable aspect of how this was successfully achieved in practice was via providing training for disabled people '...in technical issues such as reading architectural plans, interpreting drawings and symbols, and how the planning process works, as well as on inclusive design' (Pring, 2019).

Dementia villages, or care villages, can be seen as an example of civic design, developed in partnership with people living with dementia. **The Netherlands** developed the world's first dementia village, The Hogeweyk. In the village, residents manage their household and carry out activities of daily living such as washing and cooking as far as they are able, just as they would in their own homes, but are aided and encouraged by staff. Residents can shop for groceries, go to the restaurant, pub, or cinema, or for a walk (Vinick, 2019). Pedro et al. (2020) found dementia villages reduced 'anxiety, restlessness and homesickness', although there is no evidence for effects on behaviour, functional ability or cognition.

### What you can do

**If you are in senior management or civic planning:** Stafford (2022) has suggested some steps to take to begin working towards co-production in civic design, and in tackling ableism in civic planning. These include:

- > Read and become informed, particularly about the social model of disability [link to section in LTLWWTL]. Think about how the social model of disability affects the work you do and how ableism can be present in civic design.
- > Welcome disabled planners and engage with local groups of disabled people to gain their insights into the local environment.
- > **Check your own ableism.** 'Whatever your field, you can simply ask the question in your own practice – for whom are we planning? Are we considering the diverse ways our body-minds inhabit, sense and experience space? [...] By critically reflecting about ableness, we can start to reframe our own learnt ableist thinking and ways of doing' (Stafford, 2022). The **Social GRRRAACCEESSS tool** can help this reflection, and also encourage thinking about other, intersectional experiences of power and powerlessness.

In addition to these steps, the experience in Hammersmith & Fulham suggests active work to skill up local disabled people in technical aspects of civic planning and design. What are the local opportunities for this?

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## Further information



### Engage

Hammersmith & Fulham's co-production group has its own **dedicated website**, including information in British Sign Language.



### Listen

The Alzheimer's Society has a **series of podcasts** on dementia. A podcast from **December 2022** discusses the experience of **Belong Wigan**, a care village in Greater Manchester.

- Baber, G. (2018). *The positive and negative impact of using volunteers in public libraries*. University College London. [www.ucl.ac.uk/information-studies/sites/information-studies/files/gbaber2018.pdf](http://www.ucl.ac.uk/information-studies/sites/information-studies/files/gbaber2018.pdf)
- Barreto, M., van Breen, J., Victor, C., Hammond, C., Eccles, A., Richins, M.T., & Qualter, P. (2022). Exploring the nature and variation of the stigma associated with loneliness. *Journal of Social and Personal Relationships*, 39(9), 2658–2679. <https://doi.org/10.1177/02654075221087190>
- Bonetree, C. (2022). *It's About People, Not Just Place: How community organisations support older people in dispersed communities*. Ambition for Ageing. [www.gmcvo.org.uk/system/files/publications/It%E2%80%99s%20About%20People%2C%20Not%20Just%20Place%20report.pdf](http://www.gmcvo.org.uk/system/files/publications/It%E2%80%99s%20About%20People%2C%20Not%20Just%20Place%20report.pdf)
- British Academy (2022). *Understanding digital poverty and inequality in the UK*. British Academy. [www.thebritishacademy.ac.uk/publications/understanding-digital-poverty-and-inequality-in-the-uk](http://www.thebritishacademy.ac.uk/publications/understanding-digital-poverty-and-inequality-in-the-uk)
- British Academy/Power to Change (2023). *Space for Community: Strengthening our social infrastructure*. British Academy/Power to Change. [www.thebritishacademy.ac.uk/documents/4536/Space\\_for\\_community\\_strengthening\\_our\\_social\\_infrastructure\\_vSUYmgW.pdf](http://www.thebritishacademy.ac.uk/documents/4536/Space_for_community_strengthening_our_social_infrastructure_vSUYmgW.pdf)
- Buck, D., & Ewbank, L. (2020). *What is social prescribing?* King's Fund. [www.kingsfund.org.uk/publications/social-prescribing](http://www.kingsfund.org.uk/publications/social-prescribing)
- Cameron, A., Johnson, E. K., Lloyd, L., Willis, P., & Smith, R. (2022). The contribution of volunteers in social care services for older people. *Voluntary Sector Review*, 13(2), 260–277. <https://doi.org/10.1332/204080521X16244744548937>
- Carr, H. (2016). *Shared Space: how safe is it?* UCU Equality and Participation.
- Charity Commission for England and Wales (2022). *Public Trust in Charities 2022*. Charity Commission for England and Wales. [www.gov.uk/government/publications/research-into-public-trust-in-charities-and-trustees-experience-of-their-role/public-trust-in-charities-2022](http://www.gov.uk/government/publications/research-into-public-trust-in-charities-and-trustees-experience-of-their-role/public-trust-in-charities-2022)
- Chowdhury, R., Kourula, A., & Siltaoja, M. (2018). Power of Paradox: Grassroots Organizations' Legitimacy Strategies Over Time. *Business & Society*, 60(2), 420–453. <https://doi.org/10.1177/0007650318816954>
- Cordis Bright (2019). *What works in social prescribing?* Cordis Bright. [www.cordisbright.co.uk/admin/resources/08-hsc-evidence-reviews-social-prescribing.pdf?dm\\_i=10XE,5LN6O,TX92SQ,LREZW,1](http://www.cordisbright.co.uk/admin/resources/08-hsc-evidence-reviews-social-prescribing.pdf?dm_i=10XE,5LN6O,TX92SQ,LREZW,1)
- De Fine Licht, K. (2017). Hostile urban architecture: A critical discussion of the seemingly offensive art of keeping people away. *Nordic Journal of Applied Ethics*, 11(2), 27–44.
- Durie, R., & Wyatt, K. (2013). Connecting communities and complexity: A case study in creating the conditions for transformational change. *Critical Public Health*, 23(2), 174–187. <https://doi.org/10.1080/09581596.2013.781266>
- Eckhard, J. (2018). Does poverty increase the risk of social isolation? Insights based on panel data from Germany. *The Sociological Quarterly*, 59(2), 338–359.
- Elliott, M., Davies, M., Davies, J., & Wallace, C. (2022). Exploring how and why social prescribing evaluations work: a realist review. *BMJ Open*, 12(4). <http://dx.doi.org/10.1136/bmjopen-2021-057009>

Eliasoph, N. (2014). Measuring the grassroots: Puzzles of cultivating the grassroots from the top down. *Sociological Quarterly*, 55(3), 467-492.  
<https://doi.org/10.1111/tsq.12063>

Evaluation Support Scotland (2014). 'It's good to go places!': A review of literature around transport for older people. Evaluation Support Scotland.  
[https://evaluationsupportscotland.org.uk/wp-content/uploads/2020/08/community\\_transport\\_review.pdf](https://evaluationsupportscotland.org.uk/wp-content/uploads/2020/08/community_transport_review.pdf)

Field, R. & Miller, C. (2017). *Asset-Based commissioning*. Bournemouth University.

Flower, J., Ricci, M., & Parkin, J. (2021). *Evaluating the effectiveness of continuous side road crossings*. University of the West of England.  
<https://uwe-repository.worktribe.com/index.php/OutputFile/9305913>

Gaglione, F., Gargiulo, C., Zucaro, F., & Cottrill, C. (2022). Urban accessibility in a 15-minute city: A measure in the city of Naples, Italy. *Transportation Research Procedia*, 60, 378-385.

Gibbons, S., & Hilber, C. (2022). *Charity in the time of austerity: In search of the 'Big Society'*. Centre for Economic Performance/London School of Economics/Economic and Social Research Council.  
<https://cep.lse.ac.uk/pubs/download/dp1874.pdf>

Giebel, C., Hassan, S., Harvey, G., Devitt, C., Harper, L., & Simmill-Binning, C. (2022). Enabling middle-aged and older adults accessing community services to reduce social isolation: Community Connectors. *Health and Social Care in the Community*, 30(2), 461-468.  
<https://doi.org/10.1111/hsc.13228>

Goglio-Primard, K., Simon, L., Cohendet, P., Aharonson, B.S., & Wenger-Trayner, E. (2020). Managing with communities for innovation, agility and resilience. *European Management Journal*, 38(5), 673-675.

Heitplatz, V.N., Buhler, C., & Hastall, M.R. (2019). Caregivers' influence on smartphone usage of people with cognitive disabilities: An explorative case study in Germany. In Antona, M., Stephanidis, C. (eds.) *Universal Access in Human-Computer Interaction. Multimodality and Assistive Environments. HCII 2019*.  
[https://doi.org/10.1007/978-3-030-23563-5\\_9](https://doi.org/10.1007/978-3-030-23563-5_9)

Heitplatz, V.N., Buhler, C., & Hastall, M.R. (2020). I can't do it, they say! Perceived stigmatization experiences of people with intellectual disabilities when using and accessing the internet. In Antona, M., Stephanidis C. (eds.) *Universal Access in Human-Computer Interaction. Applications and Practice. HCII 2020*.  
[https://doi.org/10.1007/978-3-030-49108-6\\_28](https://doi.org/10.1007/978-3-030-49108-6_28)

Hornung, L., Kane, D., & Jochum, V. (2020). *Below the radar: Exploring grants data for grassroots organisations*. Local Trust.  
<https://localtrust.org.uk/insights/research/below-the-radar>

House of Commons Library (2022). *Food bank demand and the rising cost of living*. House of Commons Library.  
<https://commonslibrary.parliament.uk/food-bank-demand-and-the-rising-cost-of-living>

Husk, K., Blockley, K., Lovell, R., Bethal, A., Lang, I. Byng, R., & Garside, R. (2020). What approaches to social prescribing work in what circumstances? *Health and Social Care in the Community*, 28(2), 309-324.  
<https://doi.org/10.1111/hsc.12839>

Jenaro, C., Flores, N., Vega, V., Cruz, M., Carmen Perez, M., & Torres, V. (2018). Cyberbullying among adults with intellectual disabilities: Some preliminary data. *Research in Developmental Disabilities*, 72, 265-274.  
<https://pubmed.ncbi.nlm.nih.gov/29227959>

Kang, S.C., Nesbit, R., & Brudney, J. (2020). Local government volunteer use: A resource dependence and transaction costs explanation. *Public Administration Review*, 82(5), 806-817.  
<https://doi.org/10.1111/puar.13320>

Kelly, D., Steiner, A., Mason, H., & Teasdale, S. (2021). Men's sheds as an alternative healthcare route? A qualitative study of the impact of men's sheds on user's health improvement behaviours. *BMC Public Health* 21, 553.  
<https://doi.org/10.1186/s12889-021-10585-3>

Kim, W.C., & Mauborgne, R. (2004). Blue ocean strategy. *Harvard Business Review*, October 2004.  
<https://hbr.org/2004/10/blue-ocean-strategy>

Kharicha, K., Illiffe, S., Manthorpe, J., Chew-Graham, C., Cattan, M., Goodman, C., Kirby-Barr, M., Whitehouse, J., & Walters, K. (2017). What do older people experiencing loneliness think about primary care or community-based interventions to reduce loneliness? A qualitative study in England. *Health and Social Care in the Community*, 25(6), 1733-1742.

Lambell, C., Slinn, E., Shand, S., Wild, J., & Sutton, J., (2022). *Digital inclusion. Using digital technology positively and safely: Practice Tool*. Research In Practice.  
[www.researchinpractice.org.uk/adults/publications/2022/february/digital-inclusion-using-digital-technology-positively-and-safely-practice-tool-2022](http://www.researchinpractice.org.uk/adults/publications/2022/february/digital-inclusion-using-digital-technology-positively-and-safely-practice-tool-2022)

Leaney, S. (2021). Community as contact zone: The power dynamics of a community formation on a British council estate. *Community Development Journal*, 56(3), 391-407.  
<https://doi.org/10.1093/cdj/bsaa004>

Lee, Y., & Brudney, J. (2012). Participation in formal and informal volunteering: Implications for volunteer recruitment. *Nonprofit Management and Leadership*, 23(2), 159-180.  
<https://doi.org/10.1002/nml.21060>

National Council for Voluntary Organisations (NCVO) (2023). *Time Well Spent 2023*. NCVO.  
[www.ncvo.org.uk/news-and-insights/news-index/key-findings-from-time-well-spent-2023](http://www.ncvo.org.uk/news-and-insights/news-index/key-findings-from-time-well-spent-2023)

Living Streets (2016). *Overcoming barriers and identifying opportunities for everyday walking for disabled people*. Living Streets.  
[www.livingstreets.org.uk/media/1794/overcoming-barriers-and-identifying-opportunities-for-everyday-walking-for-disabled-people.pdf](http://www.livingstreets.org.uk/media/1794/overcoming-barriers-and-identifying-opportunities-for-everyday-walking-for-disabled-people.pdf)

Local Government Association (2020). *Dealing with empty shops: A good practice guide for councils*. Local Government Association.

Locality (2022). *Community anchors and the wider determinants of health*. Locality.  
<https://locality.org.uk/reports/community-anchors-and-the-wider-determinants-of-health>

Macmillan, R. (2020). *Rapid research COVID-19: How will communities respond to and recover from this crisis?* Local Trust.  
<https://localtrust.org.uk/wp-content/uploads/2020/04/Briefing-1-220420-V2.pdf>

MacIntyre, H. (2021). *Outreach during COVID-19: Encouraging older people's social connection using outdoor 'Face mask pop-ups'*. Ageing Better in Camden.

McKay, S., Moro, D., Teasdale, S., & Clifford, D. (2015). The marketisation of charities in England and Wales. *Voluntas*, 26(1), 336-354.  
<https://doi.org/10.1007/s11266-013-9417-y>

McNamara, R., & Morgan, S. (2016). *Risk Enablement: Frontline Briefing*. Research in Practice.  
[www.researchinpractice.org.uk/adults/publications/2016/february/risk-enablement-frontline-briefing-2016](http://www.researchinpractice.org.uk/adults/publications/2016/february/risk-enablement-frontline-briefing-2016)

Milot, E., Couvrette, R., & Grandisson, M. (2021). Perspectives of adults with intellectual disabilities and key individuals on community participation in inclusive settings: A Canadian exploratory study. *Journal of Intellectual and Developmental Disability*, 46, 58-66.  
<https://doi.org/10.3109/13668250.2020.1805841>

Morgan, S. (2013). *Risk decision-making: Working with risk and implementing positive risk-taking*. Pavilion Publishing.

National Council for Voluntary Organisations (NCVO) (2023). *Time Well Spent 2023*. NCVO.  
[www.ncvo.org.uk/news-and-insights/news-index/key-findings-from-time-well-spent-2023](http://www.ncvo.org.uk/news-and-insights/news-index/key-findings-from-time-well-spent-2023)

National Market Development Forum (2010). *Discussion Paper 3: How will 'personalisation' change the way services are procured?* IPC.

Nesta (2020). *Reframing risk. How to adopt new mindsets around risk that enable innovation*. Nesta.  
[www.nesta.org.uk/report/reframing-risk](http://www.nesta.org.uk/report/reframing-risk)

NHS England (n.d.). *Talking Shop in Doncaster*. NHS England.  
[www.england.nhs.uk/mental-health/case-studies/archived-mental-health-case-studies/doncaster](http://www.england.nhs.uk/mental-health/case-studies/archived-mental-health-case-studies/doncaster)

Nosowska, G. (2020). *Embedding human rights in assessment for care and support: Frontline Briefing*. Research in Practice.  
[www.researchinpractice.org.uk/adults/publications/2020/september/embedding-human-rights-in-assessment-for-care-and-support-frontline-briefing-2020](http://www.researchinpractice.org.uk/adults/publications/2020/september/embedding-human-rights-in-assessment-for-care-and-support-frontline-briefing-2020)

O'Shea, A., Boaz, A., & Chambers, M. (2019). A hierarchy of power: The place of patient and public involvement in healthcare service development. *Frontiers in Sociology*, 4.  
<https://doi.org/10.3389/fsoc.2019.00038>

Office for National Statistics (2018). Loneliness – What characteristics and circumstances are associated with feeling lonely? Analysis of characteristics and circumstances associated with loneliness in England using the Community Life Survey, 2016 to 2017. ONS.  
[www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/lonelinesswhatcharacteristicsandcircumstancesareassociatedwithfeelinglonely/2018-04-10](http://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/lonelinesswhatcharacteristicsandcircumstancesareassociatedwithfeelinglonely/2018-04-10)

Office for National Statistics (2021). *Census 2021: Data and analysis*.  
[www.ons.gov.uk/businessindustryandtrade/itandinternetindustry/bulletins/internetusers/2020](http://www.ons.gov.uk/businessindustryandtrade/itandinternetindustry/bulletins/internetusers/2020)

Pedro, C., Duarte, M., Jorge, B., & Freitas, D. (2020). 440 - Dementia villages: Rethinking dementia care. *International Psychogeriatrics*, 32(S1), 158-158.  
<https://doi:10.1017/S1041610220002926>

People's Health Trust (2022). "We were absolutely invisible": The impact of Covid-19 on the mental health of grassroots voluntary and community sector workers. People's Health Trust.  
[www.peopleshealthtrust.org.uk/assets/documents/We-were-absolutely-invisible\\_The-impact-of-Covid-19-on-mental-health-of-VCS-workers.pdf?v=1655974991](http://www.peopleshealthtrust.org.uk/assets/documents/We-were-absolutely-invisible_The-impact-of-Covid-19-on-mental-health-of-VCS-workers.pdf?v=1655974991)

Petty, J. (2016). The London spikes controversy: Homelessness, urban securitisation and the question of 'hostile architecture'. *International Journal for Crime, Justice and Social Democracy* 5(1), 67-81.  
<http://doi.org/10.5204/ijcjsd.v5i1.286>

Polley, M.J., Fleming, J., Anfilogoff, T., & Carpenter, A. (2017). *Making Sense of Social Prescribing*. University of Westminster.  
<https://westminsterresearch.westminster.ac.uk/item/q1v77/making-sense-of-social-prescribing>

Pring, J. (2019). Disabled residents play groundbreaking co-production role in major development. *Disability News Service*.  
[www.disabilitynewsservice.com/disabled-residents-play-ground-breaking-co-production-role-in-major-development](http://www.disabilitynewsservice.com/disabled-residents-play-ground-breaking-co-production-role-in-major-development)

Royal Society for Public Health (2018). *Health on the High Street*. Royal Society for Public Health.  
[www.rsph.org.uk/static/uploaded/dbdbb8e5-4375-4143-a3bb7c6455f398de.pdf](http://www.rsph.org.uk/static/uploaded/dbdbb8e5-4375-4143-a3bb7c6455f398de.pdf)

Sidani, J., Shensa, A., Hoffman, B., Hanmer, J., & Primack, B. (2016). The association between social media use and eating concerns among US young adults. *Journal of the Academy of Nutrition and Dietetics*, 116(9), 1465-1472.  
<https://doi.org/10.1016/j.jand.2016.03.021>

Slater, J., & Jones, C. (2018). *Around the toilet: A research project report about what makes a safe and accessible toilet space*. University of Sheffield.  
<https://shura.shu.ac.uk/21258/1/Around%20the%20Toilet%20Report%20final%201.pdf>

Stafford, L. (2022). Planners, we need to talk about ableism. In Stafford, L., Vanik, L., & Bates, L. (eds.) *Interface: Disability Justice and Urban Planning, Planning Theory And Practice*, 23(1), 101-142.  
<https://doi.org/10.1080/14649357.2022.2035545>

- Staempfli, A. (2020). *Developing a community of practice in your organisation: Practice Tool*. Research in Practice/ Practice Supervisor Development Programme.  
[https://practice-supervisors.rip.org.uk/wp-content/uploads/2021/01/StS\\_PT\\_Developing\\_a\\_community\\_of\\_practice\\_in\\_your\\_org\\_Final.pdf](https://practice-supervisors.rip.org.uk/wp-content/uploads/2021/01/StS_PT_Developing_a_community_of_practice_in_your_org_Final.pdf)
- Sutton, J. (2017). *Asset-based work with communities: Leaders' Briefing*. Research in Practice.  
[www.researchinpractice.org.uk/adults/publications/2018/march/assets-based-work-with-communities-leaders-briefing-2018](http://www.researchinpractice.org.uk/adults/publications/2018/march/assets-based-work-with-communities-leaders-briefing-2018)
- Sutton, J. (2020). *Co-production and strengths-based practice: Leaders' Briefing*. Research in Practice.  
[www.researchinpractice.org.uk/adults/publications/2020/july/co-production-and-strengths-based-practice-leaders-briefing-2020](http://www.researchinpractice.org.uk/adults/publications/2020/july/co-production-and-strengths-based-practice-leaders-briefing-2020)
- Szabo, A., Allen, J., Stephens, C., & Alpass, F. (2019). Longitudinal analysis of the relationship between purposes of internet use and wellbeing among older adults. *The Gerontologist*, 59(1), 58–68.  
[10.1093/geront/gny036](https://doi.org/10.1093/geront/gny036)
- Thomas, G., & Macnab, N. (2019). Intersectionality, diversity, community and inclusion: Untangling the knots. *International Journal of Inclusive Education* 26(3).  
<https://doi.org/10.1080/13603116.2019.1645892>
- Vinick D. (2019). Dementia-friendly design: Hogeweyk and beyond. *British Journal of General Practice*, 69(683), 300.  
<https://doi.org/10.3399/bjgp19X703949>
- Volunteer Scotland (2022). *Testing our resilience: The impact of the cost of living crisis on volunteering and volunteers*. Volunteer Scotland.  
[www.volunteerscotland.net/wp-content/uploads/2022/11/Testing-our-Resilience-The-impact-of-the-cost-of-living-crisis-on-volunteering-and-volunteers.pdf](http://www.volunteerscotland.net/wp-content/uploads/2022/11/Testing-our-Resilience-The-impact-of-the-cost-of-living-crisis-on-volunteering-and-volunteers.pdf)
- Wahler, E.A., Provence, M.A., Helling, J., & Williams, M.A. (2020). The changing role of libraries: How social workers can help. *Families in Society*, 101(1), 34–43.  
<https://doi.org/10.1177/1044389419850707>
- Wang, J., Mann, F., Lloyd-Evans, B., Ma, R., & Johnson, S. (2018). Associations between loneliness and perceived social support and outcomes of mental health problems: A systematic review. *BMC Psychiatry*, 18 (156).  
<https://doi.org/10.1186/s12888-018-1736-5>
- Wenger, E., McDermott, R., & Snyder, W.M. (2002). *Cultivating communities of practice: A guide to managing knowledge*. Harvard Business Press.
- Wenger, E. (2004). Knowledge management as a doughnut: Shaping your knowledge strategy through communities of practice. *Ivey Business Journal*, 68(3), 1-8.
- Willberg, E., Fink, C., & Toivonen, T. (2023). The 15-minute city for all? Measuring individual and temporal variations in walking accessibility. *Journal of Transport Geography*, 106, 103521.  
<https://doi.org/10.1016/j.jtrangeo.2022.103521>
- Wu., Y-T., Prina, A.M., Barnes, L.E., Matthews, F.E., & Brayne, C. (2015). Relocation at older age: Results from the cognitive and ageing study. *Journal of Public Health*, 37(3), 480-487.  
<https://doi.org/10.1093/pubmed/fdv050>
- Zhang, K., Kim, K., Silverstein, N., Song, Q., & Burr, J. (2021). Social media communication and loneliness among older adults: The mediating roles of social support and social contact. *The Gerontologist*, 61(6), 888-896.  
<https://doi.org/10.1093/geront/gnaa197>

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