

SCOTTISH COMMUNITY DEVELOPMENT NETWORK

Seminar - Inverclyde - 20th September, 2001

Workshop (a) Caring Communities

CASE STUDY PRESENTATION

Introduction

The following case study outlines the community development processes involved in the development of the Inverclyde Carers Council. The case study uses the framework from *Skills in Neighbourhood Work* by Paul Henderson and David N. Thomas. The text focuses on the nine stage process identified as major tasks for the neighbourhood worker and acknowledges that this does not portray the phases which groups or communities go through. The text also acknowledges that there are a good many connections to each stage, that each stage should prepare for and feed into the subsequent stages and the worker requires to analyse feedback on achievements of previous stages.

Reference is also made to the report **Caring Communities -A Challenge for Social Inclusion**, by Alan Barr, Carolyn Stenhouse and Paul Henderson. It is from this report that the Workshop takes its title.

The focus of this workshop is on carers as a *community of interest*, but the processes are similar to that of neighbourhood work.

Stage 1. Entering the Community

The starting point for Community Work intervention was developing an understanding of the context of this community of interest. This was done within the wider team, before it was allocated to a specific worker. Key elements stood out for us:

- carers are *socially excluded* as a result of the demands of their caring role
- whilst there were a number of carer groups linked to Social Work units, there was not an Inverclyde wide group to focus specifically on carers needs across the various client groups being cared for
- carers needs and issues were being recognised nationally, which could bring opportunities for more effective involvement
- the community care planning process sought to engage with carers

In Spring, 1996, the Community Work role began, with increasing our knowledge of carers issues prior to negotiating entry into this community. This included 'mapping' existing support and developing relationships with social work and other agency staff working with carers and carer groups. We also considered, as a team, how we would make contact with carers.

Stage 2 - Negotiating Entry

At this stage a specific worker was allocated to develop this work. The worker then began to *negotiate entry* through developing contacts and listening to carers and agency staff working with carers. In this way, the Worker was able to develop relationships and begin to assess the motivation to form a generic carer organisation. This crucial stage is a two way process for community workers. As the worker is *exploring the community*, so is the community *observing* the worker. This mutuality is the basis of building *trust* between worker and community.

Stage 3 - Getting to know the community

The worker then began to develop knowledge on the history and environment of this community of interest. This included the concerns and aspirations of carers and the groups and organisations which existed. The worker talked to specialist agencies outwith Inverclyde, looked at statistics and surveys, analysed existing networks and organisations and looked at Agencies' documents such as the Community Care Plan, Carers Manifesto and Code of Practice.

From this assembled knowledge, the worker was able to form a picture of the issues for carers and began to identify possible community work interventions.

Stage 4 Needs, Goals and Roles

Having negotiated entry into the community, the worker was then required to negotiate roles with the existing organisations and staff and clarify that his assessment of the issues and possible goals were accurate. The worker brought to this process his analysis of the origins and dynamics of the issues being faced by carers. This was about placing these issues in a wider context, in this case the lack of opportunities for carers to become empowered and to improve their quality of life. In doing this, the worker was able to assist in the recognition of the action which would need to be taken.

Stage 5 - Making Contacts and Bringing People Together

The worker's main focus at this stage was to bring carers together to discuss the option of forming an organisation. A Carers Awareness day, building on the contacts and networks which had been established, was used as the initial event to attract carers from across client groups. Immediately following the awareness day, a planning group was established and information on the aspirations of the planning group was widely distributed through agencies and community organisations.

Stage 6 - Forming and Building Organisations

The worker's focus at this stage was on the formation of the organisation and included assisting the planning group to:

- decide the appropriate level of organisation
- reach collective decisions
- keep people involved - understanding their needs
- relate to the wider community

The worker advised on constitutions and charitable status

Following the formation of the Inverclyde Carers Council in November, 1997, the worker assisted the organisation to clarify goals and priorities. At this stage the worker role was explained in relation to the organisations goals. It was important to distinguish between the organisation goals, e.g. to produce a carers charter, to represent carers within decision making structures, etc, and the worker goals i.e. to assist the organisation to develop the skills, confidence and knowledge to achieve their aims.

Stage 7 - Keeping the Organisation Going

The worker's role at this stage included:

- providing information relevant to the issues being pursued
- providing practical and technical support
- helping to create a positive culture within the group
- identifying problems within the group and encouraging tackling these
- developing confidence and competence
- nurturing good relationships
- helping the group to be well organised

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- encouraging and helping deal with setbacks
 - helping the group to develop policies and procedures
 - helping access resources
 - helping the group to reach decisions

Stage 8. Dealing with Friends and Enemies

The Caring Communities report referred to above, states that "crucial to using a community development approach effectively in the context of caring communities is the need for all stakeholders to play an active role....." To assist this process the worker helped the group:

- to identify:
 - ♦ stakeholders
 - ♦ allies
 - ♦ decision makers
 - ♦ those with conflicting interests
- to communicate with
 - ♦ Senior Officers of Social Work, Chief Executives and Health Board
- to relate to various other groups
- to represent carers in structures such as the Carers Joint Action Group and the Community Care Forum
- to understand 'the system'

9. Stage 9 - Leavings and endings

This is often a very difficult stage for both the worker and group members. In this case, the worker, allocated to this work, was offered a promoted post in another Local Authority area. However, the Carers Council continued to be a prioritised area of work for the team and the level of support was re-established following appointment of a new worker. The group still has many goals to achieve, not the least of which is taking on the management of the new Carers Centre, influencing and monitoring the development of community care and other services and influencing the direction and monitor the implementation of the Carers Community Learning Plan. Commitment to supporting the group will therefore be maintained.

Conclusion

This case study is an attempt to summarise the contribution that community development can make to supporting caring communities within a clear social inclusion framework. The issues being pursued by the Carers Council have

crossed agency and service boundaries and partnerships continue to be forged with these services and agencies. It is hoped that the case study illustrates the key factors required in effectively involving local people in decision making processes. The focus here has been on developing an organisation with whom service providers and planners can develop partnership approaches.

Some things to consider

The research team which produced the *Caring Communities* report highlighted the key factors that are required by local authorities and others:

- build on what already exists
- ensure that serious attention is given to assessing communities needs especially as they are experienced by local people
- actively involve senior and middle managers in planning and operationalising the approach
- make use of knowledge available on the ingredients of successful partnerships
- locate the care needs of communities within a corporate social inclusion framework rather than only within the community care legislation, making use of community development principles, values and methods.

The research team concluded with three recommendations:

- the preparation and dissemination of guidelines for good practice
- provision of training opportunities for senior managers, front-line workers, community leaders and users on key elements required for the implementation of a community based approach
- a national policy seminar (already taken place) and local policy conferences (this workshop could be the start of this process) designed to clarify how to take forward the challenge of caring communities within a social inclusion framework.