The Guardian roundtable in association with Skills for Care

How to capitalise on community skills

Encouraging social capital is key to improving the care, health and quality of life of a community. But what are the obstacles to building a skilled workforce of volunteers? **Debbie Andalo** reports on a recent debate

Local communities have natural networks, such as free transport schemes, that can help support the most vulnerable residents. But unless professionals working in health and social care rethink the relationship they have with volunteers, this potential social capital, and the wealth of skills which come with it, are all jeopardised.

This was one of the key issues at the heart of a Guardian roundtable debate. The event looked at how to identify and develop the skills of a local community to help keep people in need of care and support living independently in their own homes. The event was sponsored by the sector skills council, Skills for Care, and held under the Chatham House rule, which allows comments to be reported without attribution to encourage open debate.

The roundtable heard about 14 pilot projects in England being run by Skills for Care that are looking at different ways to find and develop social capital and build community leaders. The pilots are part of a national initiative around neighbourhood skills development and workforce planning, which includes the release this autumn of a toolkit for health and social care organisations. The toolkit will offer practical help on how to assess or "map" existing skills within a community and develop them to meet local needs. It will also focus on the approach organisations should take to engage a volunteer workforce and how to reward those volunteers for the contributions they make to their community.

A contributor involved in one of the pilot projects explained to the roundtable how it was already creating new social capital. A team of local "community researchers" had been recruited to record existing health, housing and social care services in their neighbourhood; they then went on to identify any gaps in meeting local needs. The role has appealed to people who are ex-service users and others looking for a way to develop new skills as a step back into work. "They develop their skills because they understand about building communities," the contributor said. "They become very good community representatives and have a really good relationship with small community groups and statutory services and can pass on information. It's been very useful in terms of skilling up the community around a network of people who are clued up about what resources are there."

Taking the initiative

But community skills development can also happen when local people take the initiative themselves, without relying on an organisation being the catalyst. One successful community group, the roundtable heard, started 15 years ago because local people felt ashamed of where they lived and "the powers that be didn't want to do anything about it". Today the group's lists of achievements include establishing a community transport system and toddler groups as well organising "in bloom" events. "Every agency now thinks of coming to us. We know our community and our people and everyone knows us," said a participant.

For volunteers to reach their potential, the roundtable heard, they need a set of skills which include having the confidence to be a service user's advocate. "Put these [volunteers] in front of a director of public health and it's something which for many people is extremely intimidating," it was pointed out. Another crucial skill is being able to understand how local decisions are taken. "If you don't have the knowledge of the decision-making process people can run rings around you," added another contributor.

One of the biggest barriers to developing community skills and social capital, however, is the often dysfunctional relationship between local volunteers and the professional health and social care workforce working alongside them. The need to scrutinise this relationship was "critical" and required a "frank airing", according to those at the roundtable. Putting it bluntly one participant said: "Professionals are very resistant to volunteer involvement." Another added: "The division between professional and voluntary staff requires a cultural change. It's not just something which [needs] to be done at the community level, it has to be done at the professional level as well. There is a lack of empathy in social care [services]. There needs to be some pressure and some incentive for the professional skills to change ... and for people to say that."



Skilled volunteers can play a major role in helping to address the needs of a community, but professional bodies must improve the way they work with them Photograph: Getty

In focus

Skilled volunteers can play a significant role in bringing creative solutions to caring and supporting vulnerable people living in the same community. But the development of this social capital is being thwarted by a poor relationship between volunteers and professionals who are reluctant to give up their power base in the community and who fail to recognise the valuable contribution of volunteers.

At the same time tension between the paid and unpaid workforce is made worse by a flawed health and social care system, which also fails to encourage integrated working between the different health and social care professions.

Professionals' traditional reluctance to take risks and the pressures of regulation influence their relationship with volunteers. "One of the biggest problems is regulatory risk aversion versus community development," said one contributor. It is a conflict that will come under greater pressure as service users, their families and communities are encouraged to make more decisions about their care.

The problem, according to another participant was about "risk and responsibility, which doesn't allow professionals to give away their power".

Professional training also needs to change, to make health and social care staff more open-minded about the way support can be delivered, if the potential contribution of volunteers is to be realised. Rather than the paid work force saying the answer to creating less dependency is "to create more people like us", they should instead be saying: "we need to find different solutions", the roundtable was told. Another contributor admitted to being "astounded" at the "disrespect" shown by the professional workforce, which can be deliberate but is also due to a "lack of understanding". The contributor added: "One of the most important things that we can do is to find a way of infiltrating the training of professionals who meet the public. We need to start at the beginning when they become professionals." It was also crucial to improve the way professionals communicated with volunteers. One participant said: "They don't know how to communicate at all. They have got to find a way to talk to us in our own language on a one-to-one basis ... otherwise it's never going to work."

The system of professional organisations is a further obstacle to creating a successful partnership. One participant said: "There are good professionals and there are bad professionals - but what is it about a system that makes people act in a way which makes volunteers feel defensive?" Another said that most professionals were attracted to health and social care "because they wanted to do the right thing ... But what is it that gets lost? Part of it is the system and part of it is training. It's not just about facilitating the workforce it's about facilitating the managers." The issue of allocating professional skills also has to be addressed and was "critical", the roundtable heard.

There was wide support at the event for the need to create a new kind of [professional] worker to boost community skills development. A contributor said: "We need to reinvent the social worker and turn the role into a more community-based support worker."

The new professionals had to be "versatile" and "brave" enough to take on new ways of thinking "without reverting to type", it was heard.

It was also crucial to "bring health and social care closer together" so that social care staff have the skills to identify, and the confidence to speak up about their clients' medical conditions as well as their social needs. "They [care staff] aren't empowered to make decisions, but if we give these basic skills to people in social care they can save a considerable amount of money in terms of [hospital] admissions," said one participant. "One of the most valuable things we can do is bring together the health and social care workforce."

There is no single, simple solution to creating a skilled community workforce. It was clear, the roundtable believed, that creating social capital requires new ways of thinking. "We have got to be sufficiently radical in the way that we bring about these major changes." But creating a new relationship between volunteers and professionals and shifting the balance of power in community development, while crucial, also brought new dangers. "Community organisations can be just as oppressive as professional ones," said one contributor. "It's really important not to assume that because [care and support] is not in a professional organisation that it will be much better."

At the table



David Brindle (Chair)
Public services editor, The Guardian



Bill Mumford
Chief executive officer, Macintyre



David Croisdale-Appleby
Chair, Skills for Care



Ann Higgins
Chair, Eston Residents Association

'One of the most valuable things we can do is bring together health and social care'



Cat Parker
Executive project manager, Coventry city council



Matthew Sowemimo
Head of public policy, WRVS



Jeff Jerome
National director for social care transformation, Association of Directors of Adult Social Care



Gemma Bruce
Research manager, Turning Point Connected Care

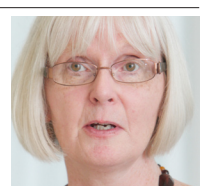


Martin Routledge
Head of operations, In Control



Dame Elizabeth Hoodless
Former executive director, Community Service Volunteers

'The division between professional and voluntary staff needs cultural change'



Melanie Henwood
Health and social care consultant



Sukhvinder Kaur-Stubbs
Chair, Volunteering England



Jim Thomas
Programme head, Skills for Care

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