

Building community capacity: the economic case

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Building community capacity: why?

- Active citizenship
- Participation
- Local democracy
- Prevention
- Personalisation
- Decentralisation
- Integration
- Co-production
- ... and perhaps offering ways to stretch available resources further

So, the evaluation of community-centred approaches should consider:

Quality of:

- service / provision
- care and support

Effectiveness in:

- preventing needs or problems
- meeting needs
- meeting preferences

Equity / fairness in :

- access
- payment
- outcomes

Respectful of / **responsive** to:

- rights
- dignity
- culture
- individuality
- vulnerability

Economically:

- Affordability
- Sustainability
- Cost-effectiveness

What the evidence tells us - 1

Social capital → better health, reduced level of (perceived) crime, higher educational achievement, economic growth (e.g. Halpern 2009)

Volunteering → intrinsic motivation and benefits, health and wellbeing, pathway to employment (e.g. Ironmonger 2006)

Social support → reduced social isolation, loneliness and depression, and risk of death (e.g. Steptoe et al 2013)

Early intervention → preventing use of more intensive services, improved health and wellbeing (e.g. Allen 2011)

What the evidence tells us - 2

Co-production → adaptation of behaviours that improve individual and service outcomes (e.g. Alford 2009)

Independent living (with community support) → improved functioning and prevented or delayed need for institutionalisation (e.g. Beswick et al 2010)

Personalisation → e.g. personal budgets improve health and wellbeing (Forder et al 2013, Glendinning et al 2008)

What the evidence tells us - 3

Some previous
(exploratory)
economic
evidence

We looked at
three examples
of **community
capacity
building**

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Building community capital in social care: is there an economic case?

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Abstract Current debates about the sustainability of public commitments include discussion of the adequacy and affordability of collective health and social care responses to the rapidly growing needs of ageing communities. A recurrent theme in England is whether communities can play greater roles in preventing the emergence of social care needs and/or helping to meet them. Various approaches have been suggested, including community development, community capacity-building and creating social capital. We investigated whether there is an economic case for initiatives of this kind, cognizant of the fact that there are many other objectives for any local scheme. We used a cost–benefit approach and decision-modelling techniques to examine potential costs and economic consequences in a context where evidence is limited and there is little opportunity to collect primary data. We conclude

Economic pay-offs (*conservative*)

Time banks

- Cost per time bank member = £607 p.a.
- Economic pay-offs = c.£1300 per member
- ... of which £187 = short-term cashable to govt.

Befriending

- Cost per older person = £90 over 12 weeks
- Economic pay-offs = £490 including QOL gains
- ... of which £38 = short-term cashable to govt.

Community navigators (benefit & debt advice)

- Cost per 'hard-to-reach' person = £611
- Economic pay-offs = £360 (or £1200 including QOL gains)

SSCR-funded research (*almost complete*)

Aim: examine economic case for investing in community capacity-building projects (social care).

Activities:

- Looked at a range of projects (fewer and narrower than we had originally hoped)
- Examined outcomes using both existing and new data
- Examined savings & economic value (short/long-term)
- Developed methods for local use subsequently.

Two phases: exploratory and evaluative

Two examples: Age UK Shropshire; peer-support (MH)

Other areas: Circles, Altogether Better, attitudes

Help@home run by Age UK Shropshire

Aim: to enable older people to live independently at home, reduce loneliness and isolation, improve mental and physical health.

Age UK service: volunteer-run, one-to-one, telephone befriending, practical help (charges levied), but not personal care; for people below eligibility threshold.

Research: data for 2011-14, including on c.1000 older people (mean age 86yrs) and 145 volunteers. Range of data including service costing; ASCOT (but only for small sample, with 6-month follow-up); postal questionnaires for some service use data; before-after comparisons.

Shropshire Age UK: economic pay-offs

	Government	Individual	Societal
Volunteers into employment	184	565	749
Health-related quality of life (physical and mental)	-	1023	1023
Service use	2026	1265	3291
Care home admission (service users and spouses)	330	1378	1708
Unpaid care	-	- 45	- 45
Cost of the scheme	- 791	- 325	- 1116
Net benefit per service user	1565	3296	4861
Net benefit per volunteer	184	565	749
Benefit payments	- 1752	1752	0
Net benefit per service user (including benefit payments)	- 187	5048	4861

Peer-support scheme, London

Aim: for people who use mental health services and volunteers - to increase self-esteem, ability to take control, skills, and access to training, education and employment, reduce loneliness and isolation, improve mental and physical health.

Locally run peer-support service: social, emotional, instrumental support, mutually offered by people with mental health issues.

Research: data for small sample of 'users' and volunteers, before-after, collection of data on service use, employment, quality of life, etc.

Peer-support scheme, London

	Government	Individual	Societal
Mental health service costs (reduction)	1088	-	1088
Value of volunteering (reduced need for professional inputs)	2085	-	2085
Health-related quality of life	-	425	425
Employment gains	39	5034	5073
Cost of the scheme	- 1093	-	- 1093
Net benefit per service user	2119	5459	7578

Some wider evidence for peer-support

Potentially £4.76 in costs averted for every £1 invested.

Iemmi & Parsonage, in Knapp et al *Investing in Recovery*, 2014



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FURTHER READING

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