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Territorial Social Innovation in the Nordic Countries and Scotland

Community Care Assynt

Community Care Assynt (CCA) is a charity in North West Scotland that delivers services to support local residents overcome barriers they face due to age, health or disability issues. The organisation was officially formed in 2010 when a deteriorating economic climate and public funding constraints threatened the closure of the area's municipally-run health service. CCA currently operates a range of services, including a local health and wellbeing hub, community lunches, dementia support, health and social care links, recreational activities, personal support and transport to help community members access other services. Its overarching aim is to promote community cohesion, social integration, healthy living and lifelong learning, and to reduce service users' isolation and dependence on statutory services. When the centre is not in use by CCA it hosts other community activities.



Preconditions, Inspiration, Nurture

The Assynt Centre was originally set up in 1984–5 by Kirk Care as a day care centre (later including residential respite care), and was eventually taken over by the municipality (Highland Council). In 2005, the residential beds were closed and in 2006 the 24/7 respite service was downgraded to weekdays and a limited number of weekends per year. To lobby for the return of these services, community members formed the Assynt Centre Action Group but, unfortunately, the situation became worse rather than better. In 2010, the group learned that unless an alternative to the municipality running the centre was found, it was very likely it would close altogether. Without the service it was likely that it would become more difficult for older people to remain in the community. The group quickly put together a business plan to run services themselves through a new company, Community Cares Assynt CIC, which took over the service in September 2010.

Implementation

Resources

The community's need for the Assynt Centre was never in question. The problem was simply that the municipality no longer had the money to run it. As a community-led organisation, CCA could operate the service much more cheaply than the council for several reasons. First, in the British context, municipal services have higher overheads than community organisations. This is largely due to higher salary costs. Second, as a community organisation, CCA was able to attract much more in-kind support than the municipality. The rent of the centre itself, which formed a large portion of the overheads when the council was in charge, now costs just £1 per year. CCA also relies heavily on volunteer support; an avenue that was less accessible to the municipality as people were reluctant to donate their time to a service to which they felt entitled through their tax contributions. Third, the service run by CCA initially was on a much smaller scale than the municipally-run service. A combination of these factors meant that, although the municipality was essentially still funding the service, the costs were much more manageable under the new arrangement.

Changes to the way that health care is funded in Scotland mean that the National Health Service (NHS) has taken over from the Highland Council as CCA's main source of funding. Essentially, however, both the nature and the level of funding have remained unchanged since CCA took over. Funding is based on a service agreement that is renegotiated every three years. Things can get a little stressful in the third year but to date, the board has never really felt that its funding is under threat. The core funding covers all operational costs, including staff. A small amount of revenue is also generated through the lunch program, fundraising activities and some smaller contracts with the NHS based on providing care to specific individuals. Should the NHS stop funding CCA there is no other obvious funding source. The organisation has the funds to operate for 6–8 months following such a scenario—the idea being that this time would be used to look for other options.

In the beginning, CCA was set up as a Community Interest Company (CIC). The thinking behind this was that the organisation could become a social enterprise running small businesses on the side; for example, a bakery or a laundry. What quickly became evident, however, was that it was very difficult to get these things off the ground while at the same time managing the range of challenges associated with the organisation's core business. At the same time, the legal status of the organisation was extremely limiting when it came to applying for grants designed specifically to support organisations like CCA. In response to

this problem, CCA applied to become a charitable organisation, and was granted this status in 2014.

CCA has recently revisited the challenge of grant dependency vs making money through commercial ventures. With the wisdom that comes from experience, the board has concluded that, while enterprise-style work is still desirable, any such work should play to the organisation's strengths—care and care related activities. One idea has been to monetize the organisation's expertise by providing care to visitors at market rates. The Western Highlands is a popular tourist destination for part of the year and it is currently very difficult to access care while on holiday. The board is keen to ensure that any commercial activity enables an expansion of services rather than acting as a trigger for the government to scale back on its financial commitment.

The Network / Cooperation

Facilitating community and promoting local links is central to CCA's work. This is evident in the transition of the Assynt Centre to a 'community well-being hub' and also in the promotion of the venue for other uses. At a local level there are strong relationships between staff, the board of directors, the volunteers and the service users. The directors have a hands-on role (three also volunteer at the centre). CCA collaborates actively with other local organisations including:

- Trust housing (leases the Assynt Centre at a favourable rate)
- Connect Assynt (provides transport to Assynt Centre service users)
- Assynt Leisure (joint work to provide activities and educational opportunities from the Assynt Centre).

CCA also has strong relationships at the regional and national level. Including:

- Highland Council (provided initial funding and support to develop ideas)
- NHS Central office (funding and strategic partnership)
- NHS local and regional teams (partner to develop and deliver services, e.g., general practitioners, mental health services, community nurses).

In its early days, the Assynt Centre Action Group received support through the O4O, an initiative designed to support local people in rural places to set up social enterprises that would support older members of the community. O4O having a role in the project was, in fact, a fortuitous coincidence. The area had been selected to participate in the project prior

to the group receiving the news of the municipality's intention to close the Assynt Centre. When everything came to a head, the group was able to channel the support of the O4O project worker to support them in planning to take over operation of the centre. Particularly useful was the insight that the project worker could provide into best practice from other social enterprise projects. This was useful from a practical perspective and also in instilling in community members the belief that this could be done. The O4O project officer was also able to share data from research the project had conducted into the needs of the community. Access to these data was extremely helpful to the group when it came to making the case for its proposed actions.

Enablers and Barriers

There were several key factors working in favour of a positive outcome for CCA. As noted above, there was never any doubt that keeping the Assynt Centre open was a desirable outcome. Alongside pressure from the community, there was also considerable political pressure to keep the centre open, both locally and from Members of Parliament. In addition, the already active Assynt Centre Action Group had created community consensus around the objective of saving the centre and provided a strong platform from which to develop the next steps. Finally, the area's long track record of the community stepping in and taking over gave community members the confidence to believe it could be done (see for examples: [Assynt Leisure Centre](#) and [The Assynt Foundation](#)).

Despite these enabling factors, there were also many challenges. The first, and most central of these, was capacity. There is a big difference between being an advocacy group and running an organisation. The active nature of the community was positive in terms of morale but it also meant that the small population was already quite stretched in terms of people who could spare the time to get involved. Initially, the board consisted of six members. The chair was a well-respected member of the community, was good with political negotiations, and had strong thematic knowledge due to his professional background as a medical doctor. He was the key person who rallied everyone and took responsibility for the work of the group. Though small in number, the group contained all the skills necessary for the road ahead. It included people who were involved with the old centre and thus offered some continuity. They understood what was working and what was not, making it possible to keep some elements of the old service and avoiding the feeling of starting from scratch.

Once the core group was established, the second challenge was dealing with the uncertainty around money. That the municipality no longer had the funds to run the centre itself was clear. What was less clear, however, was the extent to which it could resource someone else to take over. There were also questions about how much the costs could be reduced though

community ownership, including issues such as discounted rent. These questions had to be answered fast before the municipality closed the centre and reallocated the funds.

A third challenge was the effect of the transition to the new governance arrangements on the existing staff, many of whom were frustrated by the lack of transparency and the poor treatment they had received from the municipality during the period. As the secretary, and long-standing board member, explains:

When you start something new, it's exciting. What we were doing was taking over something that was broken. Broken financially but also in terms of morale. Could we work with the existing staff? If not how could we attract new staff? Would the staff be willing to work for less money?

The board was lucky to find the perfect person to come on board as manager. The new manager came from outside the community and had been waiting for an opportunity to settle there. It was somewhat controversial, giving a good job to someone who was not local, but in this case someone with 'fresh blood' who could pull the old staff together with the new to create a solid team, was exactly what was needed. This was a key success factor and was only possible because of the strong trust that the community had in the board and particularly its chair.

Social Innovation Effects

Outcomes, Impact and 'Scaling'

When the community took over Assynt Centre, activities had already been scaled-back considerably. The strategy therefore was to start small and gradually re-build services in line with the needs of the community. The initial scope was running a lunch club and drop-in centre, along with a transport service that would enable users to attend these activities. Since then, service provision has grown slowly but steadily, with considerable research being undertaken to ensure that the sparse resources are invested in the areas of the greatest need. CCA now offers a wide range of services including in-home support to up to five clients per day, organised shopping tours, accessible bath and shower services and laundry drop-off and pick-up. The centre itself now operates as a 'community well-being hub' (including activities such as computer classes, arts and craft sessions, falls awareness training and many others), alongside the original lunch club and drop-in service. It is also available for other community events outside of operational hours.

These services are invaluable, particularly if one considers the community in its rural context. There is a push in British social policy to keep people in their homes as long as possible. What is not always well understood is that in a rural community this can be very lonely. CCA gives people both a reason and the means to get out and socialise. In doing so, the service combats rural isolation and depression; it keeps people from going downhill, avoiding, or at least deferring, the (costly) alternative of residential care. At the same time, CCA is looking into developing its services with the aim of supporting people to stay 'locally longer' if this is what they want. This includes scaling up services at the higher end of the care spectrum but also investing in services that intervene earlier in order to extend people's capacity for independent living. Both services are vitally important considering that admission to a residential care facility means moving anything from 40 to 200 miles from the community.

Along with the broader benefits of providing such a service in a remote rural location, there are benefits specific to CCA's community-run status. As a small community-run organisation, CCA is less tied to national/regional agendas and better equipped to think on its feet and respond directly to community need. The short distance between service users and those who make decisions about how the centre is run makes it easy to implement changes that allow the service to better meet community needs without getting 'bogged down' in formal process.

That's the great benefit of being a community-led organisation—it's very human, very personal, very interlinked with the people that you are providing the service to, where you have the flexibility to change with the needs.

The shift to community-run status has also resulted in community members becoming involved in the organisation in other ways, beyond service use. When the service was run by the municipality, it was seen as a service the community was already paying for through their taxes; one that should be able to manage on its own. As a community organisation with limited funds it became something people wanted to help out with and support. Between 2010 and 2015, the community has donated 5,611 volunteer hours to CCA and the ongoing commitment of volunteers is estimated at approximately 130 hours per month. This support is invaluable in supporting operation of the service. It also has benefits for the volunteers themselves, many of whom are in their 60s and 70s. Although quick to point out that there is no formal agenda encouraging volunteering for this reason, the organisation's secretary and long-standing board member acknowledges the benefits associated with this.

In a way I suppose we are probably keeping people from getting old by needing them... by giving them a meaningful activity, showing them that they are still valued, showing them how important they are, and thus prolonging their own independence.

The capacity of the organisation itself is also growing and evolving alongside the needs of the community. Things that would have seemed impossible in the first year have become 'just another bridge to cross.' For example, after a couple of years, staff began to notice that existing clients were developing higher care needs. Where in the beginning the outcome would have been that these people could not access the service, increased confidence and capacity meant that the organisation was much better equipped to think about how those behind it could evolve to meet those needs. The outcome was registering with the care inspectorate in the third year of operation in order to provide services to people with higher care needs.

The goals for the future include enhancing services for the benefit of those living with dementia; developing a befriending service as a means of supporting community members to develop their self-reliance and independent living skills prior to higher level care needs developing; and increasing the level of care provided to the Kirk Road houses (a non-supported housing facility for people over 60 years of age that sits adjacent to the Assynt Centre).

Lessons Learned

This case clearly illustrates the need to delineate between social innovation (SI) and social entrepreneurship (SE). CCA was originally set up as a Community Interest Company (CIC). The thinking behind this was that it would allow the organisation to set up businesses (social enterprises) that would generate income to support operational costs. In reality, the group was not in a position to take time out from what it did best—running a care organisation—to invest time, energy and money in things they knew nothing about; for example, baking bread. Being a CIC also disadvantaged the organisation financially as it precluded it from funding that could support it to be what it actually is—a charitable organisation.

This tells us something interesting about the role of the public sector in SI that perhaps gets lost when SE and SI are bundled together conceptually. In the case of SE, the assumption is that even if government funds are required initially, the ultimate aim of the venture is to create social benefit while at the same time operating independently. Although SI offers similar social benefit, the nature of the services offered means that there is not necessarily the same market potential as with SE. At the same time, SI can offer substantial public savings. These savings are twofold. First, as the CCA case demonstrates, the service itself can be provided more cheaply. Second, evidence suggests that maintaining services that work at the community level can dramatically reduce the cost of providing individualised services later on. In this case, this is done by prolonging the period before high-level care needs develop in older people. One could easily make a similar case for an education and training program that targets early school-leavers as a means of reducing unemployment.

The community's capacity to step in and provide such vital services in response to failures on the part of government should not necessarily result in government being absolved of all responsibility for that community. In fact, the efforts of individuals within enterprising communities are sold short if there is an immediate jump to discussions about sustainability and independence from public funding. This case suggests that perhaps a more useful discussion is about how the public sector can work in partnership with communities to create added value for both. This is particularly relevant in remote rural communities where the resources for the community to draw on are limited and the cost of government service provision is high.

This is not to say that SI cannot or should not generate private income. What is important to acknowledge, however, is that enterprise activities require time, energy and expertise to get off the ground. As noted above, CCA is considering expanding its operations seasonally in order to provide care services to tourists at market rates. This would open up a new revenue stream for the organisation, without introducing the administrative burden of a

brand new business venture that is unrelated to its core activities. Two important takeaways are evident here. First, the enterprising activity is consistent with the organisation's existing operations and strengths. Second, the organisation's capacity to take on, or even consider, an initiative such as this has developed over time. This suggests a feedback process in that the work undertaken has increased the community's capacity for further innovation. It also highlights the fact that this process takes time.