THE COMMUNITY PARADIGM

WHY PUBLIC SERVICES NEED RADICAL CHANGE AND HOW IT CAN BE ACHIEVED

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CONTENTS

ACKNOWLEDGEMENTS

FOREWORD

When the scale of the challenge of rising demand and declining resources became clear, it was obvious that a 'business as usual' approach to local government was not viable. At Wigan we launched a major programme of transformation known as 'The Wigan Deal'.

At its heart was the building of a very different relationship with our residents, their networks and communities. We were honest with residents about the challenge we faced and, with humility, asked for their help in delivering services, meeting big social challenges and making Wigan a great place to live. After years of hard work, service redesign, culture change and great community ideas and activity, it is an approach that is delivering better outcomes with fewer resources.

In *The Community Paradigm*, Adam and Jessica show that Wigan is far from alone. Across public services, there are numerous initiatives seeking to build this more collaborative relationship. There is a convergence around the idea that if we are to meet the short-term challenge of austerity and the long-term challenge of rising demand, citizens need to take more responsibility for their own and their communities' well-being. That means doing something that the state and public sector find very hard: sharing and even handing over power and resources to communities.

But this report goes deeper, to show that this is more than just a good idea. It represents a whole new paradigm for public services to replace the defunct obsession with marketisation on one side of the political party divide and state control on the other.

It feels to me that the time is right for a fundamental shift in the mindsets, values, structures and practices that shape our public services. That shift, I firmly believe, is the Community Paradigm.

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INTRODUCTION AND SUMMARY

With power comes responsibility. This is the essential truth at the heart of this paper. We contend that if public services are to move towards a more preventative approach then individual citizens, and particularly their communities and networks, must take on much greater responsibility for their own lives. However, that flourishing of responsibility will only occur if citizens and communities are given the power to exercise it. This means fundamentally challenging the strong tendency of public services to hoard power rather than share it.

This tendency is not inevitable. It was developed over many years by three successive paradigms of public service delivery:

- **CIVIC PARADIGM:** Lasting from the sixteenth to the early twentieth century, this was based on an evolving patchwork of independent bodies delivering limited public services funded by voluntary contributions and, increasingly, some tax.

- **STATE PARADIGM:** This transformed public services from the 1940s through to the early 1980s. They were unified under central government and entirely tax-funded with the goal of providing universal, comprehensive and free-at-the-point-of-use provision. The State Paradigm extended the hierarchical systems already evident under the Civic Paradigm, based on the firm belief that officials and experts knew best how to care for the wider public. Service users and communities were widely regarded as passive recipients.

- **MARKET PARADIGM:** This developed in the 1980s and is now reaching the end of its era of influence. It sought to improve the cost and efficiency of public services and to widen the choices available to users by marketising provision and involving the private sector in delivery. It did not, however, effectively dismantle the hierarchical practices of the previous paradigms. Rather, it introduced a strongly transactional element into the relationship between service and user.

None of these paradigms foresaw the major challenge facing public services today: rising demand. As a result, they do not provide the mindset or tools to meet that challenge. The hierarchy of the State Paradigm leaves it unable to build the collaborative, egalitarian relationships with individuals and communities that are necessary to create the preventative approach that can stem rising demand. The transactionalism of the Market Paradigm is equally ill-equipped for a collaborative approach. It insists on dealing with separate issues or symptoms on their own terms rather than addressing the more complex whole.

As a consequence, these paradigms trap public services in an approach that is obsessively focused on delivering a response to acute problems in the short-term, rather than focused on addressing the root causes which generate them in the first place.

In addition, at a time when people are increasingly clamouring for a say over the big decisions that affect their lives, paradigms that enshrine hierarchy or see citizens only as atomised consumers will add to a growing sense of alienation and frustration with public services and the state. This need not be inevitable. Rather than lead to alienation, the popular desire for influence could be employed to build the more collaborative relationship with citizens necessary for a shift to prevention. It can be a force to mobilise communities around public good.

To this end, we argue that there is an urgent need for a new model of public service delivery: the Community Paradigm. The fundamental principle underpinning this paradigm is to place the design and delivery of public services in the hands of the communities they serve. In this way, a new, egalitarian relationship can be built between public servants and citizens: one that enables the collaboration necessary to shift to prevention; one that requires communities to take more responsibility for their own well-being; and one that means citizens and communities can genuinely 'take back control'.

Three broad principles underpin the Community Paradigm, based on emerging practice:

- **EMPOWERING COMMUNITIES:** Shifting decision-making power out of public service institutions into communities with consequent changes to governance arrangements. We can see early efforts at such an approach led by Wigan and Cambridgeshire councils. It is also present in the New Care Models launched by the NHS, some social enterprises, the rise of community businesses and emerging models of education.

- **RESOURCING COMMUNITIES:** Placing control of public service funding in the hands of communities to ensure that power and responsibility are genuinely transferred. This is increasingly happening with 'discretionary' spend but there is a need to transfer core, strategic budgets as well. The promise of this exists in some local government initiatives and in the Big Local scheme funded by the Big Lottery.

- **CREATING A CULTURE OF COMMUNITY COLLABORATION:** A wholescale shift to prevention can only occur when public service organisations and communities break the hold of hierarchical and transactional mindsets and embody a more collaborative set of behavioural norms. This must start with the culture of public service organisations themselves. Highly effective efforts at such change are well established in Wigan and Rutland councils and the Bromley by Bow model amongst many others, and can be seen in the spread of 'asset-based' approaches.

To achieve these principles, the Community Paradigm requires change on the part of central government, local government and the wider public sector. To that end, we outline four policy proposals:

- **UNCONDITIONAL DEVOLUTION:** Powers and resources cannot be transferred to communities if they remain centralised in Whitehall and Westminster. A precondition for the Community Paradigm is a major process of devolution, led by the principle of empowering communities rather than centred on technocratic economic concerns, complex bespoke deal-making and centrally-imposed conditions.

- **PARTICIPATORY AND DELIBERATIVE DECISION-MAKING:**
  Communities must have influence over the big strategic decisions which affect their services, as well as matters of implementation and delivery. This will require the adoption of more participatory and deliberative approaches to decision-making, to deepen and strengthen our representative traditions.

- **COLLABORATIVE DELIVERY:** Reformed public service delivery needs to be shaped by the notion of collaboration both between services and with users. Services need to be incentivised to work together across a place rather than within separate organisational silos. The great benefits of asset-based approaches in working with people must be accepted and enabled by central government and wider public sector policy, not undermined with an approach led by sanction and punishment.

- **COMMUNITY COMMISSIONING:** The power to commission services needs to be shared between public service organisations and communities or handed over entirely to communities with expert support from public services. Only then can the necessary transfer of powers and resources to communities occur.

Public services are in need of radical change if they are to survive the big challenges they face. Methods of change tried in recent years – top-down reform programmes, implementing long lists of worthy goals, innovation transfer – have been unable to generate the necessary depth of transformation. History reveals that radical change only comes with a major shift in the governing principle and mindset shaping decisions and behaviours across public services. That is what we propose here, in the form of the Community Paradigm. The chart on the following page summarises our understanding of three public service paradigms, and how the new Community Paradigm differs from them.

We hope that by setting out this new paradigm emerging from actual public service practice, we can begin to build a coalition of the willing who are inspired by the idea of pursuing a systemic shift towards prevention and see the benefits of transferring power and responsibility from within public services to institutions.

FOUR PUBLIC SERVICE PARADIGMS

Paradigm	CIVIC	STATE	MARKET	COMMUNITY
Period	Sixteenth to mid-twentieth centuries	Mid-1940s to early 1980s	Mid-1980s to mid-2010s	Emerging late 2010s
Key organisational principle	Basic services designed and delivered by voluntary and mutual associations and limited local state	Public services designed and delivered by experts employed by the state	Public services designed and delivered to work like a business transaction and act like a market	Public services designed and delivered by and with communities
Key problems seeking to solve	Alleviating destitution and delivering basic local infrastructure	Meeting cradle to grave needs and slaying the five 'giant evils'	Operating efficiently and meeting user demand for choice	Reducing rising demand by meeting citizen appetite for participation
Ideal locus of power	The civic association and its leaders	The state and its bureaucrats and experts	The service customer	The community and the people in its network
View of service user	Passive subject	Entitled and passive citizen	Customer	Creative collaborator with public servants
View of public servant	Volunteer/ enlightened bureaucrat	Cog in a machine	Cost centre	Creative collaborator with citizens
Implementation method	Charitable and mutual activity, municipal activism	Institution building	Market creation	Culture change
Iconic policies	The Poor Laws, the workhouse, slum clearance, public provision of gas and waterworks	Establishment of the NHS and welfare state; National Insurance expansion	Compulsory competitive tendering; user choice; provider/ commissioner split	Unconditional devolution; participatory and deliberative democracy; collaborative delivery; community commissioning

Paradigm	CIVIC	STATE	MARKET	COMMUNITY
Organisational culture	Hierarchical	Hierarchical	Transactional	Creative, collaborative
Funding model	Charitable and mutual contributions, plus limited taxes from local state	Public funds distributed and controlled by experts and bureaucrats	Public funds follow user demand and placed in hands of individual users	Funds distributed and controlled by user groups, communities and citizens
Location of governance	Decentralised: charitable and mutual boards, local state	Centralised: Whitehall and directed local councils	Centralised: Whitehall and corporate providers with shrinking local council role	Decentralised: community groups, local councils, decentralised public services
Attitude to technology	Designed to assess, monitor and control dependents	Designed to improve bureaucratic efficiency	Designed to enable faster, more diverse offer to service users	Designed to provide platforms for collaboration and community mobilisation
Political context	Laissez-faire era	Social Democratic era	New Right era	Anti-establishment era
Buzzwords	Deserving/ undeserving, charity	Expert, plan, regulations	Efficiency, competition, choice	Collaboration, prevention, shifting power
Intellectual hero	Thomas Gilbert, Eighteenth century Poor Law campaigner	William Beveridge, Author of the Beveridge Report	Milton Friedman, Free market economist	Elinor Ostrom, Economist focused on community self-organisation

1. PUBLIC SERVICES: A BRIEF HISTORY OF HIERARCHY AND TRANSACTIONALISM

Public services in the UK have been shaped by three overarching paradigms in their long history. It is our contention that a fourth is gradually emerging on the front line of service delivery. This Community Paradigm, we argue, is better suited to the challenges confronting public services today, and needs to be more fully recognised, understood and deepened.

It is very common these days to hear those who work in public services talking about the need for a 'systemic shift'. There is a strong sense that public services are working to an old model no longer fit for the challenges they face. However, the desired systemic shift has proved elusive. One major reason for this is the failure to think in terms of paradigms.

Thomas Kuhn famously proposed the notion of paradigms in the world of scientific enquiry.[1] For Kuhn, a paradigm has two elements. The first is the range of acceptable practices and beliefs associated with scientific investigation. The second is the principle or understanding that governs, providing a point of historical and philosophical origin for those acceptable practices and beliefs. Kuhn argued that when this fundamental principle is challenged by the reality of new scientific discoveries, then the whole panoply of very widely accepted practices and values will also change. Many would accept that this is precisely what happened in the mid-twentieth century as the Newtonian principles that had underpinned scientific inquiry for two-hundred years were overthrown by the work of Albert Einstein leading to a paradigm shift in how scientists understood the universe and how they undertook their inquiries.

1 Kuhn, T. (1962) *The Structure of Scientific Revolutions*, University of Chicago Press.

We believe that public services have been shaped by paradigms throughout their history and that if a systemic shift is to occur it must be as the result of the emergence of a new paradigm. These shifts in practice have only happened when one overarching and relatively simple principle gets inside the minds of policy-makers, decision-takers, front line workers and, equally importantly, the wider public. That principle can inspire a wide range of highly complex and varied initiatives and approaches but they are all undertaken in the spirit of the new, fundamentally different way of doing and understanding things. This is a very distinct route to systemic change than those more commonly on offer. Currently, plans for public service reform are often presented as long lists of principles and practices that can be hard to digest intellectually and therefore apply fully in practice. Alternatively, reform proposals can be linked to a particular initiative which has worked well in one place and simply needs to be adopted "at scale" everywhere.

Thomas Kuhn noted that a paradigm shift in science does not happen smoothly. The current paradigm has to reach a stage of crisis for the new one to emerge. Even then, those attached to the status quo will fight very hard to deny the need for change raising as many objections as they can possibly muster. The scientist, Max Planck, who was at the forefront of the Einsteinian paradigm shift, famously stated that science only progresses one funeral at a time.

We have no doubt that some of the proposals in this paper will be dismissed and fiercely resisted. Nevertheless, we believe that public services have now reached that Kuhnian point of crisis. For all the reasons outlined in this paper, public services simply cannot survive as universal and free unless a new collaborative and egalitarian relationship is built with the public. That means ditching the old principles behind previous paradigms and, instead, embracing a new world shaped by a very different principle: handing power and resources over to communities.

In this chapter, we present the three paradigms that have shaped public service structures, cultures and practice over the last five hundred years.

THE CIVIC PARADIGM

Systems for caring for those unable to provide for themselves have been in existence in the UK for centuries, with early support for the poor and vulnerable provided by charities and the Church, and funded by voluntary donations. The Poor Law (1572) introduced the first compulsory tax on property owners to fund a limited, locally-run welfare state including support to the poor, hospitals, orphanages and workhouses.

This set the model for what we call the Civic Paradigm of public services, which lasted through to the early twentieth century. As the paradigm developed, the local state also began to take on responsibilities for providing services directly. However, public services were a complex and fragmented patchwork of organisations offering provision at varying levels of intensity from place to place.

A key feature of the different public service paradigms is the locus of decision-making power. For the Civic Paradigm, power lay with the governing bodies of the institutions that provided services. Beneficiaries were entirely passive recipients of care, while employees and volunteers were expected to follow rules and processes established by governors. The intense hierarchy between 'wise benefactor' and 'ignorant beneficiary' was established early, through the Poor Law (1563) which required charitable bodies to make a distinction between the 'deserving' and 'undeserving' poor, with the former receiving care and the latter punishment.

For the better off, particularly craftsmen and merchants, public services and welfare could be accessed through guilds and other civic associations. These were funded through a combination of charitable donations, bequests and membership fees. They provided an array of services such as education, unemployment benefit and pensions. This mutualist model was also taken up by the better paid members of the industrial working class during the nineteenth century. Mutual associations and guilds vested great power in their governing bodies, even though members had significant influence as a collective. Mutualist provision remained highly fragmented, with services only available to those who could meet criteria such as membership of a skilled profession or being able to afford a subscription fee.

The Civic Paradigm increasingly came under pressure from the poverty associated with industrialisation and the greater demands for support following the First World War. The state had gradually been taking on more responsibility for addressing social ills, notably with a more ambitious local state pioneered in Birmingham under the Mayor and MP Joseph Chamberlain. This municipal activism levied new taxation to expand public provision, including housing and infrastructure projects. This, combined with national measures like a new state pension in 1908 and the introduction of compulsory education managed through local school boards, gradually increased the role of the state. This presaged the second, State Paradigm, which fully replaced the Civic Paradigm after the Second World War.

THE STATE PARADIGM

The Labour Governments of 1945 to 1951, inspired by the recommendations of the Beveridge Report, reshaped public services in a way that marked a decisive break from the Civic Paradigm. No longer was the aim simply to combat destitution: now public services would slay the five 'giant evils' of want, disease, ignorance, squalor and idleness. This required a major expansion of the scale and scope of public services – replacing the patchwork of independent provision with uniform, universal and free state-run services to guarantee coverage, consistency and quality.

The establishment of the National Health Service (NHS) epitomised the Labour Government's determination and highlighted how central the state now was to public service delivery. The National Health Service Act (1946) placed nearly every aspect of the new health service under the control of the Secretary of State for Health, advised by a Central Health Services Council made up of representatives of the various health professions. The prominent role for voluntary associations and the local state that had existed under the Civic Paradigm was largely ended.

The new super-role of the state in providing more generous and comprehensive welfare extended well beyond healthcare. The Education Act (1944) had already introduced compulsory free secondary education, delivered locally using a centrally-determined structure and pedagogy. The National Insurance Act (1946) initiated a massive overhaul of the social security system, with a new tax on the employed that established a range

of new benefits including for unemployment, sickness and a state pension. A series of Parliamentary Acts throughout the 1940s created the conditions for a massive council house-building boom directed by central government, providing subsidised rents to the low-paid.

The ambition and universality of the State Paradigm did not come cheap, as is evidenced by the growth in size of the state budget dedicated to public services. At the turn of the twentieth century, government spending on education, health and social security amounted to only 2.5 percent of GDP. By the 1960s and the heyday of the State Paradigm, government spending on these core public services had risen to 15 per cent and it continued to rise throughout the 1970s reaching over 22 percent by the early 1980s.[2]

What did not change relative to the Civic Paradigm, and was significantly enhanced, was the preference for top-down structures and organisational culture. The new institutions were constructed in an era when the hierarchical bureaucracies of the state, the military and the large corporation were widely regarded as the most efficient organisations ever created. The civil service, whose primary function before the Second World War had been to administer the British Empire overseas, was repurposed to manage these expanding state-led domestic affairs from Whitehall.

The insight and wisdom of the expert bureaucrat went largely unquestioned in this period – it was inherently assumed to be superior to that of an "ordinary" individual, even in relation to their own well-being. The prevailing spirit of paternalism was famously captured in a quote from Douglas Jay, a minister in the Labour Governments of 1945-51:

> *… housewives as a whole cannot be trusted to buy all the right things, where nutrition and health are concerned. This is really no more than an extension of the principle according to which the housewife herself would not trust a child of four to select the week's purchases. For in the case of nutrition and health, just as in the case of education, the gentleman in Whitehall really does know better what is good for people than the people know themselves.*[3]

2 Glennerster, H. & Hills, J. (1998) The State of Welfare, Oxford University Press.

3 Jay, D. (1937) *The Socialist Case*, Faber.

This hugely ambitious exercise in public service institution building ushered in the era of post-war consensus. All main political parties broadly agreed on the principles for public services, in addition to wider state-led control across the economy to secure full employment and a stable currency. Notably, the Conservative Party did little to alter – and much to extend – the State Paradigm when it took over the reins of government between 1951 and 1964. Objections came only from obscure free market economists and political philosophers whose views gradually obtained wider recognition during the 1980s. It was then that the State Paradigm was more seriously challenged and, though far from dismantled, significantly changed.

THE MARKET PARADIGM

The State Paradigm had grown out of a post-war desire to slay the five giant evils through the creation of much more extensive, state-run and taxpayer-funded public services. The new model that emerged in the 1980s – which we call the Market Paradigm – had very different imperatives. Its intellectual and political roots reside firmly in the ideas of the New Right epitomised by the governments led by Margaret Thatcher.

There was a strong sense on the New Right that the welfare state had become too large, expensive and inefficient. It needed to be cut back, become subject to a much stricter financial regimen and to respect the wishes of service users by improving quality and choice. This thinking gained increasing mainstream respectability enshrined in academia as New Public Management theory.[4]

The key organisational principle of the Market Paradigm is that public services should work like business transactions and act like markets. Public services came to behave and be regarded not simply as a cohort of experts caring for passive beneficiaries, but as a set of organisations meeting the needs and demands of the service user – in much the same way that private sector companies serve their customers.

[4] See, for example Hood, C. 'Public administration and public policy: Intellectual challenges for the1990s', *Australian Journal of Public Administration* (1989); Hood, C. 'A Public Management for All Seasons?', *Public Administration*, (1991) and Pollitt, C (1993) *Managerialism and the Public Services*, Blackwell.

The methods for achieving these goals are now well-known. Some public services, particularly those providing utilities, were sold off to the private sector and their monopoly status ended. Two alternative methods would be used for those services that could not be privatised. They would be restructured as quasi-markets in which service users would be given greater choice between different providers, with funding then flowing to the most popular. They would also be reformed to allow those who commissioned them to choose from a wider range of providers, including those in the private sector.

Over the last forty years, market forces have been introduced to different services in different ways. In local government, from 1980 until the mid-1990s, compulsory competitive tendering required councils to tender for the provision of services from private providers and choose on the basis of value of money. The approach has since been refined with the introduction of a wider range of criteria to choose providers, but the practice of tendering for services – rather than solely the in-house provision that was the norm in the State Paradigm – continues to be widespread in local government.

Education reforms in the late 1980s gave parents greater choice over schools, and efforts to introduce a wider range of options have been ongoing ever since, supplemented by measures to increase competition such as school league tables. New models have since been introduced, for example Coalition Government reforms in the early 2010s removed the role of local authorities in overseeing secondary schools and created new headteacher and governing body-led academies, along with the ability for parents and community groups to set up free schools.

The NHS and Community Care Act (1990) introduced a division between the providers and purchasers of care which aimed to create an "internal market" in the health service. Since then, a number of reorganisations and reforms of the NHS have been introduced by both Labour and Conservative Governments to increase patient choice, create greater competition within the health service and introduce compulsory competitive tendering.

These reforms were all inspired strongly by the idea that the public sector, shaped as it was by the State Paradigm, was overly hierarchical and

authoritarian. A more transactional relationship between service and user would put the latter in the driving seat, allowing the replication of the freedom of choice that had come to characterise the private sector.

The Conservative Party shifted towards the Market Paradigm in the early 1980s. When Labour also adopted core features of the approach in the mid-1990s, a new consensus on the nature of public service reform effectively emerged in British politics.

The Labour Governments of 1997 to 2010 also introduced centrally imposed targets – particularly for the health service – as well as extensive inspection alongside their efforts at marketisation. This owed rather more to the command and control mentality more closely associated with the State than the Market Paradigm in which, theoretically at least, quality should improve as a result of consumer choice without the need for central government diktat. However, Labour was keen to link extra investment with proof of improvements – and implementing new targets made selling this deal easier during election campaigns than complex plans for marketisation.

As such, the shift away from the hierarchical mindset of the State Paradigm was not complete. Indeed, we argue in the next chapter that public services today are a rather confused hybrid of State and Market Paradigms. But there was undoubtedly a significant shift in policy, practice and mindset after the 1980s.

CONCLUSION

The three paradigms identified in this chapter were very much of their era. They were shaped fundamentally by the prevailing political ideologies and intellectual assumptions that reigned supreme during each paradigm's heyday. Most importantly, they were designed to solve the most pressing problems facing public services at the time.

Public services today operate in a very different world, one in which the big challenges and new opportunities could not have been foreseen by the architects of previous paradigms. We believe this is far from being a matter of academic interest. It is clearly exceptionally important that public

services operate with a model that is fit for the times – the alternative is to risk declining performance, poor use of resources and growing public dissatisfaction. These factors all undermine the free-at-the-point-of-use and universal principles that underpin public service provision.

We believe that understanding the shift in context and what it means for public services is more urgent now than ever. Public political debate in the UK is shaped by a clash between two outdated paradigms. On one side, the Conservative Party is wedded to the Market Paradigm, with efficiency drives and contracting with the private sector deemed sufficient to cope with their decade-long policy of austerity. On the other, the Labour Party has adopted a near religious faith in the power of the State Paradigm to resolve the problems confronting public services.

By contrast, we anchor our case for change in an analysis of how the context for public services has shifted. This paper seeks to understand how public services and organisations on the front-line of delivery are introducing innovations to adapt to that new context, regardless of the defunct national policy debate. We then draw on this to present a new model for public services which we call the Community Paradigm. We believe this is far better adapted to defending and deepening public services today, in the face of unprecedented challenges and new opportunities.

2. ONE CHALLENGE AND ONE OPPORTUNITY

The hierarchical and transactional approaches of previous paradigms emerged because they were logical responses to perceived needs of the time. During the State Paradigm, hierarchy was suited to the logic of a paternalist state whose primary objective was to define solutions and administer functions to passive recipients. Under the Market Paradigm, transactionalism suited a growing sense of the individual as customer, possessing a degree of choice, but within a marketized environment in which the private sector was increasingly drawn in to deliver services.

As we approach the third decade of the twenty-first century, our public service architecture, inherited from previous paradigms, is still characterised largely by hierarchy, with transactional features melded on. There is an overriding expectation, on behalf of the service itself and the user, that the state will decide and apportion what we receive and how.

However, two underlying trends have been emerging for some time which have significant implications for the legitimacy of the previous paradigms:

1.   **THE CHALLENGE OF RISING DEMAND:** This is related to shorter-term financial and policy factors, but catalysed by deep underlying structural shifts including demographic change and entrenched socio-economic inequalities. This trend is a challenge to the long-term viability of public services as currently constituted.

2.   **THE OPPORTUNITY OF THE POPULAR DESIRE FOR MORE INFLUENCE:** In the context of the breakdown of traditional social structures and catalysed by the possibilities of technology and social networks, people have a growing expectation of more influence over their lives. This trend presents an opportunity to close the gap between rising demand and the supply of service responses.

This chapter will explore each trend in turn, set out why existing paradigms are incapable of responding effectively, and why a shift to a fourth paradigm is becoming more urgent.

1. THE CHALLENGE: RISING DEMAND

Demand pressures on public services are growing rapidly. On one level, this has undoubtedly been driven by the financial constraints on public services after nearly a decade of fiscal policy with the primary aim of reducing public expenditure, with a real terms reduction of almost £60bn in departmental budgets since 2010.[5]

Within the overall public sector spending envelope, spend on mainstream services such as health and schools has been relatively protected, whereas spend on more vulnerable groups has been disproportionately reduced. For example, in the period 2009/10 to 2016/17, spending on social care across the UK fell by almost 10 per cent, whereas spending on health rose by just over 10 per cent.[6] This is set to rise further, with a real-terms increase of 3.4 per cent per year from 2018/19.[7] At the same time, public health grant spending per person has fallen by 25 per cent between 2014/15 and 2019/20.[8] As a result of paring back those services which provide ongoing care or early intervention, pressures on universal provision have grown. For example, analysis has shown increases in emergency hospital attendances for over-65s in the areas with the biggest reductions in social care spending between 2009 to 2015.[9]

The financial and policy context is clearly significant, yet it often dominates political debate on public services, to the exclusion of other factors which are impacting on rising demand. Demand is growing in both overall breadth caused by demographic changes, and in depth due to increasingly complex

[5] Budget 2018, HM Treasury.

[6] Charlesworth, A. and Johnson, P. (eds.) *Securing the future: funding health and social care to the 2030s*, Health Foundation and Institute for Fiscal Studies.

[7] 'Prime Minister sets out 5-year NHS Funding Plan' Department for Health and Social Care and HM Treasury press release, 18 June 2018.

[8] 'New reductions to the public health grant will heap more pressure on local authorities', Health Foundation 20th December 2018.

[9] Thorlby, R. et al (2018) *What's the problem with social care, and why do we need to do better?* Health Foundation, Institute for Fiscal Studies, The King's Fund and Nuffield Trust.

socio-economic needs. These are two underlying causes of demand pressures which have largely been growing over the longer-term.

DEMOGRAPHIC CHANGES ARE FUELLING DEMAND

Overall life expectancy has increased significantly in the decades since the major public service institutions of the State Paradigm were created. In 1951, the average UK life expectancy for men was 66 years, and 71 for women.[10] By 2017, this had risen to 79 years for men, and 83 for women.[11] A feature of our increasing life expectancy is the changing age profile within our population: the proportion of people over the age of 85 is projected to double over the next 25 years, from 1.6 million to 3.2 million, and nearly a quarter of the population will be aged over 65 by 2046.[12]

Longer average lifetimes have partly been enabled by improved medical practice – so population health needs have also evolved, which in turn shift the nature of services required to meet these needs. Deaths due to infectious diseases and maternal and child deaths have declined, whereas deaths from non-communicable conditions have risen. Many more people are living longer with multiple long-term conditions: for example, 50 per cent of over-65s have at least two chronic conditions.[13] This trend is set to continue, with an estimated two million people to be living with four or more chronic conditions within 20 years.[14] There has also been an increase in so-called 'lifestyle-related' diseases, such as obesity, with the proportion of adults who are obese almost doubling over the last 25 years.[15]

The combination of these factors has led to a shift away from health support needs being predominantly clinical and hospital-based, and towards a greater need to prevent health conditions emerging in the first place, or

10 'How has life expectancy changed over time?', Office for National Statistics (2015).

11 National Life Tables, UK: 2015 to 2017, Office for National Statistics (2018).

12 National Population Projections: 2016-based statistical bulletin, Office for National Statistics (2017).

13 Kingston, A. et. al (2018) 'Projections of multi-morbidity in the older population in England to 2035: estimates from the Population Ageing and Care Simulation (PACSim) model', *Age and Aging*, 47, 374-380.

14 Ibid.

15 Statistics on Obesity, Physical Activity and Diet, England: 2018, Office for National Statistics and NHS Digital (2018).

intervening early when they do to promote independence and reduce the risk of crises developing. Yet the centre of gravity of service provision has not followed suit: of all health expenditure in the UK, only 5.2 per cent is spent on prevention.[16] On current trajectories, the NHS budget will expand exponentially to deal with demand it wasn't designed to cope with – it will constitute 38 per cent of all public spending by 2023/24, compared with 29 percent in 2010.[17]

DEMAND IS ALSO GROWING IN COMPLEXITY

Demand pressures are growing not just in overall quantum, but also in complexity in terms of the challenges with which public services are presented. One in five people in the UK live in poverty, and over half are in working households.[18] Four million workers are now living in poverty – a rise of more than half a million over five years.[19] The public service costs of poverty are an estimated £69 billion a year.[20]

The most deprived individuals and areas increasingly present services with multiple challenges and very complex conditions: problems interact with one another and confound regimes developed to treat only one challenge or condition. It is notable that people living in deprived areas will develop so called multi-morbidity – three or more health conditions – 15 to 20 years earlier than those living in affluent areas.[21] Inequalities in life chances put hugely varying pressures on public services from place to place: the healthy life expectancy between the most and the least deprived areas in the UK is 19 years. For example, females in Richmond upon Thames can expect to live 17.8 years longer in "good" health than females in Manchester.[22] These inequalities between people and places not only create wide

16 Gmeinder, M. et al. 'How much do OECD countries spend on prevention?' *OECD Health Working Paper* (2017).

17 IFS Budget Briefing, Autumn Budget 2018.

18 *UK Poverty 2017*, JRF Analysis Unit, Joseph Rowntree Foundation.

19 *UK Poverty 2018*, JRF Analysis Unit, Joseph Rowntree Foundation.

20 Bramley, G. et al. (2016) *Counting the cost of UK poverty*, Joseph Rowntree Foundation.

21 Barnett, K, et al, 'Epidemiology of multi-morbidity and implications for health care, research and medical education: a cross-sectional study', *The Lancet online* (2012), quoted by the King's Fund 'Long-term conditions and multi-morbidity'.

22 Healthy life expectancy at birth and age 65 by upper tier local authority and area deprivation: England, 2012 to 2014, Office for National Statistics (2016).

variability requiring extra resource from public services in terms of their planning but also in terms of the different types of response that is required of them. The concept at the heart of the State Paradigm that all citizens in all areas would be able to rely on a standard package of universal care no longer applies – increasingly, very distinct services are required.

When people's needs are not met from their first contact with services, this results in 'failure demand', a term that refers to the resultant further requirements on services to intervene again.[23] Failure demand perpetuates demand overall, for example through people ending up in A&E in crisis when a less severe problem has not been prevented or resolved in good time. The inability of public services to cope with complexity is in itself becoming a growing cause of demand pressure, which will only increase unless the system can become more capable of shifting towards supporting a preventative approach.

PUBLIC SERVICE DEBATE IS LOCKED IN PREVIOUS PARADIGMS

It is important to recognise that demand is being driven by demographic change and increasing complexity, not just the financial and policy context. This nuance is lost on the current narrow party-political debate over public services, which fails to address the root causes of today's pressures.

On the one hand, the Conservative Party largely operates within the Market Paradigm whereby a business-like frame has influenced their policy of austerity, supposedly mitigated by efficiency drives and contracting at scale with private providers. This vision of public services involves ever more salami-slicing and risks increasing residualisation of services to only the most basic provision. There are also elements of the Civic Paradigm visible in Conservative policy, with its tendency to assume the voluntary sector will automatically step into the void created by a retrenching state.

On the other hand, the Labour Party advocates an approach which echoes the State Paradigm. Their policy proposals would significantly increase public expenditure and channel it into largely unreformed public

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23 For a further discussion of this, particularly in relation to transactional services commissioned at scale, see Locality (2014) *Saving money by doing the right thing*.

services, supplemented by some new centralised initiatives such as a National Education Service. This would involve ramping up spend without tackling the fundamentals of the growing overall quantum and complexity of demand. It logically leads to the consumption of ever-increasing public resource at the acute end of provision, since Labour seems to have little appetite for the reform necessary to shift the system towards prevention or early intervention.

Neither main political party is offering an approach which can tackle the core challenge facing public services: rising demand. We need to see beyond the short-term policy and financial causes of stress on public services and understand the deeper demographic and socio-economic challenges that are catalysing it. On this analysis, it is clear that the trend of rising demand is a threat to the efficacy of existing paradigms, and in particular the reliance on hierarchy and transactionalism that still characterises public services today.

EXISTING PARADIGMS CANNOT MEET THE CHALLENGE OF RISING DEMAND

Both State and Market Paradigms are unable to focus sufficiently on the root causes of the challenges and conditions which public services are presented with today. They overwhelmingly emphasise addressing problems once they arise – 'acute response' – rather than taking steps to ensure that such problems never arise in the first place – 'prevention'. In effect, this means that both paradigms simply respond to rising demand rather than try to reduce it. Each paradigm fails in this way for distinct reasons.

STATE PARADIGM HIERARCHIES ARE INCAPABLE OF FLEXIBLE RESPONSE

The hierarchy mode of the State Paradigm assumes that demand is predictable and can be managed by professional public servants. Services were designed around expert specialisms – the main goal of each to treat acute needs – with a division of labour between professions who have different qualifications, cultures and career paths. These professional silos in turn reinforce separate service silos, for example between the domains of

'health', 'care' and 'welfare'. This siloing addresses each discrete symptom or aspect of a person's life separately, militating against the need for more holistic responses which would seek to address complex and interrelated underlying causes.

The failure to address causes, and focus only on separate symptoms, can be understood by taking the example of a homeless man with mental ill health who is self-medicating with alcohol and heroin. Drug and alcohol services will not accept him until he has stabilised, and mental health services will not treat him until he has detoxed. Council-commissioned street homelessness teams provide advice about shelter or hostel options. In the meantime, his situation deteriorates and he is admitted to hospital A&E, having fallen over and split his head open. The doctors treat his head wound, and discharge him although he has no address to return to. Similar episodes happen with injury due to intoxication, and each time he receives clinical treatment. He has no shortage of contact with services – but they do not communicate and separately address an aspect of his condition, but never recognise their interplay, or begin to address the root cause.

Most significantly, the State Paradigm has a deep affection for hierarchy – both within public service organisations and in terms of its assumption of the superiority of public servants over the service user. This prevents the creation of the more egalitarian, collaborative relationships required of a wholescale shift to prevention. In practice, from the perspective of the individual, this manifests itself in a deficit-based approach which focuses on their problems – for example, ill health, unemployment or lack of skills – rather than their capabilities, strengths and networks which could be deployed to help prevent or ameliorate their condition.[24] Since the State Paradigm views individuals and the community as largely passive, it is incapable of mobilising their assets to address problems.

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24 For a good summary of the capabilities approach and its application to welfare, developed by Amartya Sen and Martha Nussbaum, see Sen, A. (2004), "Capability and well-being", in Nussbaum, M. and Sen, A. *The quality of life*, Routledge.

MARKET PARADIGM TRANSACTIONALISM LEADS TO ENDLESS EFFICIENCY DRIVES

The Market Paradigm replicates many of the problems of the State Paradigm – with an added focus on the cost and efficiency of siloed approaches – and it introduces an element that exacerbates these failings further. The marketised approach insists on breaking down public service interactions into easily definable and costed units, thereby encouraging providers to take a narrow view of their role and what constitutes success – and payment.

The focus is on resolving single issues, without accounting for demand overall, which may simply be delayed or worsened by an unsatisfactory initial response. It can also lead to perverse incentives for providers to game the system, or to focus only on simple cases which are easier to cost in a competitive marketplace of interventions. In the context of rising demand, the transactionalism of the Market Paradigm leads to lots of activity – which must be made ever-more efficient on its own narrow terms – but never creates the space to prevent problems occurring in the first place.

The failures of the Market Paradigm and its transactional approach are highlighted by the Work Programme, an initiative designed to help the unemployed back to work in the early 2010s. The model was based on commissioning private sector bodies to deliver services on a payment by results approach, which tended to treat the unemployed as 'cases' to be processed and 'got off the books'. The low average success rate of just 28 per cent for getting participants into work fell significantly for people with bigger barriers to employment. There was just an eight to 10 per cent success rate for people with mental or physical health problems, and only a five per cent success rate for those who had previously been long-term incapacity benefit claimants.[25]

Analysis of the Work Programme found that the highly transactional approach encouraged contractors to target participants who were easier to help, over those with more complex barriers to employment.[26] The model

25 'Underfunded Work Programme has failed to reach those most in need', *Public Sector Executive*, 26 July 2016.
26 Raikes, L. and Davies, B. (2016) *Welfare Earnback*, Ippr North.

also discouraged providers from innovating and experimenting to support people because of the fear that this would put payments at risk.

The inability of the State or Market Paradigms to respond to the challenge of rising demand threatens the long–term sustainability of our public services, and the founding principles of universal, free-at-the-point-of-use provision. There is a risk that as services consume increasing levels of public resource, there will be increasing political disquiet as voters object to the taxes required to cover the ever-expanding bill. At such a point, the demands and the necessity for services to become increasingly subject to rationing or charges for use could become too strong to resist politically or economically. This would threaten the very basis on which we have established a system that provides care and support for those in need.

If previous paradigms are unable to deliver the necessary shift to a preventative model, where are the seeds of a new approach to be found? The next section explores the second major social trend which has implications for our public services, this time because it presents an opportunity to address the failings of current models.

2. THE OPPORTUNITY: THE POPULAR DESIRE FOR MORE INFLUENCE

Related to the trend of rising demand, which is catalysed by changing demographics and socio-economic factors, is the wider social trend of people's growing expectation for more direct influence over their lives. This has been building over the decades since the middle of the last century when today's public service architecture was first established, and when public expectations were much more accepting of hierarchy and deference to authority.

The growing trend towards more direct influence has multiple dynamics. Social commentators have noted the rise in individualism since the 1960s, and related it to increases in the proportion of white-collar jobs, education levels, and household income, over the second half of the

twentieth century.[27] This expectation of autonomy has had many different manifestations in practice – such as increased female participation in the labour market, rising divorce rates, expanding consumerism and the declining influence of religion. More recently, the pace of change has accelerated due to new dynamics related to technological advancement and in the wider public realm.

NEW TECHNOLOGICAL CAPABILITIES

The widespread adoption of digital technology enables us to connect and operate in previously unthinkable ways. This increasingly networked capability is presenting a challenge to traditional institutions of all types. It is creating the possibility of mass movement organisation: from the Arab Spring spreading across countries, to the #MeToo phenomenon rocking long-standing industries and apps like Airbnb and Uber disrupting traditional markets.[28] In many aspects of people's everyday lives, unprecedented access to digital technology and social media platforms is challenging existing hierarchies and creating new routes of expression. There are more opportunities to connect and participate in different ways, and this is fuelling a rising expectation of both individual efficacy and collective influence.

GROWING APPETITE FOR INFLUENCE IN THE PUBLIC REALM

A growing appetite for influence in the public realm is becoming increasingly evident. Before the EU Referendum there were signs that sections of the population were becoming increasingly alienated from the so-called "establishment" classes – the expenses and phone-hacking scandals of the late 2000s seemed to typify a sense that the governing and media classes were "in it for themselves". But the representative nature of our democracy and the first-past-the-post Parliamentary system minimised the opportunity to express discontent.

27 Welzel, C. (2013) Freedom Rising: *Human Empowerment and the Quest for Emancipation*, Cambridge University Press.

28 For a fascinating discussion of this, see Heimens, J. and Timms, H. (2018) *New Power*, Doubleday.

It wasn't until the EU Referendum, when people were given an opportunity to express themselves in an open vote, that the sentiment "take back control" gained widespread traction and presented an actual opportunity to shock the system. The reasons for the Leave vote encompass a range of individual preferences, for example on sovereignty, economic opportunity, anti-immigration or pro-spending on the NHS. But the slogan encapsulated the mood of the force unleashed – that too many people believe that decisions made in this country are not made in their interests, and that so-called "experts" wield too much influence, when they don't really understand the lives of ordinary people.

In many ways the Brexit vote gave sharp expression to people's growing appetite for more influence, which has been emerging at the expense of their faith in professionals to make judgements on their behalf. This development can be traced back to the rise of individualism from the 1960s. Particularly as living standards, which had been improving over the second half of the twentieth century, began to stagnate in the second decade of the twenty-first, for too many people their lived socio-economic circumstance was proof that things weren't working for them.

People's growing desire for influence over the decisions that affect their lives can clearly result in extremely negative outcomes. It can lead to alienation and frustration if people observe they do not have their desired influence. That alienation can turn to anger: there are always opportunists ready to channel a sense of being aggrieved into social division and scapegoating in order to advance their own political careers.

TURNING THESE DYNAMICS INTO A NEW ENERGY FOR PARTICIPATION

We believe that it is possible to turn the expectation and desire for influence into something more positive and relevant to addressing the major challenge of rising demand. There is an opportunity for a new collaboration between state, citizens and their communities to address the drivers of rising demand. This requires transforming that desire for influence in principle into a willingness to participate in practice.

There is some evidence that a latent appetite exists. The Community Life Survey 2016-2017 found that annual levels of civic participation and civic consultation have increased – albeit from relatively low bases – from 33 per cent to 41 per cent and from 16 per cent to 18 per cent respectively between 2015/16 to 2016/17.[29] Another recent survey, asking who should have a stake in decision-making around local services, found a preference for more direct control: 63 per cent said individuals; 62 per cent said community groups; 61 per cent said local government; and only 30 per cent said national government should be involved.[30]

On the other hand, evidence indicates that volunteering, a very practical expression of social participation, has decreased over recent years[31] – the very same period in which public services have been pared back due to austerity. Notably, the Coalition Government's effort to encourage citizens to take responsibility for public service delivery – the Big Society – failed to take off in any meaningful sense.[32]

Transforming the growing desire for influence into actual participation will only happen if public services are willing to transfer power and funds to the citizens and communities with whom they seek to collaborate. Only when people feel they have the tools and the resources to deliver change will they make the effort to do so. Put simply, with power comes responsibility – if public services want people to share responsibility for their future and their community, then public services will need to genuinely share power.

Initiatives like the Big Society or the numerous consultations which public sector organisations conduct will always fail to genuinely engage people and communities, because they work within the frameworks of the State and Market Paradigms which believe that power and resource belongs in only one place – within public services themselves. We turn now to the Community Paradigm which is based on the completely opposite view.

29 Community Life Survey 2016-17, Office for National Statistics (2017).
30 Centre for Cities – Urban vs. rural polling, ComRes (2018).
31 Community Life Survey 2016-17, Office for National Statistics (2017).
32 *Whose Society? The Final Big Society Audit*, Civil Exchange (2015).

3. PRINCIPLES FOR THE COMMUNITY PARADIGM

There is an increasing urgency for a new public service paradigm to now fully emerge. This would be capable of working with and mobilising communities to meet the challenge of rising demand, which existing paradigms have been unable to. In the following chapters we explain the nature of this new paradigm and show that elements of it are already developing in public service practice.

This new paradigm sees the transfer of power from the public service institution to the community as its key goal. As such we call it the "Community Paradigm". This transfer of power is vital as a way of mobilising communities in the cause of prevention and to ensure future sustainability. This paradigm both responds to, and makes positive use of, the public demand for greater influence over elite decision-making. It seeks to transform this into increased civic participation and a willingness to take responsibility for beneficial individual and collective outcomes.

By doing so, we believe this new paradigm has the potential to close the rising gap between the demand for services and their ability to cope, by working with people directly to supply more effective and lasting responses. It thereby also aims to protect the fundamental principle of universal, free-at-the-point-of-use public services from the threat of rising demand.

In this chapter, the Community Paradigm is understood in terms of three guiding principles:

- Empowering communities
- Resourcing communities
- Creating a collaborative, community-focused culture.

Before discussing these in more detail, it is important to define what is meant by 'community'. It is a complex and sometimes controversial term, which requires clarity.

WHAT IS A 'COMMUNITY'?

By 'community', we mean any network of individuals collaborating more or less formally to achieve a shared, socially beneficial goal. This definition includes what many in public services refer to when they talk of 'communities': geographically specific networks such as a neighbourhood. But it also goes well beyond this to include communities united in other ways, for example those with a shared medical condition, those seeking to address a social ill such as illiteracy or online groups offering support to parents and a wide variety of other aims.

This definition rules out two types of network which can be regarded as communities in everyday language. Communities which pursue socially harmful or divisive goals such as criminal gangs or violent political organisations are not included in our more specific definition. Equally, those communities which do little or nothing to generate social benefit without being necessarily malign (such as atomised neighbourhoods or hobbyist groups) are also of limited interest, unless they can in fact be mobilised in an ethic of cooperation to pursue wider common good.

We also believe it is vital to avoid politicising the notion of community for the purposes of this new paradigm. For some, community is a romantic notion: many on the right see it as the locus of 'traditional' or 'family' values, while some on the left identify it with the collective values of solidaristic working class neighbourhoods. Confusingly, there are also those on the right who regard community as a dangerous encroachment on the rights of the individual and those on the left who fear community is code for values hostile to minority and civil rights or is a fig leaf for the socio-economic fractures of capitalism.

In our context, we see these concerns as irrelevant. In tune with many innovative public sector workers and community activists themselves, we regard community in a far more instrumental fashion: collaboration which makes the achievement of a beneficial goal more likely and which has numerous benefits in terms of individual and collective well-being.

1. EMPOWERING COMMUNITIES

A significant aspect of the public service paradigms we set out previously is where their proponents would ideally locate decision-making power. The Civic Paradigm locates it with the governors of civic associations delivering services, while under the State Paradigm it resides with the bureaucrats and experts running large public sector institutions. For the Market Paradigm, it rests, in principle, with service users who may exercise personal choice but in practice it resides largely with the private sector providers who predetermine the choice available.

By contrast, the Community Paradigm locates decision-making power, as one might expect, in the community. This is required because a wholescale shift towards the prevention of acute conditions cannot happen without such empowerment.

Avoiding the complications associated with diabetes, for example, means diabetics caring for themselves day-in and day-out, in a way that relies overwhelmingly on self-motivation rather than submitting passively to the care of a clinician. Avoiding long-term unemployment means those at risk being willing to make the considerable effort to enhance their skills and find work, while other key individuals and institutions such as family members, training bodies and local employers play an active role.

Importantly, that personal responsibility is only meaningfully exercised in a context of communities and networks. In too much of the debate about prevention today, the role and potential of communities – their latent networks, assets and capacity – is often overlooked or bypassed. Yet evidence of their potential is strong. For example, in a study of determinants of health, the World Health Organisation (WHO) identified social and community networks as one of five core factors.[33] People with strong social networks have significantly lower mortality, less chance of developing heart disease and face lower risk of premature death.[34]

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[33] The other four factors were age, sex and physiology; living and working conditions; general economic and environmental factors; and individual lifestyle.

[34] Göran, D. and Whitehead, M. (2006) *European strategies for tackling social inequities in health: Levelling Up Part 2*, World Health Organisation.

In many ways the research evidence stands to reason. A diabetic seeking to avoid health complications, for example, who is encouraged by networks of friends and family is far more likely to be successful. Equally, those involved formally or informally in communities of people dealing with diabetes offering mutual support and advice are also more likely to succeed. This is the insight that has led to the global spread of organisations such as Weight Watchers and Alcoholics Anonymous where the mutual support and collaboration of a community is the key to achieving health and personal goals.

The significance of active communities goes beyond the sole matter of health. There is strong evidence in the fields of both criminology and education, for example, which shows that social networks play a significant role in preventing crime and encouraging high educational attainment. Much of the evidence for this, and the other benefits of strong 'social capital' has been famously synthesised in the work of the American political scientist, Robert D. Putnam.[35] How these community networks can be activated and involved in practice is therefore key.

The activation of communities can only happen when power and resources are handed over to those communities. It is meaningless to demand a step-change in the responsibility people take for their own health and well-being if they are not provided with the tools to take on that responsibility. This is why empowerment of communities is the core principle at the heart of the Community Paradigm.

This is far from an entirely new idea. Ivan Illich provocatively explored how hierarchical institutional power could cause the very problems those institutions had been set up to solve: for example, healthcare systems could be shown as the source of much illness.[36] The economist Elinor Ostrom used fieldwork and reasoning to show that small, self-governing communities were nearly always better at resolving thorny social and economic problems than either markets or states.[37] Ostrom celebrated

35 See Putnam, R.D. (2001) *Bowling Alone*, Simon & Schuster; and Putnam, R.D. (2005) *Better Together*, Simon & Schuster.

36 See Illich, I. (1995) *Deschooling Society*, Marion Boyars; Illich, I. (1976) *Limits to Medicine*, Marion Boyars

37 Ostrom, E. (2015) *Governing the Commons*, Cambridge University Press
Ostrom, E. (2010) 'Beyond markets and states: polycentric governance of complex economic systems', *American Economic Review*.

'polycentricity': a system based around multiple self-governing institutions with overlapping responsibilities each trialling, learning and collaborating. Far from being chaotic, she observed that such systems deliver good outcomes, higher levels of innovation and avoid the all-encompassing failures that result from poor decisions taken by elite institutions.

GOVERNANCE

This core principle has a significant bearing on the more formal issue of where governance responsibilities ultimately lie. In the Civic Paradigm, governance was diffuse, with legal and financial responsibilities residing with the boards of the associations delivering services and the nascent local state. The State Paradigm deliberately centralised power, shifting the majority of governance responsibilities directly to the committees and senior bureaucrats running the public sector, overseen by Whitehall departments and ultimately Parliament.

The Market Paradigm is more complex. Although it aimed to shift power towards service users, more often than not the location of governance flowed to the boardrooms of the large provider organisations which became a central feature of public service delivery. However, the failure to fully ditch the State Paradigm meant that ultimate governance responsibility still resided in Whitehall and Westminster.

In contrast, the Community Paradigm raises challenging questions about the appropriate location of governance. A key element of the Community Paradigm is a significant shift of power, resource and initiative from Whitehall and Westminster to the local level, which we outline in the next chapter. True collaboration between public services and the public can only meaningfully happen at the local level.

Beyond that, governance and power need to be devolved from traditional public service institutions to the community networks the paradigm seeks to empower. In practice, as the examples below show, the nature of this devolution will be varied and dependent on precise circumstances. Some new governance structures may be fully independent of any governmental or public service organisation, others may have a more or less formal relationship.

An overly prescriptive approach to how community governed organisations are constituted would stymie their ability to adapt and respond to different circumstances. But there should be a clear framework of rules by which they must abide to ensure transparency, accountability, probity and genuine openness to, and engagement with, the communities of which they are part.

EMPOWERING COMMUNITIES IN PRACTICE

This section looks at some current examples of different approaches to empowering communities. It is important to acknowledge that there have been efforts to achieve such empowerment over many years – often going against the grain of the State and Market Paradigms. Those which have been well-resourced and designed and which have made a genuine effort to empower such as the New Deal for Communities in the 2000s have proved more impactful than those that have been less well-resourced or designed such as the Community Rights enshrined in the Localism Act (2011). In that experience there is clearly an important lesson.

COUNCIL-LED APPROACHES TO COMMUNITY EMPOWERMENT

The current interest in shifting power to communities is notable in the most innovative parts of local government, where rising demand combined with extreme funding cuts are forcing a radical rethink about how services are delivered. Wigan[38] and Cambridgeshire[39] stand out as two councils taking bold, experimental steps to transfer power. Each has identified one or more geographical community in their area with particularly high levels of demand to act as pathfinders for wider change.

The approaches vary in detail, but have clear similarities: typically, services such as adult social care, children's social care and economic development are being redesigned as a joint endeavour between the council and local community. In practice, that means relocating council staff into the area, developing open conversations with service users and the community about what changes they would like to see in their lives,

38 See www.wigan.gov.uk/Council/The-Deal.
39 See Think Communities: Cambridgeshire County Council, August 2018.

and working together to deliver those. This has the potential to be a far more collaborative relationship than those which characterised previous paradigms. Crucially, the priorities for the design and delivery of the services would be set with the community rather than by council officers or elected representatives. All three councils are aware that meaningfully addressing the personal and collective challenges which beset an area with high levels of public service demand requires a considerable degree of power shift to enable collaborative working, and to ensure that responsibility for change is also shared.

A SOCIAL ENTERPRISE APPROACH: COMMUNITY CATALYSTS

The work of the social enterprise Community Catalysts is based on the principle of community empowerment.[40] Their specific goal is to mobilise communities to create choice and fill gaps in public service provision so that people get the support they need to live their lives. The success of their approach relies on initiating extremely open conversations with communities – beginning by literally by walking the streets and having cups of tea with people – with the purpose of identifying where there is energy and latent appetite to take on a particular role supporting others. The organisation takes an approach which coaches and supports, rather than a set programme which controls. In Rotherham, this has enabled a flourishing of day-care provision led by a network of forty individuals and community groups. In Somerset, it has resulted in the creation of 300 community enterprises – mostly individuals – offering homecare to over 1,000 people.

AN NHS APPROACH: NEW CARE MODELS

The principle of community power is also beginning to emerge in the NHS, despite the persistence of a very strong State Paradigm hierarchical culture in the organisation as a whole. The New Care Models launched in 2015 were fifty 'Vanguard' areas, permitted to experiment with totally new approaches to healthcare. These aimed to enable a shift to prevention by both integrating services and by empowering patients and their communities.

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[40] See www.communitycatalysts.co.uk.

Early analysis has found this approach is delivering better health outcomes, reducing demand and saving money, despite the NHS failing to offer consistent strategic support.[41]

The Morecambe Bay Vanguard area exemplifies the ways power is being shifted towards communities. The Millom Alliance, for example, brings together multiple clinical specialities into one practice and sees the local community as an equal partner. The Millom Health Action Group, comprising members of the community, is part of the governance structure of the Alliance. It leads on core roles such as communications, establishing a diabetes support group and leading a successful initiative to reduce GP appointments by encouraging use of local pharmacies for health advice. In the town of Carnforth, a strong emphasis on encouraging self-care by allowing the community to take the lead has generated new activity. Some initiatives have had a direct health focus, such as encouraging healthy eating and new support groups. But the scope has stretched beyond to include creating a tidier, cleaner town – which residents identified as a major obstacle to children getting exercise outdoors – as well as establishing a community choir to build networks and reduce isolation.

A COMMUNITY BUSINESS APPROACH: COMMUNITY ASSET TRANSFER

An empowerment spirit has infused a growing community business movement, based on companies formed and owned by a local community which aim to provide them with a beneficial service. Power to Change – a body supporting the movement – estimates there are now 7,000 community businesses in the UK with an annual turnover of £1.2 billion, 35,500 staff and almost 120,000 volunteers.[42] For councils, this model is an increasingly important way to shift power to communities, particularly by transferring a major asset – such as a building – into community hands. In Bristol, public land has been handed to a trust to build housing and community facilities; Croydon Council's former offices have been transformed into an urban farm for educational, health and economic development purposes; and Brighton Open Market is now run by a community business to lead a redevelopment

41 Report by the Comptroller and Auditor General (2018) *Developing new care models through NHS vanguards*, National Audit Office.

42 Power to Change, *Annual Report 2017*.

AN EDUCATION SECTOR APPROACH: BIG PICTURE SCHOOLS

Big Picture Schools work on a model which embeds learning within communities of support and local networks.[43] There are now 65 in the USA with the first opening in the UK in 2019. The approach places students at the heart of learning by empowering them to tailor a programme that works best with their talents, interests and style of learning. They are part of a wider group of around 15 students who support each other in the learning process. There are close links to the community around the school with an external mentor and an internship, whereby the student learns in a real-world setting. The model provides for family members, friends and others within the student's and school's wider network to play an active role in the learning process.

A longitudinal study of low-income students from Big Picture schools concluded that the schools were "highly effective at fostering positive relationships, helping students discover and pursue their interests, and raising high school graduation and college entrance rates".[44] The study did discover more mixed results for students' readiness and persistence once at college. This is perhaps unsurprising given students' entry into the more hierarchical model of a conventional higher education institution.

This final finding points to a wider issue that relates to all the cases given here. These examples are innovative and bold initiatives which provide an indication of where public services need to go, but which stand out as isolated cases within a system still largely dominated by hierarchical and transactional practice. Without wider systemic change, the full benefits of a power shift towards communities will not be felt and the relatively few alternatives will have their impact dulled, as in the case of Big Picture Schools, by the ineffective, disempowering methods of others.

43 See www.bigpicture.org.
44 Arnold, K. et al. (2015) Post-secondary Outcomes of Innovative High Schools: The Big Picture Longitudinal Study.

This is one reason why we think it is important to understand change in terms of a paradigm shift, to reflect the deeper transformation in outlook and behaviour that is all-encompassing and transforms a whole system, rather than just discrete parts of it.

2. RESOURCING COMMUNITIES

Who controls the money is a significant factor reflecting where power lies within any organisation or system. For this reason, previous public service paradigms have brought about major changes in where financial decision-making resides. The State Paradigm wrenched budgetary control of public services from a plethora of civic and independent organisations and placed it under the authority of government ministers and elite experts. The Market Paradigm tried to break up and challenge that power by ensuring that money would flow to those services that proved most popular with service users, through a variety of quasi-market mechanisms.

One of the most malign aspects of the hierarchy of the State Paradigm and the transactionalism of the Market Paradigm is the way they infantilise service users and citizens. The State Paradigm at its worst treats them as voiceless, passive recipients of care. The Market Paradigm regards them as insatiable consumers with no greater responsibility than making sure their own needs are met. Both adopt a fundamentally deficit-led approach which begins with people's problems rather than by assuming they themselves might hold the solutions.

By contrast, the Community Paradigm seeks to place financial power in the hands of communities and their networks. This is important not just to empower communities but also to engender a sense of responsibility and incentivise engagement.

Giving real financial power to networks of service users and citizens has the potential to break this dynamic. With money, comes a responsibility to understand complex choices and make difficult trade-offs that are the mark of adult decision-making. This would create ownership of the problems you are trying to solve and the opportunities you hope to seize. This is precisely the mindset shift required on the part of service users and citizens, if a

genuinely collaborative relationship between public services and the public is to be created.

Handing over financial power also acts as an incentive for participation and engagement by service users and citizens. Public servants and politicians often bemoan the difficulty of engaging apathetic or cynical citizens. Yet they operate within paradigms that largely expect real power to be located beyond the reach of the public. If we are to translate the desire for influence into genuine participation by communities to address the challenge of rising demand, they need to be convinced that their engagement is meaningful and given powerful tools to generate the necessary change. Nothing convinces a sceptical community of its genuine influence like handing over control of money.

RESOURCING COMMUNITIES IN PRACTICE

Giving over financial responsibility to communities is far from an entirely new idea. The participatory budgeting movement that began in the 1980s in Porto Alegre in Brazil continues to influence public sector and municipal thinking and practice in the UK and across the world.[45] Notably, the City of Paris has developed one of the largest participatory budgeting schemes allowing Parisians to develop and vote on projects they would like to see funded. During 2016, it involved 158,000 people choosing 219 projects with a total value of €100 million. Many of the adopted projects are very local in nature such as transport, leisure and neighbourhood environmental improvements.[46]

It is important to make a distinction, however, between participatory budgeting and the deeper change the Community Paradigm requires. The former effectively offers power to communities over 'discretionary' spend – as a general rule, it allows citizens to make budgetary decisions on projects that are not strategic. How money is spent on core or statutory services remains under the control of public servants and their institutions. So while participatory budgeting can be an important way of engaging and mobilising

45 Communities in the driving seat: a study of Participatory Budgeting in England (2011) Department for Communities and Local Government.

46 Veron, P. 'Participatory Paris: Home of the largest participatory budget in the world', *RSA Journal* 2018.

communities, it cannot offer the type of significant shift in power and resources required to respond to the serious challenges of rising demand.

The closest example of handing significant control of resources over to communities comes in the shape of Big Local. This is a Big Lottery Fund scheme that provides £1.1 million of funding to 150 of the most deprived areas in the UK. Although this is money from an independent charity rather than from a public service's core budget, it is a significant enough amount to provide an area with serious financial clout. The funding comes with few strings attached and it is up to local residents in the neighbourhood to come together to decide how to spend the money.

In some cases, Big Local funding has led to local improvements not dissimilar to those that might be agreed as part of a participatory budgeting process.[47] But in others it has created a very different relationship between the community and public services, with the former playing a significant role as a designer and commissioner of important services such as youth and environmental services.[48]

This 'community commissioning' is undoubtedly a radical idea that has yet to be trialled by public services. We explore how community commissioning might work in practice in the next chapter – building on existing initiatives underway by councils such as Wigan and Cambridgeshire, where there is already focus on giving much greater say to specific neighbourhoods over how services are designed. This could, over time, offer commissioning power directly to those neighbourhoods themselves.

RESOURCING COMMUNITIES THROUGH TECHNOLOGY

An important aspect of resourcing communities is access to empowering technologies. Previous paradigms were informed by, and extensively used, contemporary technological capabilities. The State Paradigm both adopted and developed technologies that enabled large-scale bureaucratic assessment, supervision and management of staff and service users. These

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47 See the Big Local case study on page 74 for more detail.
48 Tjoa, P. (2018) *Rebalancing the Power*, NLGN.

reached their apogee with the adoption of the mainframe computer in the 1950s and 1960s that allowed the public sector to deploy quicker and more sophisticated mass data processing and management. The internet in the 1990s and the interactive web in the 2000s were key elements in the development of the Market Paradigm.[49] This new technology was understood and deployed as a route to a more efficient "customer interface", which streamlined, sped-up and reduced the cost of interactions with the individual user – such as booking appointments or submitting forms online.

Now, more advanced digital and data capabilities provide new opportunities. Yet there is a risk that if these are understood only in Market Paradigm terms of increasing efficient transactions, they may phase out the role of the community altogether. Why go through the complicated process of involving them directly when AI and data analytics enable cleaner, population-level customer service responses and insights? Why ask people what they think when it may be more efficient to manipulate their behaviour through nudge techniques?

Instead, there is a need to understand the potential of new technology to support the development of the Community Paradigm: using digital and platform capabilities to mobilise, empower and enable collaboration within communities. Social media, the open source movement and crowdsourcing initiatives all bring together communities of interest and offer routes to generating a collective voice. These digital platforms have democratised and reduced the cost of accessing basic organising and administrative tools, making it much easier to create and run community organisations.

As such, the role of technology needs to help a shift away from supporting just *individual* bilateral interactions between the customer and service, towards fostering wider networks of user groups and residents to harness their *collective* power vis-à-vis the service. This opens up the opportunity as a citizen or service user not just to express a preference between predetermined options, but to shape the very nature of that service. Some examples are emerging which demonstrate how technology is providing new platforms for collective participation.

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49 See for example Dunleavy, P. et al (2006) *Digital Era Governance: IT Corporations, the State and E-Government*, Oxford University Press.

SMART KALASATAMA

Kalasatama is a Helsinki district being created and used as a huge innovation platform for smart city development and the collaborative co-creation of future city services. [50] This involves every form of stakeholder – from the residents to the companies that want to develop them. Rather than being designed to be more efficient from the perspective of optimum resource utilisation, its goal is very citizen centric: to free up an hour of extra time for its inhabitants every day. As a result, Kalasatama is both using technology as a platform to empower citizens and communities and developing new technologies which will continue to empower them.

Local start-ups are being invited to run pilots to develop products with a user focus. Already, residents are sharing electric cars, controlling their domestic environment remotely and employing a pneumatic waste collection system. There are ongoing experiments to improve flexible parking, use energy data more efficiently and adopt ecological modes of living to optimise their use of time. In addition, an Innovators Club of about 200 members – drawn from residents, the city government, academia and industry – work together on identifying solutions to social challenges. Notably, the club calls itself a "public private people partnership".

YOURSAY, SOUTH AUSTRALIA

Digital platforms are creating new ways for people to participate without significant demands on their time, which traditional participation methods often require in the form of meeting attendance. In South Australia, YourSAy is an online engagement platform that hosts conversations between communities and policymakers.[51] While these conversations help inform policy, the platform is also designed to identify, develop and fund initiatives that arise out of the conversations. These include Fund My Neighbourhood, a participatory budgeting programme that enables citizens to decide how to spend $40 million on neighbourhood improvement projects. Residents

[50] 'Going smart, going sustainable 25/7 in Kalasatama' 28 September 2017, https://fiksukalasatama.fi/en/going-smart-going-sustainable/

[51] Interview with Gail Fairlamb, Strategic Engagement, Department of Premier and Cabinet, South Australia, Women in GovTech Special Report 2017.

posted more than 2,500 projects online, seeking $10,000 – $150,000 to improve their communities – including playgrounds, community gardens, sports facilities and some creative ideas like a tri-shaw service to take old people in care out into the community. Over 122,000 votes were received and $20 million allocated in the first round in 2017.

The full potential of technology as a platform that can empower and mobilise communities rather than simply smooth transactions is at an early stage. We believe that as the Community Paradigm spreads and deepens such technologies will become ever more integral and sophisticated.

3. CREATING A CULTURE OF COMMUNITY COLLABORATION

Previous public service paradigms have taken existing institutional structures as their target for reform. The State Paradigm drew together the plethora of voluntary and local bodies providing services under the Civic Paradigm into new state-run organisations. The favoured method of reform under the Market Paradigm was the creation of markets and quasi-markets to disrupt the public sector.

The Community Paradigm, with its focus on community empowerment and mobilisation, needs to focus beyond simply institutional reform. Unlike public services, communities are not structured around institutions. They are amorphous, informal and often unpredictable. Most importantly, they are governed by unwritten behavioural norms which can vary greatly between communities.

For this reason, the Community Paradigm places a much stronger focus on culture change as a technique of transformation than previous paradigms. Understanding and shaping the culture of communities is key if they are to jettison behavioural norms nurtured over many years by previous paradigms that emphasise a passive or transactional relationship with services.

Equally, if public servants operate with values and norms that require or expect a passive or transactional response from service users and citizens, then that is most likely what they will receive. At present it can be the case

that when public servants observe behaviour on the part of users and citizens that does not fit with these expectations, this can be ignored, marginalised or, at worst, labelled dysfunctional. This practice often leads to alienation and deep dissatisfaction on the part of users and even whole communities.

Organisational culture is powerful because it is based on the strong human tendency to emulate the behaviours of others often unconsciously. Organisations that are determinedly hierarchical or transactional in the way staff interact with each other will never be able to generate the necessary collaborative and open relationships with service users and communities required by a paradigm shift towards prevention. It is hard to imagine that a nurse, social worker or police officer that works in a top-down, self-interested culture will be able to operate with the opposite norms with any rigour or consistency when carrying out their duties and interactions with people outside their institution.

More practically, and as we explored in previous essays *Culture Shock*[52] and *A Changemaking Vision for Local Government*[53], hierarchical and transactional organisational cultures do not allow employees the necessary autonomy to respond rapidly and creatively to communities. Communities and individual citizens are rarely predictable, straightforwardly simple or happy to submit to the timing and process imperatives of public service institutions. For this reason, staff need to be free to respond and improvise in creative ways, without needing to always secure 'sign-off' from managers or to fit a response into a pre-determined process or category. It stands to reason that organisational culture must enable rather than stifle this.

PUBLIC SERVANT AND SERVICE USER

The way public service paradigms influence organisational culture and behavioural norms is particularly noticeable when we consider their dominant view of public servant and service user.

52 Lent, A. and Studdert, J. (2018) *Culture Shock*, NLGN.
53 Lent, A. and Studdert, J. (2017) *Creating a Changemaking Vision for Local Government*, NLGN.

The State Paradigm onus on large scale bureaucracy and extreme specialisation viewed the mass of public servants as cogs in a much larger machine, with limited autonomous decision-making. This rigidity and predictability within was enforced by a clear hierarchy without, which regarded service users as almost entirely passive recipients of expert care. The Market Paradigm shifted these perceptions. Public servants became seen as a 'human' resource subject to decisions shaped by the demands of a rational market. The service user was transformed from inactive beneficiary to active "customer", in theory in the driving seat expecting better services and a wider range of choice, which in practice was still heavily predetermined.

The key shift in the new Community Paradigm is to regard both public servant and service user as partners collaborating in pursuit of a community enjoying greater health and well-being. At the heart of this shift are the principles of trust and respect. The public servant must be trusted and respected by senior management to be given the autonomy and skills to develop a collaborative relationship with service users in ways that often cannot be pre-determined by rules and procedures. Equally, the service user must be trusted and respected by the public servant to have insight into their own needs and freedom to develop solutions for themselves – less of a beneficiary or customer, now an active 'partner'.

This relationship contrasts emphatically with previous paradigms which infantilise or marginalise staff, service users and citizens by treating them as passive subjects or as purely self-interested units operating within a market. As such, the very term 'public service' might benefit from a rethink given its invocation of ideas of both a hierarchical offer of care and a transactional relationship. An alternative term such as 'community purpose' might better capture both the sense of an organisation seeking collaboration with the community it serves, as well as one with a mission to deliver a shared vision of a better locality.

There are many emerging examples amongst public services of successful attempts to shift organisational culture to enable greater staff autonomy and creativity to construct a more collaborative relationship with service users

and communities.[54] In each case, programmes involved clear messaging from organisation leaders, training programmes, revised methods of performance assessment and ongoing support for, and encouragement of, changed behaviours.

WIGAN COUNCIL

In Wigan, the council has established training for frontline workers, particularly in the social care field, which draws on ethnographic techniques. These emphasise listening on behalf of the public servant, allowing the service user to take the lead and set the agenda, thereby avoiding the interaction being shaped by preconceptions or bias. The ethnographic training allows staff to genuinely listen to what service users require and to understand what will make a real difference to their lives rather than what fits the institutional logic of the council. Like increasing numbers of councils, Wigan also employs family group conferencing, which uses the power of family, friendship and community networks to support families in trouble and children at risk. This requires a very different role for social workers, based on facilitating network support and collaborating with that network, as opposed to imposing protection orders and care packages on children as a first resort.

RUTLAND COUNCIL

In Rutland, an unsustainable adult social care service was transformed when frontline workers were given permission to do whatever it took to provide a better service. In practice, this meant breaking free of institutional boundaries and norms, taking highly responsive decisions and forging new collaborative relationships within a network of public services, service users and communities. This led, for example, to the abandonment of restricted time slots for social care home visits and a much bolder approach to getting patients out of hospital and back home which deliberately avoided haggling over the cost of home care between the council, the NHS and other bodies.

54 For more details on the Wigan and Rutland council case studies, see *Culture Shock* (2018).

THE BROMLEY BY BOW MODEL

Initiated in 1984 as a partnership between the Bromley by Bow Centre (a community centre) and the Bromley by Bow Health Partnership (a group of three GP practices), the Bromley by Bow model is a complex response to a community with serious challenges, but draws on its unique strengths, including its diversity.[55] The services seek to meet the clinical and non-clinical needs of the local community, offering general practice, nursing, welfare advice, training programmes and employment help, as well as gardening groups, social prescribing, peer support networks, social care and creative community activities.

The approach is based on the premise that it is people, rather than organisations, that must inform the direction of their lives and their outcomes. Staff engage people in conversation and coordination – adopting a "relational" approach that is focussed on people's individuality and the way they interact together. They are trained in problem-solving, coaching and advocacy, collaborative action and body and mind work. There is a clear awareness that people need to have their "basic needs" met – physical health, money, housing and a positive environment. Beyond that are a series of core outcomes that most people value in their lives: feeling good in oneself; connection to others; and giving and getting back. The service model and the approach of staff recognise barriers to and enablers of these outcomes, and work to achieve them with a core focus on "connection" – to services, support, a stable environment, to others and to the next step.

The cultural shifts behind these and many other initiatives have been distilled by Hilary Cottam in her recent book, *Radical Help*[56], and by Julia Unwin in her report, *Kindness, Emotions and Human Relationships*[57]. Both emphasise the importance of relationships and compassion as the basis for reformed public services. These analyses accord with the increasingly

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55 For a more detailed analysis of the Bromley by Bow model, which this case study is based on, see Stocks-Rankin, C. et al (2018) *Unleashing Healthy Communities: Researching the Bromley by Bow model*, Bromley by Bow Insights.

56 Cottam, H. (2018) *Radical Help: How we can remake the relationships between us and revolutionise the welfare state*, Virago.

57 Unwin, J. (2018) *Kindness, Emotions and Human Relationships: The blind spot in public policy*, The Carnegie Trust.

recognised need to create a collaborative relationship between public servant and user, and asset-based approaches which seek to work *with*, rather than *on behalf of*, people. The same sense can be found in Alex Fox's recent publication, *A New Health and Care System*[58], which is also particularly strong on the role of communities and networks as an alternative to the hierarchy and transaction of public service institutions.

Importantly, all of these useful publications recognise that this cultural shift cannot occur just at the frontline but is needed at all levels of the organisation. Senior management have an obligation to allow creativity and autonomy to flourish in their organisation, thus enabling the behaviours of those staff who have day-to-day contact with users and communities. This also needs to be part of a much wider cultural shift within communities and citizens themselves that have become used to playing the role of passive recipient or demanding consumer over many decades. In the Community Paradigm, mutual trust and respect between public service worker on the one hand, and service user and community on the other, are the basis for a new sense of shared endeavour.

CONCLUSION

At its core, the Community Paradigm is about a different understanding of power. It recognises that when your overarching goal is to prevent illness, crime, or personal crisis arising in the first place, then power needs to be shared with individuals and communities. Prevention can ultimately only be successful when those at risk of illness, crime or crisis take the necessary steps to prevent it themselves with the supportive influence of communities and networks around them. This cannot be done when power and resources are locked up in the institutions of public services overwhelmingly concerned with acute response, rather than prevention.

58 Fox, A. (2018) *A New Health and Care System: Escaping the invisible asylum*, Policy Press.

4. POLICIES FOR THE COMMUNITY PARADIGM

With the principles of the new Community Paradigm established, it is possible to form the outline of an emerging policy agenda for the transformation of public services on the scale required. This chapter picks up on the core features of the new Community Paradigm and the examples outlined in the previous section, and sets out how they could be put into practice more systematically.

1. UNCONDITIONAL DEVOLUTION

A precondition for the Community Paradigm to reach its potential is the unconditional devolution of power over budgets, revenue raising and decision-making from the national to the local level. Unless and until this responsibility is more fully in the gift of local actors, power cannot effectively be passed on to communities themselves. While the initiative is retained at Whitehall it remains remote. The case for unconditional devolution runs in parallel with the need for the local state itself to transform – and subsequent proposals in this chapter explore this further. This section focuses on what we mean by unconditional devolution and why it is intrinsic to the Community Paradigm.

Devolution was a feature of national policy during the 2010-2016 Governments, but the agenda has since stalled – partly due to Brexit dominating Westminster's time and energy. Perversely, at the very moment many people voted to "take back control", any impetus to make that slogan meaningful within our national borders has vanished.

Yet the devolution agenda itself had significant limits, which can be identified within previous paradigms. The model had notable State Paradigm traits, with its assumption that new hierarchical structures are the sole route to effective governance and reliance on a technocratic model of implementation to kick start growth. The dominant deal-making approach

also had Market Paradigm features, with bilateral transactions melded onto complex systems and the promotion of competition between areas.

Devolution under the Community Paradigm has a different starting point. It recognises devolution as a necessary precondition for its key organising principle to be realised – that public services make the wholescale shift to a preventative model through collaboration with citizens and empowerment of communities.

Prime motivating factors for a renewed approach to devolution are the need to put people at the heart of decision-making and to completely recast the relationship between public servants and people. For this reason, we identify the need for 'unconditional' devolution – by which we mean an approach that starts from the principle that power devolved is power shared with people and communities. In this way, and unlike previous micro-devolution *policy* that remained the preserve of technocrats, unconditional devolution is a more fundamental approach to *governance* that gives people a more direct stake in decision-making.

There are several aspects to a future approach to devolution that would mean it is truly unconditional:

REFORM THE ROLES AND RESPONSIBILITIES OF THE CENTRE AND LOCALITIES

Rather than only expect localities to reform, Government itself needs to recognise how Whitehall needs to change – and recast its role from micro-manager to strategist. Evidence indicates that people have a preference for responsibility over a range of community-based public services to be located locally.[59] Thus in collaboration with local government, civil society groups and people themselves, Government should go through a comprehensive process of identifying and setting out which policy areas are best run locally, sub-regionally and nationally. No Whitehall department with domestic public service responsibility should be able to opt out of this process.

[59] Centre for Cities – Urban vs. rural polling, ComRes (2018).

By setting out which areas of decision-making should happen closest to people, the powers and responsibility should then follow to localities. The role of the centre, rather than directly running everything between separate departments, would shift towards setting a strategic framework, ensuring overall quality and supporting innovation. The culmination of this process should be new legislation which enshrines the right of local self-government under the supervision of the national state.[60]

ADDRESS FUNCTION BEFORE FORM

This devolution of power should take place initially within existing governance structures – no new structures should be created immediately. This is based on the key method of implementation of the Community Paradigm: culture change. Rather than resort to creating new organisations as the first route to reform, this technique recognises that a focus on the values and behaviours of those working within public institutions is the surest route to impact in a complex external operating environment.[61]

The obsession of the old devolution model with new structures can be seen to have created negative behaviours of competition and jockeying for position as new hierarchies were formed. Instead, unconditional devolution would work on the premise that form follows function: it starts by addressing what function local government institutions perform. It wouldn't reject entirely the need for eventual structural changes but recognises that form will evolve to accommodate new responsibility and respond to greater engagement from people, so should not be determined in the abstract at the start.

A NEW APPROACH TO FINANCING: PLACE-BASED BUDGETS AND FISCAL DEVOLUTION

None of this will amount to a real paradigm shift until the financing model that underpins a devolved system is radically transformed. The old

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60 This is based on the Danish Constitution's definition of the framework for local self-government. See the case study on page 57 for further detail about how an effective system of devolved government operates.

61 For a more detailed discussion of this, see *Culture Shock* (2018).

devolution model identified micro-funding pots that Whitehall Departments were prepared to cede – very often because they were unsustainable anyway. It also took place against a backdrop of funding reductions and fiscal constraints placed on local government and the wider public sector, which created significant capacity pressures that continue to this day.

Unconditional devolution would be based on the assumption that running down the capacity of local governance is not a suitable basis for genuine empowerment of people. It would therefore seek to redress the balance of overall funding between the centre and the locality, in favour of the latter. In terms of existing budgets, a new funding model would identify significant funding streams, top-slice them from across Whitehall departments and pool them locally in place-based budgets.

This approach to funding is based on a recognition that finance flows create particular organisational incentives which influence how the culture of the system operates. Simply creating new structures without attuning the underlying systemic incentives will mean that particular behaviours remain unchallenged. Under State Paradigm traits of accountability to Whitehall departments and Market Paradigm efficiency drives, there are strong incentives for local public services to operate only within narrow remits and exhibit strong organisational territorialism. Under the severe financial pressure of austerity, these behaviours double down as risk is passed between organisations.

Place-based budgets would be designed to create incentives for new behaviours. Firstly, they would mainstream collaboration between local services, by replacing vertical accountability to individual Whitehall departments with horizontal accountability across a place. In the context of this new shared commitment to the local system, they would also embed an incentive to collaborate directly with people. Evidence from Total Place and Whole Place Community Budget pilots demonstrates the scope to create better people-centred approaches to services when budgets are aligned across a place.[62]

Secondly, place-based budgets would create a strong incentive for prevention because within one collective budget, the risk and cost of investment are aligned with the rewards of savings. At present a significant

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[62] See *Sustainable Local Services: A Call to Action*; (2018) SOLACE.

barrier to prevention is that the investment required and the pay-off expected often happen in separate budgets. For example, in an area where a council invests in youth services, the police budget might benefit from reduced capacity requirements to tackle anti-social behaviour, but the financial saving to the council itself may be limited.

New fiscal powers to raise revenue would also need to accompany place-based budgets. This would include both the devolution of some existing taxes (such as VAT and income tax) and additional powers for local government to raise new revenues streams directly (such as tourism taxes). Again, the links between financial models and incentives are critical to this. More significant revenue raising capability at the local level would create a stronger incentive for people to engage with democratic processes – local elections currently have relatively poor turnout. It would also create stronger incentives for localities to develop their own ecosystems of investment and reward to become more resilient over the longer term. The centre would retain a role to ensure equalisation to smooth existing disparities between different areas' revenue raising capabilities. The case study below looking at the devolved system in Denmark shows how this could work in practice.

CASE STUDY: A DEVOLVED SYSTEM OF GOVERNMENT IN PRACTICE – DENMARK[63]

The Danish Constitution (1953) defines the framework for local self-government as "the right of municipalities to manage their own affairs independently under the supervision of the State [which] shall be laid down by statute".

There are three tiers of government in Denmark: the national state; five regions; and 98 municipalities. There is no system of subordination between these tiers – they have equal status in law and each possess distinct responsibilities. The state delivers

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63 This case study is drawn from *The Danish Local Government System* (2009), LGDK; Local and Regional Democracy in Denmark (2013) Explanatory Memorandum to the Congress of Local and Regional Authorities; Katz, B. and Noring, L. 'Why Copenhagen Works', 17 February 2016.

policing, defence, justice and secondary education. Regions are responsible for healthcare, economic development and some social institutions. The municipalities run the majority of local services accessible to citizens: primary education, social welfare services, job centres, preventative healthcare and non-hospital rehabilitation, elderly care provision, utilities, environment, spatial planning and road management.

There are basic protections for municipality finance in law, including: entitlement to adequate financial resources; freedom to use these resources within their powers; resource to be commensurate with responsibility; and a diversified and buoyant resource base. The municipalities receive revenues from income and profit taxes, property taxation, central government grant and some charges. Income tax is the biggest proportion of revenues, accounting for 70 per cent of the total, while property taxes amount to eight per cent. Local authority expenditure accounts for approximately 65 per cent of all public spending, 38 per cent of Denmark's GDP.

Municipalities decide their own tax rates, within some limitations set by regulation and as a result of an annual negotiation between the Ministry of Finance and the Local Government Association of Denmark (LGDK). This process establishes resource sufficiency for municipalities for the year ahead and includes equalisation measures to support authorities with weaker tax bases or higher service demands, and to take account of wider economic conditions.

There is no state ministry for local government in Denmark – the LGDK is an influential body which represents its members within government, negotiating directly with the Ministry of Finance and it is heard on all legislation of relevance for municipalities. There is a strong culture of local democratic participation in Denmark, with turnout in local elections averaging 70 per cent over the past fifty years.

PROPOSAL 1: A MAJOR DRIVE TOWARDS UNCONDITIONAL DEVOLUTION LED BY THE PRINCIPLE OF BRINGING POWER CLOSER TO PEOPLE

A renewed devolution drive should be initiated by government, involving local government, existing devolved tiers, civil society and people directly. This should be based on the principle that power devolved over services, budgets and decisions, is power shared with people and communities. The approach should seek to shift the centre of gravity of governance out of Whitehall and towards sub-regions and localities. It would also involve a reformed approach to financing communities based on place-based budgets and a wider range of options for devolved fiscal powers to places – fully protected for the future in legislation.

Based on a principled approach to a more devolved system of decision-making nationally, there are three further policies which will shift primarily how public services operate locally, to which we turn for the remainder of this chapter.

2. PARTICIPATORY AND DELIBERATIVE DECISION-MAKING

How and where decisions are made are key features of public service paradigms. The Community Paradigm locates this as much as possible with communities and citizens, finding new ways to harness their collective power and influence over major strategic decisions.

As such, the Community Paradigm must involve greater use of participatory and deliberative decision-making techniques. This would move beyond service user engagement or co-design techniques which offer a say over the implementation or design of a service. It would mean creating space for wider citizen engagement over the very terms of strategic decisions that affect public services.

Alongside a participatory approach, a more deliberative style would enable decisions to be reached based on respectful and well-informed dialogue and, as far as possible, consensus-building. Emphasising this through open and engaged decision-making processes will be increasingly vital to ensure decisions are taken on the basis of understanding rather than prejudice or whim and to maintain social cohesion. We would envisage that, over time, the culture of democratic dialogue itself will shift as people come to expect a more reciprocal relationship with decision-makers.

Such techniques are the very antithesis of referenda, which represent a particular form of direct democracy. The binary and one-off nature of a referendum promotes prejudicial division rather than seeking to reach well-informed consensus. This is demonstrated by the different approaches to referenda on politically charged issues in Ireland and in the UK.

In Ireland, a referendum on abortion was preceded by a citizens' assembly, a deliberative process involving 99 citizens and one chairperson, selected to be representative. Through an open process, considering a full range of viewpoints and evidence, the Assembly made a series of recommendations which informed the eventual Referendum Bill (2018).[64] This can be contrasted with the highly divisive referendum on UK membership of the EU, the terms of which were drawn up without any deliberative engagement with people. Subsequent calls for a citizens' assembly[65] have only happened in the bitter aftermath of the referendum, which has been plagued by split public opinion and national political deadlock.

This has only made more urgent the need for a more positive culture of democratic dialogue to emerge – based on building empathy and consensus. It is on the local level where people have real life contact and connections despite their differences. It is at this level that a more explicit role needs to be recognised to create active participatory and deliberative opportunities which connect communities and civil society with existing representative democracy.

64 "The Irish abortion referendum: How a Citizens' Assembly helped break years of political deadlock", Michela Pearce, 29 May 2018, *Electoral Reform Society*.

65 See for example "What is a citizens' assembly, and what has it got to do with Brexit?", Jamie Grierson, 9 January 2019, *The Guardian*.

Techniques and approaches for participatory and deliberative decision-making have been employed in a variety of ways around the world[66] – the case studies on pages 64-66 outline how two have worked in a local context. These examples show that communities are perfectly capable of making well-informed and carefully considered decisions, and that these can be better and more sustainable than if professionals alone were taking them. There is also evidence that involving people in decisions over services can lead to them being both more cost-efficient and effective for the individual user.[67]

A NEW ROLE FOR ELECTED REPRESENTATIVES

This shift to participatory and deliberative decision-making would seek to enhance, rather than detract from, our traditional representative democracy. The current culture of democracy is heavily influenced by the notion developed by Edmund Burke 250 years ago that it is the job of an elected representative to use their own judgement when making policy, rather than be directed by the views of their constituents.

However, in an era when popular demand for influence over decisions is high, this Burkean notion has done much to drive the sense of alienation from political representatives felt by citizens. Neither is the current situation satisfying to elected politicians themselves, who often face demands from constituents that are impossible to reconcile and can feel the brunt of public discontent at 'the system' personally.

Most significantly for the purpose of this paper, an overriding faith in the use of representative democracy alone helps to maintain a hierarchical and transactional relationship between public services and communities. If people are only asked for substantive input once every four to five years, and ongoing major strategic decisions that affect public services are seen to be taken to the exclusion of citizens, there can be no hope of a paradigmatic

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[66] See GovLab's list of opening up power to citizens at https://catalog.crowd.law/index.html. For a further discussion of this, see Drew, C. (2018) *Citizen Agency and the City* in Michon, D. (ed), *Essays on the blurred edges of the built environment*, ING Media.

[67] Zacharzewski, A. (2010) *Democracy Pays: How democratic engagement can cut the cost of government*, Democratic Society.

shift to a more collaborative and power-sharing approach. Unless and until public services incorporate more participatory and deliberative decision-making into their ongoing processes, they will institutionally continue to do things on behalf of communities rather than with them.

Embedding a more deliberative and participatory approach to public services would envisage a clearer new role for locally elected representatives at the heart of it, supported by public sector bodies who should employ more open, engaging techniques at the core of their ongoing processes. Research has identified the changing role of the councillor in the twenty-first century, including: being a catalyst to help people do things for themselves; an entrepreneur to work with people to develop new solutions; and an orchestrator to help broker relationships.[68]

For the Community Paradigm to operate effectively, there needs to be a more rigorous approach to defining job descriptions of elected representatives, and how they are expected to balance the views of constituents with their party and the wider public. Training and funding support should also be available for elected representatives and public service organisations in digital skills and how to carry out high quality participatory and deliberative engagement exercises to ensure recommendations are carried through. We believe that this can result in a better system for everyone to participate in – for citizens to feel that decisions are made with input from people like them, for elected representatives to be better equipped to fulfil a role that builds consensus, and for public service organisations to be more responsive and effective.

AVOIDING 'CAPTURE' BY A VOCAL MINORITY

Fears are often raised that participatory approaches to decision-making risk excluding those less likely or able to take part in those processes, placing power in the hands of the most vocal or those who have time on their hands. An alternative objection is that participatory democracy allows self-interested or 'nimby' views to predominate in contrast to a purely representative system which supposedly guarantees that the wider public interest is always

68 Mangan, C. et al (2016) *The 21st Century Councillor*, University of Birmingham.

to the fore. Leaving aside the fact that our current decision-making system is hardly a model of inclusion, it is certainly the case that poorly designed, resourced or executed participatory initiatives can result in exclusion.

The work of Archon Fung on understanding urban participatory democracy provides insights into how to ensure participatory approaches can be representative.[69] His research shows that when public participation exercises are open to all, actual participants comprise a self-selecting subset of the population, who tend to be wealthier, better educated and with stronger views or special interests. Alternative methods such as random selection or stratified sampling of participants to ensure demographic balance, can produce a closer approximation of informed public opinion.

In addition to a focus on who participates, the depth of engagement is also crucial. A rigorous study of the impact of different community empowerment methods found those which gave citizens a significant role in governance and real influence over budgetary decisions were more likely to impact on and involve the wider community than less profound shifts of power such as petitions or digital engagement.[70] As this and other research shows, there are many examples of participation that have effectively reached out to wider, representative groups, and the techniques and conditions that can ensure this reach are now well understood.[71]

For deliberative approaches to succeed, those which require citizens to deliberate with those with different views and interests, as opposed to forcing simplistic binary choices on a population, have proved very effective at securing consensual positions with a strong focus on the wider public good.[72] The experience of expertly facilitated deliberative meetings is that those with supposedly fixed or self-interested views are nearly always willing to adapt and compromise for the greater good.

69 Fung, A. and Warren, M.E. (2011) 'The Participedia Project: An Introduction', in *International Public Management Journal*.

70 Empowering communities to influence local decision making: A systematic review of the evidence (2009), Department for Communities and Local Government.

71 See Davies, A. & Simon, J. (2013) *Citizen engagement in social innovation – a case study report,* Tepsie; Offe, C. (2014) *The Europolis experiment and its lessons for deliberation on Europe*, European Union Politics; and Empowering communities to influence local decision making: A systematic review of the evidence (2009), Department for Communities and Local Government.

72 Chambers, S. (2003) 'Deliberative Democratic Theory', *Annual Reviews*.

The truth is that the objections of self-interest and of exclusion to a participatory approach can arise because the experience of elected representatives and of public servants of engagement with citizens is indeed often one of shrill nimbyism and self-appointed spokespeople. This is a function not of people's natural inclination but of the State and Market Paradigms which starve citizens of the strategic information, the power and the resources necessary to make responsible decisions and leave them to react angrily or resign themselves to powerlessness.

CASE STUDY: CITIZENS' ASSEMBLIES IN GDANSK[73]

After a widely-perceived inadequate response to major flooding in the Polish city of Gdansk, the city authorities took a different approach to enacting a new flood mitigation plan. Rather than implement a plan informed by the usual partners, a citizens' assembly was drawn together to hear expert testimony and design a solution. The approach is now embedded in practice in the local authority, and assemblies have deliberated on issues as wide ranging as air pollution, civic engagement and the treatment of LGBT people.

The Gdansk assemblies are unique because they are more than just an advisory body – they have direct power to make city policy and spend city funds. Each assembly is composed of approximately 60 people, representing a cross-section of the city's population – in terms of age, sex, level of education and geographical district. To ensure random and transparent selection of this representative sample, a lottery to choose participants is broadcast live on the internet.

The citizens gather over four weekend days, hear expert testimony, ask questions and deliberate in small groups. Working together, they identify a list of specific recommendations, on which they then vote. For the assembly on flooding mitigation, they finalised 19 recommendations, and voted for 16 of them. Those proposals that

73 Gazivoda, T. 'How the Poles are making democracy work again in Gdansk', 20 November 2017, Resilience.org.

received support from more than 80 per cent of participants are then enacted. As a result, the next time the city was flooded, the response of the city administration was faster.

The assemblies bring together people from different backgrounds into a dialogue. According to one participant the meetings are not contentious, but involve "a lot of smiling, hand-shaking and hugging". From the perspective of the city administration, they have proved a positive way of solving controversial and politically difficult issues.

CASE STUDY: CITIZENS' COUNCILS IN VORARLBERG, AUSTRIA[74]

Citizens' Councils have become an integral part of policymaking in the state of Vorarlberg, Austria, and are seen as a route to bridging the divide between government and citizens. Each one is a group of approximately 20 people selected at random, who come together and during a day and a half, through dynamic facilitation methods, explore an important issue or concern.

Citizens' Councils have evaluated planned projects, such as one which considered masterplans for a large urban development in Bregenz. The Council identified that the expert-devised plans did not address a major issue for residents, which is the city's separation from the scenic shores of Lake Constance by a railway and a busy road. After spotting this missed opportunity, a new masterplan was agreed that contained a broad overpass.

The Councils can also come up with creative and credible ways of addressing general open challenges, such as "how can we create good neighbourhoods?" The Council tackling this issue developed a model of neighbourhood democracy, which included greater participatory democracy and input into design options for

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74 Hellrigl, M. and Lederer, M. 'Wisdom Councils in the Public Sector', in R. Zubiazarreta and M. zur Bonsen (eds.), *Dynamic Facilitation* (2014).

neighbourhood development. They also established a conciliation board with members equipped with the skills to intervene in cases of conflict, and the creation of more opportunities to encounter one another in the course of daily life, which was identified as an important factor in the experience of living in a good neighbourhood.

The Citizens' Council model involves two further steps: a Civic Café which involves presentation of the results of deliberation and wider public conversations; and a Resonance Group that feeds back findings to the political system. The process concludes with political representatives and government officials responding to participants on how the findings have been addressed.

PROPOSAL 2: THE WIDE-RANGING ADOPTION OF PARTICIPATORY AND DELIBERATIVE DECISION-MAKING METHODS ACROSS PUBLIC SERVICES

Public services, supported by national government and underpinned by a new devolution settlement, should develop, trial and expand a wider range of participatory and deliberative methods of engaging with people and involving them in decision-making. To succeed and be useful in shaping provision with people, these need to be well-resourced and designed in an evidence-based way.

3. COLLABORATIVE DELIVERY

In putting the citizen and community at the heart of public service design and delivery, a strong feature of the Community Paradigm is collaboration, rather than hierarchy or transaction. This collaboration needs to occur on two levels – both between otherwise separate public services, and between public services and communities. We identify the concept of collaborative delivery, which embodies these two features: services working both together and with people directly.

COLLABORATION BETWEEN SERVICES

The context for collaborative delivery between existing services is established in the first section of this chapter – whereby place-based, rather than individual service-based budgets will incentivise collective, rather than territorial, organisational behaviour. Aligning budgets horizontally across a place – as opposed to vertically reflecting departmental silos – enables a different conversation between public servants to take place. How is resource being used in the round to produce what outcomes? Where are there perverse incentives to operate against the long-term interests of the community? How can we involve citizens directly in the process of designing and delivering services? These questions cannot be addressed until public service budgets are accountable to the place rather than Whitehall silos. Shared governance arrangements can then develop, bringing together bodies have so far proved resistant to integration, such as NHS foundation trusts, into a collaborative wider whole place system.

Shared financial accountability would embed collaboration between services, but there are already place-based models of collaboration emerging. These tend to involve the range of organisations in a place – not just public services but business and community groups as well – to identify shared outcomes and align their strategies accordingly. In the US, collective impact approaches are a route to developing a common agenda between different sectors and organisations to tackle a specific social problem, using a spine organisation that formally supports collaboration. Examples have included Strive in Cincinnati which brought together local leaderships to

tackle student underachievement and improve education,[75] and Shape Up Somerville detailed in the case study on page 69.

The model has some lessons for UK public services and partners within a place to identify shared common goals, agree what success looks like and commit to specific actions over a sustained period of time. There is a spirit of collective impact in the community wealth-building model being developed by Preston City Council and others.[76] This has focussed on identifying anchor institutions in a place – including local authorities, further and higher education and the police – and collectively shifting procurement spend so that more of it stays inside the local economy to the benefit of the community, rather than "leaking" out of it.

COLLABORATION WITH PEOPLE

The second aspect of collaborative delivery is creative collaboration between the public servant and the citizen, and more generally between public services and communities. One of the most important developments in public service delivery over the last decade or so has been the rise of asset-based approaches, which in many ways are a precursor to the Community Paradigm.[77] They overturn the assumption at the heart of both State and Market Paradigms that a service user or a community should be defined in terms of a problem to be addressed by experts. Instead, service users and communities are understood to possess a range of assets that they themselves can deploy to generate improvements. There is a focus on working with individuals and communities in a holistic fashion, defined by their own self-identified strengths and desires, rather than in a way tailored to suit the diagnoses and structures of public sector institutions.

The assets mobilised can range from the skills and family networks that a recovering addict can draw upon to stay clean and find work, to the buildings, voluntary bodies and local hubs that a community may possess to encourage positive behaviour amongst young people.

75 Kania, J. and Kramer, M. 'Collective Impact', *Stanford Social Innovation Review*, Winter 2011.

76 *Community Wealth Building through Anchor Institutions* (2017) Centre for Local Economic Strategies.

77 We use the term 'asset-based' in this paper, although the term 'strengths-based' can also be used and signifies the same approach.

Local authorities are increasingly adopting asset-based approaches, particularly in the field of social care, whereby they are investing in and developing community capacity. The Leeds Neighbourhood Network works alongside older people in the city and invests in community infrastructure; Thurrock Council's approach is embedded in its long-term commitment to Local Area Coordination; and Coventry Council commissions community and voluntary sector organisations to help people find solutions outside formal council care services.[78] In local government, it is increasingly recognised as an effective approach and we believe it should be adopted as comprehensively as possible across all public services.

A deficit-led approach, which focuses on the flaws of individuals and inevitably leads to harsh sanctioning regimes in areas such as welfare and employment, runs counter to the imperative of building collaborative relationships between public services and individuals or communities. The method has a particularly malign version of the hierarchical State Paradigm at heart, with its assumption that the public servant knows best. It is likely to increase demand as the health and well-being consequences of sanctions regimes play out. While there is undoubtedly an onus on policy-makers to challenge damaging media discourse of 'scroungers' and 'spongers', there is also a need to review and strip out sanctioning regimes from existing public service practice. Instead, staff across all public services should be recruited, trained and performance-assessed in asset-based approaches.

CASE STUDY: COLLECTIVE IMPACT FOR HEALTH OUTCOMES – SHAPE UP SOMERVILLE[79]

Collective Impact is a model for large scale social change emerging in the US, based on the idea that this comes from better cross-sector coordination rather than from isolated interventions of individual organisations. Shape Up Somerville, an effort to reduce obesity in the Massachusetts city, is an example of a collective impact approach.

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78 For further discussion of these and other asset-based approaches, see Bolton, J. (2019) *New Developments in Adult Social Care*, Institute of Public Care.

79 *Collective Impact Case Study: Shape Up Somerville* (2013) FSG.

Initiated by an academic working with an organisation funded by philanthropic bodies, the programme engaged government officials, teachers, businesses, non-profits and citizens in collectively defining wellness and weight gain prevention practices.

Different institutions made commitments to fulfil these shared goals collaboratively: schools offered healthier meals, taught nutrition and promoted physical activity; local restaurants received a certification if they served low-fat, high nutritional food; and the city government organised a farmers' market and upgraded pavements and crossings to promote walking to school. During the planning and implementation process, mechanisms such as memoranda of understanding and contracts to hold organisations accountable for their contributions were used.

As a result of these combined activities, over three years (2002-2005) there was a statistically significant decrease in body mass index amongst young children in Somerville, while the weight of children in control group communities elsewhere increased by one pound over the period. Evaluations found that engagement of the wider community, especially during the planning process – listening and taking community members' opinions into account – was critical to its success. The programme has continued to be embedded, and ten years on from its initial phase, consistent progress across a range of health lifestyle indicators was found to have been maintained including hours spent watching TV, snacks consumed and physical activity undertaken.[80]

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80 Coffield, E. et al. 'Shape Up Somerville: Change in Parent Body Mass Indexes During a Child-Targeted, Community-Based Environmental Change Intervention', *American Journal of Public Health* (2015).

CASE STUDY: THRIVE IN GATESHEAD – DEALING WITH COUNCIL TAX NON-PAYERS[81]

Gateshead Council is employing a collaborative, asset-based approach to service delivery, taking as a starting point people who had failed to pay their council tax. The traditional, deficit-based approach to non-payment would have been a warning then a sanction, which can result in fines and seizure of goods.

The council now takes a different approach which starts from the premise that failure to pay council tax could be a sign that a resident has more serious financial problems. If not addressed, these could lead to deterioration and damage to their or their family's well-being, and likely cost the council and public services more in the long run. So instead, the council seeks a collaborative, trouble-shooting relationship with residents who have not paid, rather than a hierarchical, punitive one. This does not mean simply working out a favourable repayment plan but investigating in more detail the problems that may lay behind failure to pay. This has led to a series of proactive responses to people's identified issues - ranging from mental ill-health, isolation, troubled family relationships, sexual abuse and very regular cases of underpayment of benefits. The council is exploring using a range of early indicators of problems that can be used in the same way as non-payment of council tax.

The next stage is to take this new preventative, collaborative approach to service delivery and embed it firmly in the community.

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[81] This case study is based on information provided directly by Gateshead Council.

PROPOSAL 3: A FOCUS ON COLLABORATIVE DELIVERY ACROSS PUBLIC SERVICES, WITH SERVICES WORKING TOGETHER, AND WITH PEOPLE DIRECTLY

Public services, supported by a conducive national policy, regulatory and financial framework, should pioneer new approaches to collaborative delivery. Inter-service cooperation, collaboration and – where there is the opportunity – integration, should be pursued around clear shared goals across a place, which all partners work towards. Public services should mainstream the use of asset-based working, empowering frontline staff to have different conversations with service users as partners and as ultimate architects of their own futures.

4. COMMUNITY COMMISSIONING

In order to make the Community Paradigm a reality, the funding model underpinning public service design and delivery should actively empower communities and give them greater responsibility. Significant funds need to become much more directly distributed and controlled by user groups and communities themselves, and we term the key policy proposal associated with this goal 'community commissioning'.

A range of efforts to engage communities more directly in budget decisions have been tried to date. These tend to fall into three camps. Conventional budget consultations are held formally as part of the budget-setting process, with limited opportunity to change the terms of the decisions already made. Co-production approaches give communities a greater and earlier say over service budget decisions, but the balance of power and ultimate decision-making still rests with professional commissioners. Finally, devolved neighbourhood budgets hand over a specific budget to a community, but they amount to ad hoc discretionary supplements rather than a more strategic approach.

We feel the time is now right to invite a deeper shift in the way funds are allocated. We propose handing actual commissioning power over to communities as much as possible. This power, located deep within public sector institutions, gives vast influence to public servants to design, monitor and vary the nature of public services. Major strategic decisions that can have a profound effect on service users and citizens are very regularly translated into reality by changing the conditions set around commissioning procedures such as tender processes, contractual conditions and ongoing relations with external service providers.

In practice, community commissioning would mean taking budgets currently controlled by public services and transferring them to the control of organisations formed directly by service users or members of the local community. They would then have the power to decide what services they need, how they would work, and to commission them accordingly. Budgets from across existing public agencies could be considered for community commissioning including: central government (such as welfare to work funding or the new Shared Prosperity Fund); clinical commissioning groups (which control healthcare commissioning); and local authorities (covering areas such as adult social care, public health and children's services).

The precise structure and nature of these community organisations would differ from place to place but we suggest that they should, of necessity, share some common features:

- They would be governed mostly by people drawn from service user groups or the local community, rather than by public service professionals or elected representatives alone. The latter two categories of individual may well sit on the bodies that govern such organisations, but they would not be in a majority.

- They would have rigorous processes of participative and deliberative decision-making and consensus-building written into their constitutions.

- They would have social purpose and prevention at the heart of their mission rather than pure service delivery. This may mean that, in many cases, they would be required to unify commissioning budgets currently split across different public service institutions.

We see the role of digital networked technology as key to identifying and organising community groups directly, for example, through Facebook groups and other social platforms. There is also the potential for crowd-commissioning platforms to be developed whereby individuals could be each allocated a small personal budget, which would only be activated once a critical mass of a user group or a local community come together as a collective to identify a preference for how that money should be spent.

A move towards more community commissioning does not make the role of the professional public service commissioner redundant. Rather, it shifts to take on a new set of skills focussed on supporting community engagement and deliberation; and translating community priorities into action plans. By transferring the commissioning initiative to the community that uses the service, there is a more realistic prospect of building on existing capabilities and networks, so that services much more systematically leverage rather than bypass these assets.

CASE STUDY: BIG LOCAL

Big Local is a programme funded by the Big Lottery Fund which has granted at least £1.1 million investment over a period of ten years to 150 neighbourhoods. The areas receiving the funding, which typically number approximately 2,000-4,000 residents, have experienced the decline of local industry, high levels of unemployment and have typically been overlooked for other sources of funding. The model is intended to kickstart the process of rebuilding the community; developing local leadership and civic capacity; and helping the community secure more funding in the future.

In each area, the funding is available for the residents, rather than a pre-existing organisation or body. With minimal governance requirements to promote participation, each Big Local area forms a resident-led partnership which is responsible for developing an action plan in consultation with the wider community. Local Trust, which manages the programme, provides support to facilitate this.

The opportunity of this significant sum of funding, over a sustained period of time given directly to residents, has in many Big Local areas catalysed renewed community relationships and a different working relationship with the council.[82] Five years into the programme, many areas have gone through a deliberative process of discussing and agreeing priorities for their plans, and how they will benefit the community. By being directly empowered with this new resource, residents have found a new voice, along with a reason to be listened to. Councils themselves must play a role different from that of a traditional service provider, rather than directly controlling the spend, they have been required to engage in a more nuanced way – facilitating dialogue or unblocking barriers in different departments to enable plans to take shape.

The impact of this new model of direct community-led decision-making and its potential to reduce statutory demand is emerging. For example, in Redditch investment in activities for young people reduced anti-social behaviour, leading to the decommissioning of police community support officers in that area – a direct saving for service budgets. The Kingsbrook and Cauldwell Big Local financed a community health champion post at a GP surgery, which acted as a bridge between primary care and community support networks, saving GP financial and capacity resources. And in the Revoe neighbourhood of Blackpool, one of the 10 most deprived in the country, the community have reached a difficult consensus about how to tackle drug misuse, which they agreed blighted the area but views diverged between punitive and supportive. Now a twin approach has been funded, which emphasises both enhanced community safety measures and intensive treatment support.[83]

82 See Tjoa, P. (2018) *Rebalancing the Power*, NLGN and Local Trust.

83 McCabe, A. et al. (2017) *Big Local: Beyond the Early Years*, University of Birmingham.

PROPOSAL 4: NEW MODELS OF COMMUNITY COMMISSIONING SHOULD BE DEVELOPED, TESTED AND SCALED ACROSS PUBLIC SERVICES

The concept of community commissioning is a logical direction of travel which follows a range of initiatives led by local services to give people more of a say in the services they use. So far that has stopped short of handing over significant budget decision-making power across large areas of strategic discretionary and statutory spend, to communities of place or service users. The next stage is for the model to be developed further, and then tested in practice with a view to scaling up and deploying across a range of service areas.

CONCLUSION: NEXT STEPS

At the beginning of this paper we wrote about Thomas Kuhn and his observation that paradigms incorporate both a founding principle *and* a wide array of practices and beliefs associated with that founding principle. What we have tried to do here is delineate the founding principle of a new paradigm emerging from actual public service practice. We hope that by doing so we can begin to build a coalition of the willing who are inspired by that idea of pursuing a systemic shift towards prevention, and see the benefits of transferring power and responsibility from within public service institutions to communities.

However, this leaves a whole world of practice and belief to be developed. We have made a start with our chapter on policies for the Community Paradigm but we fully accept that the work of applying the core principles requires considerably more development, the vast majority of which must take place in the real world of delivery.

For that reason, this paper is only the first step for NLGN. Using this as a foundation, it will shape our ongoing research programme and our network practice in the future as we develop proposals and a more practical framework. If you or your organisation would like to find out more about how we are helping public services shift towards the Community Paradigm and how you can get involved in that work, please do get in touch via info@nlgn.org.uk.

Across the UK, public service workers are implementing radical innovations to respond to the challenge of rising demand. But what connects these initiatives?

In this compelling report, Adam Lent and Jessica Studdert argue that the common factor is the building of a completely new relationship with communities and networks. This is a relationship that rejects the hierarchical and transactional mindsets of traditional service models which all too often bypass people's assets and existing capabilities. Instead, it fosters collaboration between the public servant and citizen, sharing power and resources more directly with people, to embed prevention and ensure future sustainability.

Combining policy analysis and insights from leading edge practice, *The Community Paradigm* sets out a completely new vision for the future of public services.

Adam Lent is Director of NLGN and Jessica Studdert is Deputy Director of NLGN.