

KENSINGTON AND CHELSEA PARTNERSHIP

STRONGER COMMUNITIES: OPPORTUNITIES TO ENGAGE RESIDENTS

18th January 2006

The Steering Group is invited to discuss and comment on the proposals for empowering residents to progress 'Stronger Community' ambitions in the Local Area Agreement and Community Strategy.

For Discussion

1. Introduction

- 1.1 In considering the issues in this paper, the Steering Group may find it helpful to bear in mind the following well-established typology of the various ways in which public service providers engage with and seek to empower residents:

Type of engagement	Purpose
Informing and Communicating	Informing the public of what the services that are available and what an organisation or partnership is doing.
Consulting	Obtaining the views of the public on initiatives or proposals and taking them into account in making a decision.
Participation and involvement	Involving the public or individual service users in the process of identifying options and enabling them to participate in decisions on service delivery.
Partnership	Joint working and decision making with the local community and other stakeholders.
Advocacy/championing	Representing or supporting representation of residents' interests to public service providers
Supporting and empowering	Provide resources (funds, training or advice) to local organisations, to empower residents and help them get involved.

2. Commitments in the new Community Strategy

- 2.1 The Community Strategy has major ambitions regarding the strengthening and empowerment of communities in the Royal Borough. These ambitions are reflected in various aims and objectives throughout the strategy, and in particular in the Community, Equality and Inclusivity chapter.
- 2.2 The goal specified in this chapter is

"A borough where local people feel confident of their place in the wider community, and where everyone can access the services that they need."

Among the actions identified in order to achieve this, the Partnership has stated that it will:

- improve the relevance and accessibility of local services to residents and other service user;
- improve the ways that partners inform, communicate and consult local residents; and
- support and develop community life and leadership in the Borough; and

2.3 In addition, the Kensington and Chelsea Partnership Steering Group has undertaken

“to act in ways that make it easy for all organisations and individuals to be involved in and contribute to the Partnership’s work”.

Annex A provides a full list of aims and objectives within the strategy that address the outcome of stronger communities and community empowerment.

3. The Local Area Agreement

3.1 The KCP intends to use the Local Area Agreement (LAA) as one way in which to pursue the aims and objectives in the Community Strategy. By agreeing to develop an LAA the Partnership has undertaken to pursue the mandatory outcome, decreed by Government, to

“empower local people to have a greater voice and influence over local decision making and the delivery of services”.

3.2 In seeking to achieve the community empowerment targets in the LAA, the KCP will also be furthering the achievement of its equalities and inclusivity ambitions set out in the Community Strategy. The Partnership is expected to identify suitable indicators to assess achievement of this outcome, and then set and reach targets in relation to them. The Partnership has agreed to use the following indicators:

- The percentage of residents who agree that the Council involves local people in the decisions it takes
- The percentage of residents who agree that the Police involve local people in the decisions they take
- The percentage of residents who agree that the local National Health Service involves residents of Kensington and Chelsea in the decisions it takes
- The percentage of residents who agree that the Council consults local people on the decisions it takes
- The percentage of residents who agree that all residents are encouraged to take an active role in their communities

Targets in relation to these are currently being negotiated with Government, and the KCP will be expected to provide regular reports of progress.

3.3 In addition, the Social Council is exploring the potential for a new measurement methodology to capture how effectively clients of voluntary organisations are empowered to have a greater voice and influence over local decision-making and the delivery of services. Provided a successful methodology can be developed and delivered, the Partnership will then be able to propose to the Government Office for London that it should be added as a new indicator under this outcome as part of the annual Local Area Agreement review process.

4. Delivering Community Strategy and LAA ambitions

4.1 The questions that then arise are:

- what activities do partners already undertake that will help to achieve the LAA target?
- what new initiatives that will help to achieve the target are already planned?
- what further initiatives might be undertaken to help achieve the target, which of these should be prioritised and how might they be resourced?

5. Existing Activity

5.1 Examples of the extensive range of current activity undertaken by the Council, Primary Care Trust, local Police and the Social Council are set out in Appendix B. This information is not comprehensive, but it is apparent that in one way or another all the various forms of engagement with residents set out above are practiced to varying degrees by local partners.

6. New initiatives that are already planned or in hand

6.1 A good deal of new activity that will enhance residents' capacity to engage with local service providers is already being planned or considered – this is set out in Appendix C.

7. Identifying, prioritising and resourcing further initiatives

7.1 Notwithstanding the new activities mentioned above, the Steering Group may feel that other new work needs to be set in hand to help to achieve the Community Strategy objectives and the LAA targets.

7.2 The Partnership has already noted that the withdrawal by Government of funding through the Single Community Fund will diminish community engagement and empowerment initiatives in the voluntary sector.

7.3 At present, the only funding available to the Partnership to support new work is the £450k in the Safer Stronger Community Fund (SSCF). With the withdrawal of funding through the Single Community Fund, the SSCF now comprises Home Office funding hitherto provided through various grant streams to support community safety activity. It underpins the implementation of the 3-year Community Safety Strategy, and much of the allocation for 2006/07 has already been committed in previous years – diverting some of this funding to other activity would mean cutting back on existing community safety initiatives.

7.4 The Council is establishing an "Excellence for All" budget (into which reward grant from the achievement of LPSA targets is to be paid) and has agreed that funds from this budget can be used to support the delivery of targets in the LAA – including the community empowerment target.

7.5 The exact sums needed to support the other LAA targets will not be known until negotiations with GO-L are concluded. The amount of funding available from the Excellence for All budget will not be known until the out-turn on performance against the 13 LPSA targets is known.

7.6 However, subject to adequate funding being available in this budget, the Council is prepared to earmark a sum of money to support proposals from the Partnership for additional community empowerment initiatives. The exact figure is yet to be confirmed but the Council hopes to inform the Steering Group prior to the January meeting.

8. Conclusion

8.1 The Steering Group will wish to consider how this funding could be drawn down to best support the Community Strategy objectives and LAA targets. There may be several possibilities, two suggested options are;

- Partners developing individual proposals for activities that could be supported by this funding.
- The Partnership coming to a consensus view on a 'package' of activities that funding could support.

FOR DISCUSSION

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Community Strategy: Community Empowerment Objectives

ENVIRONMENT AND TRANSPORT

AIM 2

Objective ii: protecting residents from noise and disturbance that might arise from the new licensing laws.

AIM 4

Objective i: encouraging and involving residents and businesses to take part in recycling and waste minimisation schemes in order to reduce waste sent to landfill.

ART, CULTURE AND LEISURE

AIM 4

Objective ii: promoting the use of parks and open spaces by local communities, and involving people in decisions about what their local parks should be like and in looking after them.

SAFER COMMUNITIES

AIM 1

Objective ii: providing dedicated, ward based, local policing teams across the borough through the Safer Neighbourhoods initiative and increasing the engagement of local people in the process.

HEALTH AND SOCIAL CARE

AIM 2

Objective vi: working hard with local communities to improve our understanding of the service needs of the borough's residents.

Objective vii: working with community and voluntary sector organisations to engage with service users and potential users (especially those who are hardest to reach) to enable them to improve their own health and to influence the ways in which services are delivered to them.

HOMES AND HOUSING

AIM 4

Objective ii: engaging with traditionally excluded groups, such as young people and black and minority ethnic groups, so that they become more involved in decision making; E

AIM 5

Objective i: supporting tenant and leaseholder participation in decision making.

COMMUNITY, EQUALITIES AND INCLUSIVITY

AIM 2:

Objective i: improving and diversifying ways of communicating with residents and service users to take account of their different needs and language abilities.

Objective iii: consulting effectively with all parts of the local community.

Objective iv: providing effective information about how organisations work, the service they deliver, and the opportunities they offer for residents to get involved in and influence decision-making.

Objective V: using a range of methods to gauge levels of satisfaction with services among different groups.

AIM 3 :

Objective vii: supporting efforts to assist those who find it hardest to be heard, get involved or get organised;

Objective viii: being open to opportunities for greater collaboration with and empowerment of service users and residents;

Objective ix: providing opportunities for communities to discuss and debate service provision with service deliverers;

Objective x: nurturing training to support active citizenship and widening participation in community decision-making, especially among young people and others who are often under-represented on governing bodies; and

AIM 4

Objective ii: seek the views of all parts of the local community on its priorities and activities, inform the local community about its work on a regular basis and ensure that it gives feedback when it consults with the local community.

Examples of Current Engagement Activity

Council

The Council publishes a great deal of **written information** each year. Some examples include the Cabinet Business Plan, Report to Taxpayers, and Performance Digest. In addition to this a vast amount of information is published by individual services. The Council publishes a quarterly newsletter, The Royal Borough. This is distributed to all households in the Borough and available in Libraries and other Council buildings. A number of other newsletters are produced which are targeted at particular audiences, for example a newsletter is sent to members of the Residents' Panel, a newsletter is produced by and for looked after children and a newsletter is sent by Building Control to key developers and clients.

The Council's **website** is a valuable communication tool. In addition the Council hosts a young persons' website, KCcentral. Visitors to these websites can sign up to receive e-mail bulletins, such as RBKC Direct and the Electronic Business Information Service. The Council has recently launched a text message service for young people that can provide details of local services and events.

The Council also uses **meetings and events** as a way of communicating with residents about its services. For example, the recent Community Relations Forum on housing issues, participating in the Sixty Plus Health Fair or through groups such as the Borough Community Relations Advisory Group.

The Council has both a dedicated **Media and Communications Team** and a **Consultation and Research Team** that operates centrally to ensure that the Council's consultation and research is of good quality. There are a number of other officers with consultation and research roles that are employed across the organisation.

The Council tests satisfaction levels through regular surveys of the **Residents' Panel** and through tri-annual Best Value Performance Indicator (BVPI) surveys. One general survey tests satisfaction with a range of services and there are specific surveys targeted at people receiving benefits, and housing and planning service users. Additional survey and focus group work may be carried out or commissioned by individual services.

The Council undertakes a large number of **consultation exercises** each year on a variety of topics and using a variety of methods, including surveys of the Residents' Panel, focus groups and electronic surveys. Consultations are also conducted with Residents and Tenants Associations and Voluntary Organisations. Some recently completed examples include consultation to inform budget setting using Simultaneous Multi Attribute Trade Off (SIMALTO) and consultation with park users to inform the Parks Strategy and changes to Kensington Memorial Park

Some of the consultation conducted by the Council is mandatory, such as consulting with those affected by the outcomes of planning decisions.

The **Resident Reviewers** project enables a number of residents to be involved in shaping service design through mystery shopping Council services.

Local young people have been trained in interview techniques, and now form part of the interview panel for relevant posts. A **Corporate Parenting Panel** has been established allowing looked after young people to meet with decision makers and to become involved in and influence decision making.

Training was provided to young people to enable them to take part in recruitment and mystery shopping exercises. In addition the Council runs a Teenagers to Work scheme providing work experience placements for looked after young people within the Council.

In terms of community empowerment and capacity building, councillors provide a continuing and direct route through which residents can raise issues about the delivery of council services and other issues that affect their quality of life in the borough. The Council's constitution also contains a range of community-based advisory and consultation groups, including

- the Borough Community relations Advisory Group
- the Borough Voluntary Organisations Forum
- the Earl's Court Advisory group
- the West Chelsea Initiative Advisory Group
- the Holland Park Advisory Group
- the Notting Hill Gate Advisory Group
- the Streetscape Pilot Area Advisory group
- The Tenants' Advisory Group

Some of these meet on a continuing and regular basis; others were established to deal with or consider specific initiatives or issues.

The Council allocates more than £1 million a year to local advice agencies which assist residents to tackle challenges in their lives, and supports other agencies (such as ADKC and MRCF) which support and speak for minority communities in the borough.

Specific services are also working with service users to give them a greater say or control over how services are delivered to them – the initiative to increase the number of “direct payment” arrangements in social services is a good example.

Police and Community Safety Team

Communication is mainly undertaken verbally through **Sector Working Groups** and Safer Neighbourhood Ward Panels. Meetings of these groups enable the relevant Sector Inspector to inform the local community about current Police activity. This is accompanied, occasionally, by written communications, e.g. the Portobello Sector produces a newsletter.

On a borough wide level there is the **Police Community Consultative Group** (PCCG) that provides a regular opportunity for the police to report back to the local community on what they are doing. There is also a well-established neighbourhood watch network in the Borough with a communication network that enables messages to be sent round to all coordinators at the press of a button.

Police **on the beat** and, increasingly, Police Community Safety Officers are a means by which the police inform/communicate directly with local residents through day-to-day contact.

At a borough wide level the local police do have a **Communications Officer** and part of her job is to get information out to the local community. This normally takes the form of getting

suitable articles in the press. This is however supplemented from time to time with leaflet drops, e.g. leaflets were given out shortly after the terrorist activity in July at railway stations about what the police were doing.

The Council has its own **Community Safety Communications Officer** who works closely with her counterpart in the police to disseminate information. This is usually focused around particular campaigns, e.g. the current anti burglary campaign, Love It Lock It. She also produces a regular Safer Newsletter that is widely distributed.

In emergency situations, like the July terrorist activity, the Police have a system for establishing **Gold Groups** that gather together key community leaders to keep them up to speed with what is going on.

On a London wide level, The Metropolitan Police endeavours to inform residents in London about what they are doing but little of this trickles down to a lower level. There is however information available on the **MPS website** that enables local residents to gather specific information about levels of crime in their Ward.

There is market research activity at a local level but information is obtained through the **British Crime Survey**. Unfortunately however this cannot be disaggregated to borough level. The Metropolitan Police Service commissions a London wide **Public Attitude Survey**, the results of which can be disaggregated to borough level.

The Council's **Resident' Panel** is used on an annual basis to test opinion, attitudes and priorities about Community safety activities. Other consultation is undertaken through some of the means referred to above -- Safer Neighbourhood Ward Panels, Sector Working Groups and the PCCG. In addition the PCCG also have a Community Panel that meets from time to time to discuss particular policing issues.

The major opportunity for consultation is through the three yearly **audit of crime and disorder** in the Borough and to produce a three-year strategy to reduce it. This involves a significant amount of proactive activity, using a variety of methods, to get the views of local residents.

These regular consultation exercises are supplemented by **bespoke initiatives** such as the recent poll to obtain residents views on PCSOs by engaging MORI to run a qualitative exercise and undertaking a survey of residents associations.

The local police work closely with a range of **community groups** to help facilitate good communication with hard to reach parts of the local community. There is very close involvement with the **Race Equality Partnership**, **Victim Support**, the **Muslim Cultural Heritage Centre** and the **Lesbian, Gay, Bisexual and Transgender (LGBT)** community.

The Community Safety Partnership provides funding through the Safer and Stronger Communities Fund to support the work of **voluntary organisations** in the community safety field.

Primary Care Trust

The PCT has a **policy on patient information** to ensure any communication, written and verbal, is of a high quality and based on the latest evidence of good practice and appropriate

clinical guidelines. The development of communication materials to inform patients and the public about that service lies with individual service teams.

The PCT collects information and opinions to inform decision making as part of our ongoing work on involving patients, the public and communities.

Within the Health Service '**consultation**' has particular connotations under Section 7 of the Health and Social Care Act 2001. Under the requirements of this Act consultations need to run for three months. Kensington and Chelsea PCT is currently consulting on a proposal to close Princess Louise of Kensington Hospital and previous consultations have taken place on Cheyne Day Centre and a joint consultation with Westminster PCT, on a proposal to open a static breast screening site at St Mary's Hospital. The PCT has also participated in national consultations led by the Department of Health e.g. *Choosing Health* and *Your Health, Your Care Your Say*.

In Kensington and Chelsea PCT patient involvement operates on two levels:

1) **Individual service teams** are responsible for involving their users in improving their services. This takes place in a number of ways including patient satisfaction surveys and small-scale user involvement activities, which are organised by the services themselves, for example, focus groups. The Head of Community Engagement and Partnerships provides advice, guidance and training to service teams on user participation and involvement.

2) **Corporate level responsibilities** to ensure that guidance and policy on good practice is available to service teams and acted upon in addition to PCT wide user involvement work. This work includes:

- **Healthcare Commission Annual Patient Survey.** For the last three years PCTs have been required to commission a Patient Survey. In addition to this, in 2004-2005, the PCT funded a General Practice Assessment Questionnaire (GPAQ) for practices who were willing to share their results with the PCT. The questionnaire covers questions such as the convenience of opening times, the quality of the interaction with the health professional and the cleanliness of the surgery. Results have been considered by the PCT and an action plan developed to address patients' views.
- Kensington and Chelsea PCT **User Involvement Panel.** This consists of RBKC residents and users of PCT services. Panel members participate in PCT user involvement activities e.g. the *Quality and Outcomes Framework Assessment* (QOF) of General Practice. Members are trained to work as 'lay assessors' as part of a team alongside healthcare professionals to carry out an assessment of General Practice. This assessment includes reviewing what mechanisms practices have in place to engage with patients. In addition, to providing a 'pool' of participants for user involvement activities the Panel provides the PCT with a mechanism for communicating information to residents and to listen to their views on health and health care issues.

Other examples of PCT led community engagement have focused on improving health and reducing health inequalities.

- The **Expert Patients Programme** (EPP). This is a six-week training programme for patients living with long term chronic health conditions. 'Lay tutors' who are themselves living with a long-term condition facilitate the programme. The aim of the programme is to enable patients to better manage their condition and facilitate health improvement.
- **Nutrition Skills Training.** This project has been made possible through the Neighbourhood Renewal Fund. The training was aimed at women living in

'disadvantaged wards' e.g. north Kensington and Worlds End. The training is accredited through the Open College Network; 15 learners received Level 1 accreditation and 10 learners received Level 3. Open College Network certificates are qualifications in their own right (approved by Qualifications and Curriculum Authority), Level 1 is equivalent to GCSEs and Level 3 is equivalent to A levels. The PCT are aiming to recruit the Level 3 'graduates' to Community Food Worker posts. These posts will develop and deliver healthy eating workshops in disadvantaged communities.¹

- **Community Health Development Theory and Practice.** Fourteen local women, again from disadvantaged wards, have just completed a 9 week Community Health Development Theory and Practice Course. The PCT is an early implementer site for 'health trainers' a project identified in the White Paper *Choosing Health*. As part of this project the PCT is developing new posts. These posts will provide people in disadvantaged communities with 'support from next door' to enable them to make healthy choices. 'Graduates' from the Community Health Development Theory and Practice course will be eligible to apply for these posts when they are advertised in early 2006. PCT staff members from the Public Health Directorate wrote the Community Health Development Theory and Practice course and this has been accredited by the Open College Network. External moderation of the course will take place in early 2006.

Social Council

Kensington and Chelsea Social Council communicate and inform through main and sub **Voluntary Organisations Forum** (VOF) meetings and through the work of Voluntary and Community Sector organisations and also through the work of Neighbourhood Renewal Fund and SSCF projects. The **Link newsletter** produced 10 times a year by the Social Council. Information about NRF and SSCF and highlights of funded projects are carried in the newsletter.

The Social Council works in partnership with statutory partners when working groups are set up for specific purposes eg, drawing up the **Compact Codes of Practice, Local Infrastructure Development Plan**

Voluntary and community organisations represent the views of their users in consultations with national and local statutory bodies

In setting up and participating in the running of voluntary and community organisations individuals are effectively exercising options. The options should not be seen as limited to statutory provision but to include voluntary action by members of the public. **Infrastructure organisations** such as CASH (Community Accounting Self Help, Migrant and Refugee Communities Forum, the Volunteer Centre and the Social Council provide support to individuals and organisations considering or implementing options through voluntary action.

Involvement in decision making is through representation, as on the **Local Strategic Partnership** and other partnership structures such as the **Compact Implementation Group**.

The **sub VOFs** focus on specific issues and send representatives to thematic partnership working groups, for example the Child and Adolescent Mental Health Services (CAMHS) Steering group and the Area Child protection Committee (ACPC). The voice of the sector is also

¹ This project forms the basis for one of the LAA targets 'improving food and nutrition in disadvantaged communities'.

represented at the Borough Voluntary Organisations Advisory Group and the PCT's Voluntary Organisations Action Group

As responsible body the Social Council distributes money from the **Stronger Safer Communities Fund** and services VOF and also provides advice and training to enable voluntary and community organisations maintain and develop their services

New initiatives already planned or in hand

The Royal Borough Council

The Council is actively considering a variety of initiatives to improve current levels of community engagement. For convenience these can be categorised as:

(a) Enhancing communications with residents by:

- holding more frequent discussions and debates on service delivery such as those organised by the Borough Community Relations Advisory Group on education and housing;
- establishing a rolling programme of 'area open days' for the Council and partner organisations;
- introducing "Leader's Days" - well-publicised opportunities for local people to hear from and raise issues with the Leader of the Council.

(b) Increasing service user engagement and participation:

- introducing new initiatives to engage the public in environmental improvements;
- reviving Better Government for Older People;
- establishing new ways of enabling parents to influence the delivery of children's services;
- involving people in the planning management of their parks;
- working more closely with the Migrant Refugee Communities Forum and Action Disability Kensington and Chelsea and other organisations to capture learning from their casework on difficulties residents have accessing services;
- examining the feasibility of delivering street based communications and engagement initiatives.

(c) Building residents' capacity to engage by:

- Setting up training for active citizenship;
- Creating a system of 'gold standard' residents and tenants associations;
- Working with the Police to energise the work of the Police Community Consultative Group, the Police sector Working Groups and the Safer Neighbourhoods Panels;
- Following up the Community Strategy work with the "hard" and "hardest" to reach groups.

Police and Community Safety Team

The following initiatives are planned or under consideration:

- Safer neighbourhood panels are to be established in all areas, resulting in a significant increase in the number of opportunities for local residents to engage with the police about local issues. This could be backed up by a proposed new power giving local residents the opportunity to 'trigger' action by local community safety partners if they are not satisfied that an issue they have raised has been dealt with satisfactorily.

- The national roll-out of a Single Non Emergency Number (SNEN) will enable anyone to ring a single number to report non emergency issues. Current arrangements for this are haphazard. This is likely to be rolled out in the Royal Borough in the next financial year.
- The roll out of a new London wide police communication system – 3Ci - is expected to improve communications between residents and the police.
- The Council and the police are purchasing an interactive database – CADDIE - that will enable ward-based information on crime and disorder to be collated and mapped and made available to local residents via the Internet.
- Existing channels of communication such as Sector Working Groups and the Police Community Consultative Group could be strengthened to raise their profile and increase the level and variety of their membership.
- The newsletter produced by the Portobello Sector, which has been positively received, could be replicated elsewhere.
- Better use could be made of the Neighbourhood Watch Network both in terms of increasing the amount of relevant information disseminated and in increasing the number of watches in certain parts of the Borough.

As communication with and involvement of residents is increasingly delegated to ward level, a rigorous assurance process is needed to make sure that the quality of such activity is reasonably consistent across the Borough.

Communication and involvement work undertaken by the police needs to be coordinated very closely with similar activity undertaken by the Council - there is scope for joint work.

Primary Care Trust

Commissioning the Patient-Led NHS (an initiative launched in July 2005) seeks to ensure that health services are built around the needs of patients and their carers. The NHS reforms are intended to ensure that patients receive:

- Quality services
- Personalised and responsive services
- Access – in particular new ways of accessing services and more services delivered in community settings
- Joined-up services –including working towards greater integration between health, social care and other services

The concept of patient choice, first outlined in the NHS Plan, remains a key national policy driver. *Choose and Book*, for example, will from January 2006 enable patients to choose from four hospitals and clinics and select the date and time of their appointment.

There will still be other significant changes at a local level, including

- a division between PCT service provision and PCT commissioning functions.
- all GPs will be engaged in Practice Based Commissioning by 2006.

- new models of service provision which may include more health care being commissioned from non-NHS organisations, including the voluntary sector and community sector.

The initiative also emphasises patients 'having a say' in how and where they use healthcare services and on 'a health service as well as a sickness service', including a greater emphasis on public health, health improvement and tackling health inequalities.

Provision of expert advice on community engagement in the PCT commissioning function and plans for Practice Based Commissioning is a priority. This is to ensure that the need to engage patients and carers in the design and delivery of services is fully integrated in any contract or service specification with provider services and independent contractors.

More generally, the PCT would like to further develop and expand its programme of community engagement to involve not only more people, but also greater numbers of 'harder-to-reach' groups. One plan for further development would be to use the PCT User Panel as a method of engaging with communities. This would make the User Panel a key mechanism for community engagement on health and health care issues.

The PCT envisages regular use of the Residents' Panel survey to ascertain views on proposed changes to how health care is provided in RBKC

Social Council

The loss of neighbourhood element of the Stronger Safer Communities Fund means the Partnership needs to identify funds from other sources to support voluntary and community activity. The change provides the opportunity for the partnership to assess the contributions made by the VSC towards meeting targets and focusing support on activities that make the most contribution to them.

The move to commissioning by RBKC and the PCT may focus resources only on the activities statutory partners have interests in at the expense of the flexible holistic approach of voluntary and community organisations. Care should be taken to give some freedom for voluntary and community organisations to maintain a degree of flexibility.

The voluntary and community sector brings to the partnership substantial resources, in the form of volunteering, experience, commitment and inside knowledge of social issues. They bring to the table the issues that users of their services like to see decisions on. Their services contribute to the building of cohesive communities.

The partnership should consider indicators that measure participation and representation. Participation of individuals in the voluntary and community organisations they are involved in and representation. The baseline obtained by surveying residents panels while good, does not reflect the empowerment outcomes of voluntary and community activity. Increasing the levels of empowerment and involvement in decision-making and the ability to influence service delivery will require:

- Establishing baseline measurements that are relevant to the activities of voluntary and community organisations, for example attendance at VOF meetings, the feeling amongst users of voluntary and community organisations' services of involvement in community activities and ability to influence service delivery.

- Identifying a number of supplementary indicators that can be used to measure the involvement of the VCS and the users they represent. A simple way would be to prioritise the ones suggested by the ODPM (in the table below)
- Providing resources to enable the sector focus on projects that lead to and measure the journeys travelled towards achieving the mandatory outcomes
- Revising the methods and the population sample from which information for the mandatory indicators are collected
- An increased understanding by the statutory sector of the ways in which the voluntary and community sector functions – this could also be measured as a proxy indicator of the statutory sector's ability to engage the voluntary sector effectively in order to improve community empowerment

ODPM Indicators

Mandatory indicators	Supplementary indicators
<p>The % of people surveyed who are (i) involved in decision-making and (ii) feel they can influence decisions in their area.</p> <p>The % of people who have worked in a voluntary capacity over the past 12 months.</p>	<p>Governance: Increase in perceived influence of the VCS on the LSP (A4)</p> <p>Social capital: Increase in % residents who feel involved in the local community (EI)</p> <p>Service delivery: Increase in fields of activity of the local VCS in the past year (HI)</p> <p>Inclusion: Increase in members of BME communities, people with disabilities, residents in the most disadvantaged neighbourhoods, unemployed, young people, elderly people and people with long term illnesses compared with total responses on all other indicators.</p> <p>Local economy: Increase in a panel of local economic development professionals agreeing that the VCS made a significant contribution to improving local people's economic development in the past year</p> <p>Capacity building: Increase in % of community groups aware of sources of help to organise more effectively (G2)</p> <p>Effectiveness: Increase in perception by CEN members and other LSP partners as to whether community participation has increased the effectiveness of the LSP (or other specified partnerships) in the past year.</p>

Social Council priorities are as follows:

- Improving communication between VOF representative on the KCP and other partnership working groups and VOF members
- Identifying empowerment indicators for VOF activities

- Involving some voluntary and community organisations in tracking the empowerment outcomes of the work they do

Increasing the capacity of voluntary and community organisations to participate in and report the outcomes of empowerment