



Revisiting the Route Map to an Enabling State

Guiding Principles for Recovery



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Acknowledgements

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The original Route Map to an Enabling State, published in 2014 can be found online at: <https://www.carnegieuktrust.org.uk/publications/a-route-map-to-an-enabling-state/>



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Introduction: Guiding Principles for Recovery

Over the past decade, governments in the UK have been engaged in a process of transformation, a slow-moving paradigm shift away from a 'top-down' and 'one size fits all' approach, towards what we have called the **Enabling State**. An Enabling State is one that supports people and communities to achieve positive change for themselves, and in doing so, ensures that the most vulnerable are not left behind.

We already knew from undertaking this work across the UK that people believe most strongly in the power of local community organisations to improve their area, and that volunteering is considered the most effective form of public engagement. The same research found that many people (44%) feel they have too little control over the public services they receive. Standard public sector approaches of inviting people to make a complaint or to attend a public meeting were seen as largely ineffective avenues to realising change. Qualitative **research** has consistently shown that people using public services want to be seen as individuals, not

as statistics, demographic boxes, or user categories.

Many of the immediate responses to COVID-19 from communities and from public services show that there is a different way of working together. Early **evidence** supports anecdotal claims that community spirit and mutual aid are being reignited during the crisis. Statutory Authorities have worked with community organisations and locally-based charities to help with the crisis response. New partnerships have emerged, and long-standing barriers to agility and flexibility have apparently been overcome.

What will happen next? Community groups may fade out of the sight-lines of the statutory bodies again, or they may make the most of their new-found status and press to retain their agency and access to funding. Voluntary organisations may make new gains based on the up-to-date evidence of their flexibility and responsiveness, but we know that charities of all sizes are being hit hard by the crisis, with many reaching into reserves and furloughing staff. Others are

struggling to survive, with key sources of income such as trading and fundraising being significantly impacted.

It is important not to assume that the positive energy generated by the crisis can be easily harnessed and retained without significant effort and resource. However, we have seen many of the enabling state principles in action since the beginning of the pandemic. We have re-visited our

route map to an enabling state – originally published in 2014 – to take account of what we have learnt so far from the COVID-19 emergency, and to help those working in the public sector and with communities across the UK.

We have articulated 7 steps for public services to take as they move into recovery mode, which could accelerate their progress towards an enabling state model.





Put wellbeing at the centre

The COVID-19 crisis has affected all dimensions of our lives and reminded us about what it takes to live a good life. As they recover, those responsible for shaping places and providing services should focus on this holistic understanding of the conditions in which people and communities can flourish. Organisational models of service design should be based on evidence of what will improve wellbeing ‘in the round’, rather than limiting their view according to professional or departmental boundaries.



Give people permission to take control

Too often the implicit message from public services is that people should not take the lead in improving their own outcomes. Those with long-term conditions have long advocated for personal budgets and control over their assessments and plans. Co-design and co-production of legislation, policy and services should be the norm, not the exception. During the crisis there have been signs that people have been let into decision-making, with mutual aid groups working alongside clinical commissioners and the council, and the voice of local membership organisations being heard in discussions about opening town centres.



Help people to help each other

In the COVID-19 emergency we saw many examples of mutual support, with people helping their neighbours in need; local WhatsApp groups being established, and small businesses repurposing themselves to help with the crisis effort. In the recovery, governments and services should take care not to step back into a ‘command and control’ role, instead viewing their role as being to facilitate community-based action. The factors that impede such community action should be reviewed as part of the post-COVID recovery, now we have a better sense of the opportunity cost of excessive risk management, inflexible and limited funding of community activities, and the outcomes that were delivered through taking a different approach.



Support people to participate fully

Not everyone who wishes to play a more active role in improving their own or their community's wellbeing has an equal opportunity to do so. One key role of the enabling state is to level the playing field, but it should do so by supporting community capacity to self-organise, not by replacing community efforts with more professional services. In some contexts, the crisis has seen a different demographic of people attending meetings about the issues that have an impact on their community, with increased attendance and higher engagement. Although digital inclusion remains a significant issue, attending meetings online has offered a renewed, more comfortable and convenient opportunity to participate.



Move upstream

There are strong social and economic arguments for moving to more preventative approaches, particularly for children and young people, in public health, and within justice to reduce re-offending. These issues – of inequalities of outcome and societal resilience – have been highlighted by the COVID-19 crisis. At a time when there will be demand for spending on acute services, governments and service managers should be encouraged and supported to protect the budgets for activities that stop harm from occurring, and to deploy these in a way that recognises the effectiveness of work done by grassroots and community organisations.



Build in radical kindness

Many have commented on the salience of kindness to the national effort to cope with COVID-19. We know that kindness can provide the building blocks for community empowerment through positive relationships and values. Radical kindness goes further than individual efforts, and asks us to consider how we can build a society that treats everyone with kindness. But we know that in “normal times” there are significant factors that get in the way of encouraging kindness, including a lack of time on the part of individuals, and a transactional approach to delivering public services. As services enter the recovery phase, governments must ensure that the right balance is struck between values of accountability, fairness, and kindness in service design and provision so that people’s true needs are met, in all their complexity.



Tell an authentic story of change

Transforming the relationship between the state and citizens is a ‘hearts and minds’ issue, as well as a structural challenge for public services. Telling stories of change from within and outwith public services matters. In particular, governments and service providers should urgently seek out and listen to the stories of how their communities have experienced the COVID-19 crisis, and use these perspectives to challenge existing orthodoxy.

The Carnegie UK Trust works to improve the lives of people throughout the UK and Ireland, by changing minds through influencing policy, and by changing lives through innovative practice and partnership work. The Carnegie UK Trust was established by Scots-American philanthropist Andrew Carnegie in 1913.

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