

**COMMUNITY HUBS – A CVA GUIDE**

**Sharing CVA’s experience of running community hubs**

**1. What is their purpose?**

1.1 As a new model of provision influencing systemic change in health and social care, community hubs set out to support a cross-section of voluntary & community sector (VCS) projects that work in a preventative way to deliver-life-improving outcomes. The goal at every hub is to create more resilient communities supporting well-connected people to successfully manage their own health and wellbeing.

1.2 CVA’s hubs are community-owned spaces in which local people gather to provide peer-support. The following key words describe how they run operationally:

* **Interdependent** – the hubs host self-help activities that enable people to live more independent lives within a system that increases self-directed support towards community assets and away from service-dependency.
* **Interchangeable** - building on the legacy of Croydon’s Covid19 relief effort, the CVA community hub operates in a flexible and agile way, adapting its model of provision until the best solutions are found.
* **Intergenerational –** community hubs hostand link people into activities that bring older and younger people together to support each other on self-care and self-esteem, sharing their experiences and their learning.
* **Intersectional** - the CVA model has a focus on equity, addressing the marginalisation and discrimination experienced by those with intersecting identities.
* **Interactive** – the activity sessions held at CVA’s community hubs are codesigned and coproduced by the communities we exist to serve.
* **Interconnective** – the community hub enables joint working between statutory and VCS delivery partners, alongside a team of residents, that delivers tangible benefits.
* **Integrated** – CVA supports a networking of community hubs that share their focus on community-led activities and create pathways from one hub to another (see section 5).

**2. What goes on there?**

2.1 The focus is on the headline issues that matter most to local communities like health & wellbeing, the cost of living, violence reduction and mental health. We come at these issues in four ways - we host and build strong relationships with *anchor organisations* (VCS partners with deep roots in their local community); we platform the community hub as a space for local residents to lead on how they engage and support one another; we run delivery-partnership programmes; and we carry out casework:

* **Anchor organisations** – 19 organisations have offices in our community hubs, with a further 120 hiring the activity spaces for LGBTQ clients, older people, clients with learning disabilities, refugees - tackling racism, sexism, homophobia, Islamophobia and other issues.
* **Community activities** – there are 15 community organisations at the Waterside Centre delivering a variety of health and wellbeing activities with a strong focus on sports, physical activity, the arts, the environment and life-skills training. These activities contribute to the physical and mental health of participants, reducing social isolation and giving people the confidence, post-pandemic, to return to social activities. Across every hub CVA actively supports forums where equality, diversity and inclusion are the fundamental driving forces - such as the weekly Community Meeting at the CVA Resource Centre that was born out of the *Black Lives Matter* movement
* **Delivery-partnerships** – CVA creates an environment for collaboration at our hubs, for example between refugee organisations running a programme of events at the Active Communities Hub in Centrale; or between the BME grassroots groups partnering us at the Resource Centre on the *MyEnds* project tackling knife-crime
* **Casework** – CVA’s Community Facilitator holds casework where necessary, supporting local residents before appropriate support is put in place by either VCS, Council or NHS providers

2.2 The importance we attach to the team of local residents having strength-based conversations at our hubs cannot be overstated. These *community connectors* invite people to take their next steps to better health – supporting people to manage their own health conditions and challenging dependency culture in the process. The steps taken by those who visit our hubs are celebrated and, as their confidence grows, their next steps are identified – making personal, life-improving outcomes the focus of our impact measurement.

**3. What is our business model?**

3.1 Our business model is based on affordable rents, low costs, user self-sufficiency, online and remote systems, volunteer-role management and staff teamwork. We manage to keep rents affordable for community groups with little or no income by charging a higher rate for private, statutory-sector and national charity hires. We keep staffing costs low by spreading roles across the CVA staff team, by having efficient systems in place and by devolving management responsibilities to our resident groups.

3.2 In practice this means operating a self-entry system, and users taking some responsibility for security, health and safety, repairs and maintenance etc. CVA’s online booking system and our remote entry system reduces the administrative load and enables CVA staff to focus on developing volunteer roles in customer care, events management and caretaking.

**4. Staffing**

* 1. The full complement of staff at a CVA community hub is:
* **Community Builder** - based in the neighbourhood and tasked with mapping the local assets and connecting local people up to social activities and peersupport networks by uncovering their strengths, stories, ideas and resources to better understand what local people care enough about to work together to change - <https://youtu.be/iDCDLh3apRw>
* **Capacity Builder** – community hubs invite collaboration between VCS partners delivering on life-improving outcomes where the wider determinants of health invariably come into play. CVA assembles VCS delivery partnerships to tackle Croydon’s most pressing issues – like knife crime, food poverty and social isolation – using a capacity builder or programme manager to coordinate the activities and identify further funding opportunities
* **Community Facilitator** – collaborating with Council/NHS multi-disciplinary teams to identify and help bring about community solutions in health and social care provision that make best use of existing local assets; working in a way that invites residents to be curious about the role of paid workers in health, collaborating with those residents to identify community alternatives to professionalised health provision

**5. Hub and Spokes**

5.1 It is difficult for a single community hub to provide the proverbial front-door to all local services – but as part of a collective, community hubs can present local people with open and accessible gateways to what’s available on their patch. For CVA, building a network of community hubs is all about respecting what's already in place and strengthening relationships across the sectors to enable that interconnected way of working.

5.2 We often refer to the *hub and spokes* model, although an *integrated network of community hubs* – bringing together local health activities across a range of safe, community-led spaces – better describes the coordinated approach VCS partners can take in sharing specialisms, avoiding duplication and making referrals.

5.3 The first network of hubs that CVA collaborated on was in South/Upper Norwood, a partnership involving the Auckland Road surgery, St John’s Church, VCS organisations attached to CVA’s Waterside Centre and the arts groups based at Stanley Halls. Our aim was to support local residents to access peer-support in their own neighbourhoods by linking them into a well-supported activity-base structured across the local network of hubs. We’re now working closely in the southeast with New Addington Pathfinders, the Fieldway Family Centre and Good Food Matters.

**6. Systems Change**

6.1 Our aim at the community hubs is to release in communities the power to better shape local service-delivery and local solutions. In relation to the health and care system, CVA’s community hub model puts the emphasis less on relieving the pressure on NHS services than on retaining medical services for those who need them – in the right place and at the right time – and optimising the conditions for their delivery by *developing a sustainable resource of community-led health and wellbeing activities that facilitate self-care and community resilience*.

6.2 The business case that CVA uses for its community hubs is that in shifting resources from downstream acute interventions towards upstream preventative projects, they can halt the escalation of those physical and mental health conditions that lead people into crisis, empowering them instead to manage their own health more effectively.

**CVA**

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