Communities caring and developing

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Lessons from Hull

Deborah Quilgars

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1 Introduction

The Hull Community Care Development Project was set up in 1999 as a demonstration project to explore and develop the capacity of local communities to respond to their own support and 'community care' needs. The three-year initiative (May 1999 to March 2002), funded through Joint Finance, involved a Community Care Development Co-ordinator working to community development principles in two deprived areas of Hull: Hessle Road (West Hull) and Bilton Grange (East Hull).

Why is the initiative important?

The initiative, working at a local level, sought to address two substantive policy areas, both high on the policy agenda, but which to date have received little joint discussion: community care and allied policy aimed at supporting vulnerable people, and regeneration and social exclusion policy.

Community care and allied policy

> *To the politician, 'community care' is a useful piece of rhetoric; to the sociologist, it is a stick to beat institutional care with; to the civil servant, it is a cheap alternative to institutional care which can be passed to the local authorities for action – or inaction; to the visionary, it is a dream of the new society in which people really do care; to social services departments, it is a nightmare of heightened public expectations and inadequate resources to meet them.*
> (Jones et al., 1985)

'Community care' is notoriously hard to define. The development of the social policy of community care, however, can be traced back to the 1950s when the closure of long-stay psychiatric hospitals was first proposed, marking the idea of a shift from institutional to community provision. Since the Community Care Act was introduced in 1993, community care has been most closely associated with (mainly statutory) social services and health provision for four main 'client groups', now more usually referred to as 'user groups': people with mental health problems, people with learning difficulties, older people and disabled people. Community care has therefore been narrowly defined.

In the 1990s, central government policy on community care encouraged limited statutory resources to be increasingly targeted on those with the highest level of health and social care needs within the above user groups; and away from lower level, often preventative, services (Audit Commission, 1998; Joseph Rowntree Foundation, 1999). For example, more resources have been spent on home care for older people (e.g. helping people in and out of bed) and fewer on home help services (e.g. cleaning, collecting pensions). At the same time, the numbers of 'vulnerable' people (e.g. people with mental health problems, those with limited mobility) living within the community in ordinary housing have increased (Burrows, 1997). As a result, it is generally agreed that many people with lower-level needs have lived largely without formal support in the community.

However, in recent years, the value of low-level support and preventative approaches has been reacknowledged by policy makers, for both traditional community care users and for a much wider group of 'vulnerable' people (for example, homeless people) (Quilgars, 2000). For example, the government initiative, Supporting People (DSS, 1998; DETR, 2001), which introduced a new integrated policy and funding framework for housing-related support for vulnerable people in April 2003, identified prevention as one of its key objectives in a programme that marks a shift in emphasis away from scheme-based initiatives to supporting people in their own homes in the community. In addition, a Preventative Grant was introduced for social services departments in 1999, and health policy has also recently widened in scope with an increasing emphasis on health promotion and preventative approaches.

However, to date, the main focus of policy discussions in community care and allied policy

has been on the response of the formal statutory and voluntary sector to meeting the needs of vulnerable people. Community care has tended to be associated with care *in* the community, that is care being delivered in a particular location, rather than as care *by* the community, despite most caring activity still being undertaken by families and other informal carers in the community. This distinction was originally made by Bayley (1973) who pointed out that community care could be delivered without any involvement, or approval, from the community. Despite social work's early origins in community work, and encouraging users' involvement in their own care and at a planning level (Lindlow, 1999), the wider community is rarely involved in formulating policy and delivering services (Barr *et al.*, 2000). While health policy has developed a focus on 'healthy neighbourhoods', and introduced area-based Health Action Zones, most commentators would agree that, even here, the medical health model does not naturally facilitate community participation.

Regeneration policy and community involvement

The real impetus for community-based initiatives has been driven through government policy on *social exclusion/inclusion* and its revitalised regeneration agenda, through its National Strategy for Neighbourhood Renewal (Social Exclusion Unit, 1998) and the enhanced New Commitment to Neighbourhood Renewal (Social Exclusion Unit, 2001) under the Neighbourhood Renewal Unit (NRU). While area-based regeneration initiatives date back to the late 1960s, their reputation for involving local communities in this process has been poor (with the possible exception of the Community Development Programme in the 1970s). Greater emphasis is now being placed on the participation of communities, including the leading Local Strategic Partnerships, in an attempt to avoid 'parachuting in' solutions as much regeneration policy has done in the past (Duncan and Thomas, 2000). A Community Forum has been established to advise the NRU, and a Community Empowerment Fund and Community Chests were put in place to support local involvement in the 88 Neighbourhood Renewal Fund areas.

In May 2002, the Home Office relaunched its Active Community Unit (first set up in 1997) as the main point of contact between voluntary and community groups and the Government, also announcing a new Small Grant Action Plan to support community group activity in deprived areas. This, as well as the NRU, builds on the work of the 'Community Self-Help' Policy Action Team (PAT9), that reflects a broader government interest and concern to increase volunteering opportunities. Unsurprisingly, recent research shows that levels of participation in voluntary and community activities are lower in deprived areas compared to more wealthy areas (Home Office, 2002). There is a widespread concern that, overall, 'social capital' in communities has reduced over the post-war period and that this needs to be addressed (Putman, 2000).

Community development has traditionally been the vehicle through which community participation and activity has been encouraged and supported. The Community Development Foundation (CDF) – a non-departmental public body supported by the Active Community Unit – defines community development as:

> *A range of practices dedicated to increasing the strength of community life, improving local conditions, especially for people in disadvantaged situations, and enabling people to participate in public decision-making and to achieve greater long term control over their circumstances.*
> (CDF, www.cdf.org.uk)

Professional community development has a long history, closely associated with community work (Craig, 1989). Community development models have in the past been supported across the political spectrum, both by 'radical' community workers in the 1970s, through to New Right policy

with its emphasis on voluntarism and self-help. Funding has often been limited to short-term or low-status auxiliary services. However, present regeneration policy has resulted in a modernised community development agenda with a strong emphasis on participation of local communities and voluntary activity.

Despite this emphasis, regeneration planning in practice has largely ignored the specific housing, care and support needs of vulnerable people (Fletcher, 2000). For example, recent Single Regeneration Budget initiatives have largely excluded (through omission) disabled people from community regeneration processes (Edwards, 2001). While community development has always had a concern with nurturing common interests (e.g. developing groups for women or black or minority ethnic groups), a number of other studies have highlighted the problems of targeting specific groups within overall regeneration policy (Brownhill and Darke, 1998).

Links between community care and regeneration policy

A number of commentators have argued that community care and regeneration policy should be brought closer together (e.g. Barr *et al.*, 2000; Fletcher, 2000; Edwards, 2001). However, to date, only one key study has focused on both the role of community care and community development: an action research project in Scotland (Barr *et al.*, 1997, 2000). This study demonstrated a range of benefits from taking a community development approach to the formulation of community care policy; and from incorporating a community care perspective into social inclusion agendas. Studies focusing on self-help and mutual aid have also shown the potential for community action in combating social exclusion (Burns and Taylor, 1998; Williams and Windebank, 1999), including the reduction in social isolation and exclusion, healthier neighbourhoods (Gowman, 1999), fewer neighbourhood social/nuisance problems and more effective community care strategies. Increased community care activity may also offer local employment opportunities (Barr *et al.*, 1995). The present study represents the first evaluation of an English community care development project.

The Community Care Development Project and evaluation

The project

The Hull Community Care Development Project was set up as an exploratory project to test a new approach to working with the community sector to address unmet care and support needs at a small-area level. The three-year project employed one full-time Community Care Development Co-ordinator in the community development organisation, Hull Developing Our Communities (Hull DOC). The project worked within an inter-agency framework, with a multi-disciplinary Steering Group overseeing its development. It focused on the potential for community care development in two contrasting deprived neighbourhoods of Hull: an area that was primarily social housing (New Bilton Grange in East Hull) and an area of mainly private housing (Hessle Road, West Hull).

The project started with a fairly specific focus of applying community development principles to the traditional community care agenda, but, partly as a result of community input, transformed into a broader project focused on using community development to promote *a wide range of activities with a caring emphasis*. Chapter 2 introduces the Community Care Development Project in more detail.

The evaluation

The aim of the research was to test the effectiveness of the Hull demonstration model of community care development. The research sought to assess the extent to which the project met its aims and how far it represents a replicable model of

community development. The research had four main objectives:

- to document the extent and nature of new community care service development
- to evaluate how far the new services met the needs of vulnerable members of the community
- to assess the extent and nature of community involvement, particularly the participation of vulnerable users
- to assess the impact of community development initiatives on the formulation and operation of community care policy.

The research adopted a method that was primarily qualitative, though attempts were made to collect information on hard outcomes, even where these were not quantitative in nature (for example, a hard outcome of a community development project might be the opening up of community premises). The experience and perspectives of key informants were privileged in the evaluation, with community groups and leaders being consulted about the most effective method of recording their account of the development of community activities. The main elements of the research involved the following.

- *Community recording:* three active community members[1] representing three key community groups recorded the process of community development (through photography, dictaphones and log books).
- *Interviews with community groups*: ten interviews and four focus groups were conducted with active community members and community groups.
- *Interviews with other community members*: three focus groups were undertaken with health and community care users (two in sheltered housing schemes, one in a leg ulcer clinic of a local health centre). In addition, five interviews were undertaken with other community members in the Hessle Road area who were not directly involved in community facilities.
- *Observation of community activities*: the researcher observed community meetings and participated regularly in formal and informal community activities.
- *Project recording of the development process*: the Project Co-ordinator recorded their perspective on the development process using a dictaphone, and was formally interviewed on three occasions.
- *Monitoring of new service developments*: simple monitoring information was collected from the key community groups/activities set up with the support of the Project. Time-limited initiatives were also evaluated via focus groups involving both community and agency representatives.
- *Interviews with key statutory and voluntary sector providers*: over 20 interviews were conducted with key players working in housing, social care, health and community development, both at the start and at the end of the project.

The report

Chapter 2 introduces the Community Care Development Project in some detail and centres on the *process* of establishing activities and groups. Chapter 3 assesses the main community *benefits* and *outcomes* arising from the project, as well as outlining key challenges and issues that the project faced in meeting these. The final chapter considers the extent to which the project met its overall aims and identifies learning points for future work.

2 Community care development in practice

This chapter details the aims and operation of the Hull Community Care Development Project. The chapter begins by outlining the background, aims and working principles of the project. It then describes how these principles were put into practice, describing the key stages of the Community Care Development Project.

The Community Care Development Project: background, aims and approach

Kingston upon Hull City Council, acknowledging the tightening of the eligibility criteria for statutory social and health services, included in their 1997 Community Care Plan a strategic aim to 'develop and promote the provision of services to groups in the community who have levels of needs which do not meet the Social Services Department's Eligibility Criteria'. The local Council for Voluntary Service (CVS) suggested to social services that a project might be established to explore the untapped potential of the less formal voluntary and community sector:

> *The one thing that was missing from community care had always been communities themselves. What community care actually meant was established voluntary organisations (or newly established voluntary organisations) and social services and health moving to extend more provision into non-institutionalised care – what had never happened was social services or anybody going to talk to communities about the care that they provided and the potential for communities to become more caring.*
> (Voluntary sector representative)

A successful Joint Finance bid by Hull CVS, with the support of social services and the community development organisation, Hull Developing Our Communities (Hull DOC), led to the establishment of the pilot Community Care Development Project.

Aims of the project

The Hull Community Care Development Project was set up as a three-year exploratory project to test a community development approach to supporting the community sector in responding to some of the acknowledged unmet care and support needs that existed in the community. The aims were to:

- profile the areas and identify unmet community care needs
- develop, and offer support to, small sustainable community projects to meet identified needs
- provide support to improve existing provision, where appropriate
- include the participation of all sections of the community, particularly vulnerable users and those usually excluded from such activities
- develop a community sector community care development strategy, which would allow a coherent approach to issues of care and support across all sectors.

Structure of the project

The project was a small-scale initiative, employing one Community Care Development Co-ordinator within the local community development organisation, Hull DOC. The initiative was developed within an inter-agency framework, with a Steering Group with representatives from housing, health, social services, the voluntary sector and the community sector. The project had no formal administrative support, but benefited from the assistance of a New Deal young person and two New Apprenticeship Scheme workers (for six months each).

The budget for the project was approximately £94,000 over the three years, including a sum of

£5,000 – £6,000 per year available to support the development of new initiatives and groups.

Community care development: the approach

'Community care development' as an approach has few precedents. Community care development is a new concept and, with the exception of the recent Scottish study (Barr *et al.*, 2000), no literature exists on the subject. The project was expected to be directly informed by 'community development' principles, facilitated by employing the Co-ordinator within a community development organisation. The Hull model of community development included the following key elements[1] all of which are traditionally associated with community development work.

- *A focus on local communities*: the project was set up to work at a local, geographical level, working with local residents as well as agencies.
- *A focus on tackling disadvantage*: as with much community development work, the project worked in two socially and economically deprived neighbourhoods.
- *A community-led focus*: the project was designed to help communities to identify their own needs and to be enabling, rather than prescriptive, in approach.
- *A focus on participation*: a crucial element of the project was the participation of community members, both generally and those with specific community care needs.
- *A focus on activity:* the project was explicitly concerned with generating increased activity at a local level.
- *A focus on sustainability*: the project was time-limited and concerned with ensuring that any activities were not contingent on the long-term support of the project.
- *A focus on empowerment*: there was an overall concern with giving control to local communities and helping them to articulate their needs to more formal agencies.

In terms of defining community care, the starting point for the project was an interest in meeting the care and support needs of vulnerable people who would not qualify for statutory assistance. However, beyond this, the community development approach gave the project the scope to work with communities to identify their own community care needs, however defined. There was no expectation that specific client groups or communities of interest would be the focus of the project. A community care project without a community development focus might have taken a different approach; for example, primarily working with formal agencies, working with specific user groups and/or attempting to develop existing models of care (e.g. befriending services, home care services, etc.). Here, however the project had a clear brief that developments could be supported only where they were community-led and supported.

Interpretations of 'community care development'

How well did key community and agency players understand the Hull community care development approach? Research respondents often highlighted different aspects of the project.

A number of players had a reasonably straightforward and rounded interpretation of the project. These were more likely to be agencies than community members, and agencies that had worked most closely with the project:

> *Basically, my understanding of the project is that it's looking at the community's needs, and the community's care needs, and looking to see how the community itself can be involved in addressing care needs.*
> (Council representative)

Overall, the 'community development' approach to the project was quite well understood by both key players and community members. In particular, a number of people emphasised the project's role in consulting local people and responding to a community- rather than agency-led agenda:

> *... they've* [community members] *got to ask for it, it is not somebody coming from outside coming 'oh it might be a good idea to start a local history group or a craft group', it has to come from local people.*
> (Community member)

Health and social services representatives often saw the project as being about the provision of low-level support services. Most community representatives, however, interpreted the term 'community care' in a very broad sense as representing a 'caring' community, rather than referring to any formal statutory definition. In addition, quite a few respondents talked about how the project was about regenerating a feeling of 'community spirit' in the community, which by implication would lead to a more 'caring' community:

> *It all comes into it, if you make a community that is happy and healthy and balanced and they can go and walk out on the streets in safety ... and if you've got a good environment, people will come and live in it.*
> (Private sector representative)

> *Well just encouraging local people to knit together and help each other as much as possible.*
> (Community member)

A few interviewees appeared to be much clearer about the community development work than the community care aspect of it:

> *I latched onto it. Here was a Hull DOC worker for our area at last, whatever she was involved in, you know it's a Hull DOC worker. Somebody to help us get some projects going at last. That's how I saw it.*
> (Community member)

While a majority of community members and key players had a reasonable understanding of the project, some were evidently unclear about what they saw as quite a complex idea and role. This was more prominent within community groups, but also included a few agency representatives:

> *I know every meeting I go to she is there and I don't really know what she does, but we always speak.*
> (Housing representative)

> Speaker 1: *I'll tell you now I ain't got a clue.*
>
> Speaker 2: *I have read the Mission Statement but it was rather, it was set in rather jargon shall we say.*
> (Community members)

The Community Care Development Project: key stages of development

There were a number of key stages in the development of the Community Care Development Project:

- selecting project areas
- identifying unmet care and support needs
- building up relationships and partnerships in the areas
- working with existing and new community groups
- developing a community care development strategy.

Selecting project areas

> *Community development is an organic process that must embrace local history, perspectives, aspirations and culture.*
> (Barr *et al*., 2000)

The Community Care Development Project adopted a small area-based approach, working in two areas: Hessle Road, West Hull and New Bilton

Grange, East Hull. The Project Steering Group chose two areas that were relatively deprived but had not been targeted for regeneration initiatives; and were contrasting in terms of housing and local histories. It is important to note that the community did not invite the project to work in its area. The project actually began working in an adjacent area to New Bilton Grange; however, higher levels of community activity made it difficult for the project to establish itself and it was moved to New Bilton Grange.

The two final areas were Hessle Road, West Hull and New Bilton Grange, East Hull.

Hessle Road, West Hull

Hessle Road is a mixed residential area, approximately one mile square, just west of the city centre, in the ward of St Andrew's (see Appendix 2 for map). Hessle Road grew up around the Hull fishing industry, suffering major socio-economic effects on the demise of the industry in the 1970s. Large-scale house clearances reduced the population by two-thirds between 1961 and 1981. Despite some new retail developments, the area has high unemployment rates, relatively high levels of crime and low house prices with a problem of abandoned properties.[2] St Andrew's ward was ranked within the top 2 per cent of deprived wards in the Department of Transport, Local Government and the Regions (DTLR) Indices of Deprivation 2000. Local residents have suffered from poor health and premature mortality (with a Standardised Mortality Ratio of 174.[3] Appendix 3 provides further statistical information on the area.

The Hessle Road area was served by a number of community groups at the time that the project was set up, including two community centres and two churches. There were also three established neighbourhood watch schemes, a local workers' housing co-operative, a church-based youth organisation and an active branch of a private landlords' association. However, there was limited formal voluntary sector provision in the area and statutory services were based mainly outside of the area, though a medical health centre was located just off Hessle Road. A drugs rehabilitation project was established in the area in 2001.

New Bilton Grange, East Hull

New Bilton Grange is a post-war council estate, about three miles east of the city centre, in the wards of Ings and Longhill (see Appendix 2). The area was relatively stable in terms of residential profile and the number of empty council properties was lower than the Hull city average.[4] The average price of a terraced property was £26,500, and semi-detached house £35,666, in the first quarter of 2002.[5] Local crime levels were slightly below the average crime levels for Hull; however, Ings and Longhill wards exhibited relatively high levels of deprivation compared to the English average, though they tended more to the Hull average. There was a Standardised Mortality Ratio of 125 for the Ings ward and 109 in Longhill. Appendix 3 provides more detailed statistical information on the area.

Very few community groups were active in the area. A residents' association had recently been established and two churches were based in the area, offering some limited activities. There was no community centre. A local housing office and health clinic were based in the area; however, other statutory services serving the area were located outside New Bilton Grange. Voluntary sector organisations like Age Concern covered the area, but none was based in the area.

Box 1 Supporting existing community groups

The project supported the work of a number of existing community groups, in particular the following:

The Edinburgh Street Community Centre

- *Background and aims*: established with the support of the local council, the Centre was run independently by an association made up of local residents.
- *Activities*: established activities of the Centre included bingo, karate, dancing classes and a nursery. The Centre hosted the Health Garage (see Box 4) and also some of the Hessle Road Youth Network sessions (see Box 5). Other activities included educational classes for people seeking asylum. The Project Co-ordinator acted as Secretary to the Committee for a year. More generally, support was given to the Committee and a Volunteers' Meeting was run by the project.
- *Members/users*: users of the Centre fluctuated over time, but numbers were small at the end of the project and the association was forced to dissolve. The Centre, however, remained open for activities.
- *Funding*: the City Council provided funding to maintain the building and employ a cleaner.

St John the Baptist Church, Hessle Road

- *Background and aims*: an Anglican church serving the Parish of Newington in West Hull.
- *Activities*: church calendar included special services such as Sea Sunday. Other activities included occasional lunches for local older people and organisation of community events. The church provided an office base for the Community Care Development Project, and later for the Hessle Road Network (see Box 2) and Youth Network (see Box 5). The project provided general support to the church and the vicar line-managed some of the key workers involved in the project initiatives.
- *Members/users*: a small but committed congregation of about 30 people.
- *Funding*: the church had very limited funding and was finding it hard to maintain church buildings.

Nestor Grove Church

- *Background and aims*: an established centre for Methodist worship in East Hull.
- *Activities*: existing activities included an Open Door Fellowship meeting, Shell Club for children, a line dancing class and exercise class for older people. More recently, the Craft Group and Local History Group were based there (see Box 3), as well as an Indoor Bowls Club and the project 'Pop-in' facility. Other new activities included aromatherapy and reflexology.
- *Members/users*: the church congregation and Open Door Fellowship consisted of about 40 committed church-goers.
- *Funding*: the church had very limited funding and relied on the congregation and fund-raising to sustain activities.

Box 2 Establishing generic community networks or forums

The project was instrumental in establishing the following two networks/forums:

The Hessle Road Network, Hessle Road

- *Background and aims*: the Network was set up to represent the Hessle Road community. It aimed to act as a consultative forum to influence local policy and a development body for new initiatives. Constituted as a limited company in 2001, it had a board of six directors who were all local residents.
- *Activities*: the directors represented the community on forums such as the Community Investment Fund, and supporting initiatives such as Sure Start and UK Online. The Network developed the work of the Hessle Road Youth Network, employing staff to run the youth activity programme (see Box 5), as well as contributing to other initiatives such as the Home Energy Efficiency Service (HEES). The Network supported local people in putting forward issues of interest to formal agencies and the city council.
- *Members/users*: any member of the community could access the Network for support. Over 80 people attended the launch of the Network and about 30 stakeholders signed up to the Network in 2000, including local residents, community groups and agencies.
- *Funding*: see Box 5, information on funding for the Youth Network. Funding was secured from the Community Initiatives Budget and European Regional Development Fund for the establishment of the Network as a social enterprise.

The Community Facilities Steering Group, New Bilton Grange

- *Background and aims*: to bring agencies and community groups together to discuss the possible development and/or utilisation of community resources (and particularly the establishment of a community building) in the New Bilton Grange area.
- *Activities*: regular community meetings tdiscuss the progress towards establishing a community resource for the estate. A council-sponsored feasibility survey of local facilities was undertaken (Consortium Hull, 2001).
- *Members/users*: between 20 and 30 people attended meetings. The Community Care Development Project organised one or two meetings; the Steering Group was then serviced by the Agenda for Change Area Committee.
- *Funding*: no specific funding, but some support from Hull City Council.

Identifying unmet care and support needs

One of the first tasks of the project was to *identify unmet care and support needs* in the areas. This task was greatly facilitated in the Hessle Road area by the establishment of the Hull DOC 'Voices' project (Hull DOC, 2000), which investigated the needs of the area through a participatory research project. The report highlighted a range of needs including issues on youth, crime and safety, drugs, the environment, housing and employment. In addition, a lack of social activities was identified as well as a fading of community spirit.

In New Bilton Grange, good-quality community-generated information on needs was not available. This meant the process of identifying needs was reliant on the project's limited resources, and essentially consisted of gathering views and experiences from community members and

agencies through the networking process, providing much more limited evidence on need than in Hessle Road.

There was an absence of data on unmet need held by statutory agencies in both areas. While social services and health agencies recorded details of people referred to them who were assessed as falling outside of their eligibility criteria for two weeks in the first six months of the project, the project found it difficult to utilise this limited information.

Building up relationships and partnerships in the areas

An early task of the project was to establish itself within the local area. Over a period of 12–18 months, it made contact with different community groups and agencies in both areas, building relationships with different groups at different rates. This third stage involved a number of processes:

- establishing a base for the project
- networking with groups and agencies
- bringing people together
- identifying partnerships.

Establishing a base

The project established a local base or office in each area. In both areas, it based itself in local community resources, rather than in formal statutory or voluntary service settings. In Hessle Road, a project base in the local church rooms was identified within the first six months of the project. Identifying a local base in New Bilton Grange proved more difficult, and the project operated without a base for a year, before also being invited to use a local church hall. Community members in the New Bilton Grange area, especially, felt that the project lacked a presence within the community.

Networking with groups and agencies

One of the crucial early tasks of the project involved *networking,* a process of meeting, and building up relationships with, key players and community members working and living in the two local areas. Networking has been identified as an important process in regeneration literature (Skelcher *et al.*, 1996; Burns and Taylor, 1999), pointing to the value of informal networks as the 'seedbed' from which formal partnerships occur. Key players included the full range of agencies and community associations, including health, social services, housing, key voluntary sector players, the police, schools, churches, community centres, neighbourhood watch schemes and local grass-roots projects. The early days of the networking process largely involved the sharing and exchange of *information,* usually on an organisation-by-organisation basis. The project also made links to city-wide networks and forums where possible. For example, the Co-ordinator was a member of the Hull and East Riding Healthy Communities Forum.

Bringing people together

After preliminary meetings, mainly on a one-to-one or group-by-group basis, the project co-ordinated meetings to begin to bring the different representatives together. In both areas, the project arranged *community lunches/teas* where community representatives and local agencies were invited to meet together to share information and discuss the needs of the local area. A number of those who attended testified to the value of meeting informally with other community and agency representatives:

> *The community tea ... I thought that was outstanding, I don't know whether* [the project] *is aware of it or not, but* [community worker] *and I got so many contacts from that and people's lives are going to be better just for that one meeting at that church that day.*
> (Community member)

Box 3 Supporting activity-based initiatives

The project supported the development and operation of a number of activity-based initiatives, including the following:

Local History Group, New Bilton Grange

- *Background and aims*: following a Local History Open Day held at Nestor Grove Church, organised by a community member and the project, two local history groups were set up – one on a weekday morning, the other on a weekday evening.
- *Activities*: organised activities included family history classes, talks by a local archaeologist and other specialists, and visits to local libraries and museums. In addition, group members discussed topics of interest and compiled a local history booklet.
- *Members/users*: the daytime group did not prove popular and therefore ran for only three sessions. However, an average of 12 people attended fortnightly evening meetings in 2001. Interest was lower in 2002 (when the support from the Community Care Development Project ended), but the Group continued to meet. A total number of 28 individuals took part in the Group. The majority of attendees were women aged 50 or over.
- *Funding*: £500 from the Community Chest Fund. Adult and Community Learning Fund support (£800) for sessions with speakers. Support from Community Initiatives Budget for room hire.

Craft Group, New Bilton Grange

- *Background and aims*: three local people started the group in January 2001 for people who were interested in making craftwork.
- *Activities*: the group met weekly at Nestor Grove Church. They also put on a local Craft Day in the church to advertise the group and sell articles made by the group.
- *Members/users*: there was a fairly stable membership of between ten and 15 people each week. The majority of members were older people who lived locally. All group members were women. The Community Care Development Project provided a worker to attend the group for the first nine months to help organise the sessions.
- *Funding:* £500 from Health Inequalities money. Support from Community Initiatives Budget for room hire.

Identifying partners/partnerships

One of the chief aims of networking was to establish and build up relationships to the point that *partnerships* would form between local community representatives and the project. The process of establishing partnerships was largely dependent on, and led by, the response and interest of community organisations to the project.

Some groups and agencies appeared to be more natural partners for the Community Care Development Project than others. This was often the case where they shared similar aims, sometimes working in similar ways, and could therefore better understand the nature of the project:

> *The way* [the project] *worked, she was working as complementary to what we were doing, and very much what it did, we needed a presence in Nestor Grove Methodist Church, which we couldn't give and* [the project] *was there, so that worked complementary to what we were doing, very much in that way.*
> (Council representative)

Edinburgh Street Community Centre (see Box 1)

Launch of
Fun Day 2000

Indoor Bowling Group

Community Centre members

Educational classes for
people seeking asylum

Nestor Grove Church activities (see Boxes 1 and 3)

Nestor Grove 'Pop-in' mornings

Nestor Grove
Local History Group
meetings

Box 4 Health and social care initiatives

Two main health and social care initiatives were established with the support of the project:

The Health Garage, Hessle Road

- *Background and aims*: the project supported the Edinburgh Street Community Association in developing a local Health Garage. A small steering group was established with health professional input. The format of the service was community-led rather than professional-led.
- *Activities*: Table 1 shows the key activities that were provided by the Health Garage and the proportions of people using each type of activity (from 59 responses to a questionnaire).

Table 1 Key activities provided by the Health Garage

Type of activity	% using activity (n = 59)
Health checks by qualified nurses (including blood pressure, urine tests)	92
Baby Clinic run by a health visitor	3
Information displays	12
Coffee/tea and chat	19
Gentle exercise sessions	12
T'ai chi/yoga/belly dancing	2

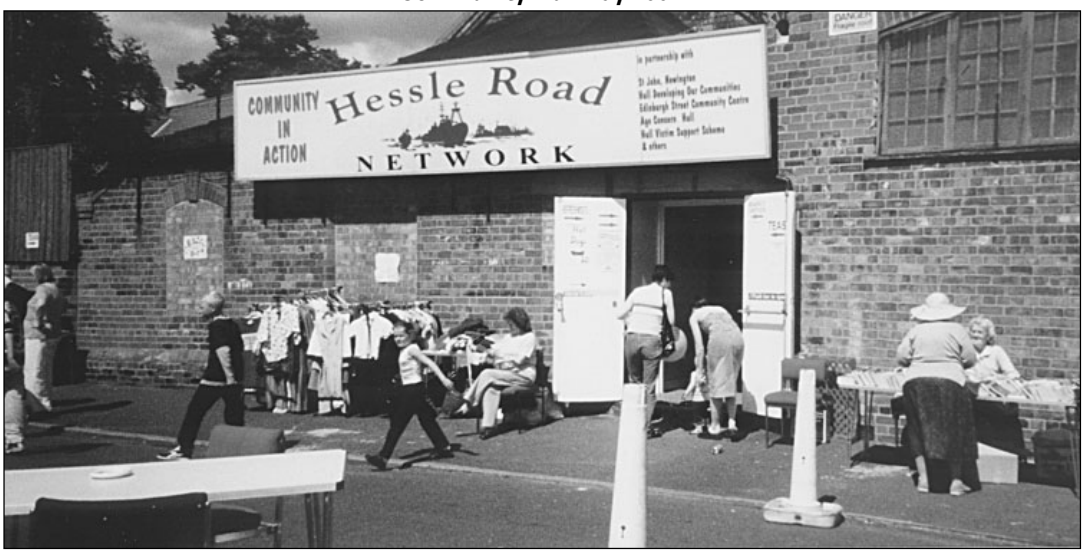
- *Members/users*: an average of 22 people used the Health Garage each week (between three and 41 users). A total of 132 health checks were made and 22 referrals were made to general practitioners. The majority (80 per cent) of people had visited a GP in the last six months, with a third (33 per cent) having seen their GP within the last month. Most users were women (83 per cent), with an age range of 14 to 92 (average age of 46).
- *Funding:* the allocation of health visitors, district nurses and a health promotion officer to the Garage was met through existing Community Health NHS Trust funding. The community centre provided the venue free of charge.

The Community Care Forum, Hessle Road

- *Background and aims*: the Community Care Forum was established in 2000 by the project to bring community groups and local agencies together to discuss local community care needs. In particular, social services was interested in the potential of the local community centre (regarding referring people with low-level needs). Community centre members wanted to investigate the possibility of setting up luncheon clubs for older people.
- *Activities*: regular meetings were held every couple of months at the local community centre for one year. The Forum agreed to set up a local luncheon club for older people, based from the church and the community centre; however, a lack of volunteers meant the initiative was not able to proceed. The Forum formally stopped meeting at the end of the project.
- *Members/users*: local community groups, the local church, Age Concern, social services and health agencies. Health agencies were not able to attend the meetings.
- *Funding*: no formal funding. The project serviced the meetings. Project development money and church money was identified to support the development of a luncheon club.

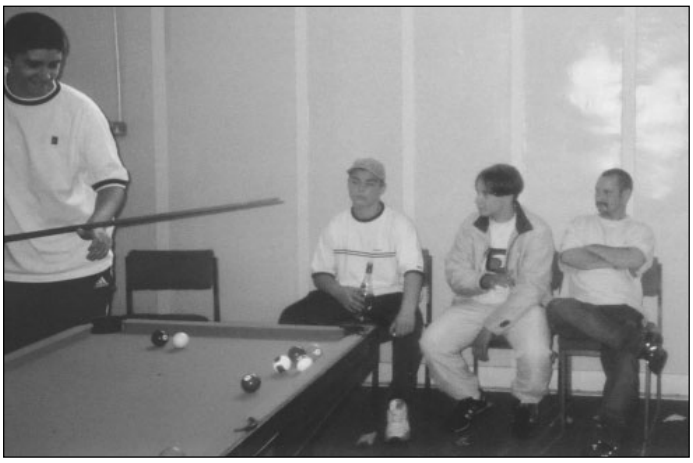
Hessle Road Network (see Box 2)

Community Fun Day 2001



Hessle Road Youth Network (see Box 5)

Youth work sessions



The launch of the Network

Nestor Grove Craft Group (see Box 3)

NESTOR GROVE CRAFT GROUP

Meet every
Tuesday afternoon
1:30 to 3:30 p.m.
Nestor Grove Church
Bilton Grange
Everyone welcome

Do you enjoy sewing, quilling, art and craft work as a hobby?

If you do then come to the "**Tuesday Craft Club**"

YOU are invited to join the group and meet new friends. Share your ideas, learn new skills with friendly chat and refreshments. **INTERESTED?**

we'd love to meet you.

The development of successful partnerships is examined in Chapter 3. However, where partnerships did not form, sometimes *agencies*, especially housing, felt as though the initial contacts made with the project had not been followed through, and were disappointed that joint working had not been more prominent. The project thought that it was possible that links were made too early with some agencies. Alternatively, there appeared to be a need for the provision of more information and feedback to agencies not directly involved in community developments:

> *It's a pity that we didn't have that joint sort of involvement ... I think in the interests of the community all round it would have been a good idea, we've always advocated multi-agency approaches in everything that we've done, but it seems that groups are operating in their own remit and certainly I don't think it's much of a joint effort.*
> (Housing representative)

Working with existing and new community groups

This fourth stage, working with existing and new community groups, represented the majority of the Community Care Development Project's role in both areas, and consisted of a number of related activities:

- capacity building
- setting up, or extending the role of, community groups and activities
- ongoing support to community groups
- ensuring sustainability of projects.

Capacity building

A large role of the project involved working with both individual organisations and networks in the task of *capacity building*. In many cases, groups showed interest in the project's aims but did not feel that they had the skills, confidence or resources to meet the task of establishing new projects or initiatives. Capacity building varyingly involved introducing groups to other agencies and groups, supporting them to attend meetings, putting into place or improving administrative procedures, revising or developing constitutions, submitting funding applications and so on. The outcomes from this capacity building are considered in Chapter 3. Many community representatives remarked on the value of having a knowledgeable resource available to them:

> *So much of* [the project]*'s value, from my point of view, is just having her as a resource within the community, I don't think it was quite how the community care project was set up, but certainly just having somebody that I can bounce ideas off, who can come up with ideas for me, that we can assist each other to get our ends, is just enormously beneficial.*
> (Community member)

In particular, the project worked extensively with a local community centre association in the Hessle Road area that was experiencing problems with continuing its work. The Project Co-ordinator served as the Committee's Secretary for one year and played a key role in supporting the work of the chair of the association and a small team of volunteers. Capacity building was at certain points very time-consuming for the project, and this had to be carefully monitored.

Setting up, or extending the role of, community groups and activities

The central aim of the project involved extending existing, or supporting the establishment of new, initiatives or projects. A number of different kinds of projects or initiatives were established by the project in both areas.

- *Supporting existing community groups*: while the project supported many community groups, there were two community groups that were supported consistently over time: the Edinburgh Street Community Centre and Nestor Grove Church (see Box 1).

- *Establishing generic community networks or forums*: a generic network or forum of community groups and agencies was formed in both areas: the Hessle Road Network and the Community Initiatives Steering Group (see Box 2).
- *Supporting activity-based community groups*: this type of initiative particularly characterised developments in New Bilton Grange and involved the setting up of new craft, sporting or other special interest groups in the community, including the Local History Group, the Craft Group (see Box 3) and an Indoor Bowls Club.
- *Health and social care specific initiatives*: two specific health or social care initiatives were set up during the course of the project – a six-week Health Garage in the local community centre and a Community Care Forum (see Box 4).
- *Youth initiatives*: a major development in the Hessle Road area involved the establishment of a Youth Network, by the Hessle Road Network (see Box 5 later in this chapter). Activities for young people were attempted in New Bilton Grange but unfortunately proved unsuccessful.

The outcomes from the above initiatives are considered in Chapter 3.

Ongoing support to community groups

The project provided ongoing support to established groups and activities. Often this involved similar tasks to capacity building – for example, helping community groups apply for ongoing funding. In some groups, a presence and low-level input were required, relying on the interpersonal skills of the Project Co-ordinator and assistants:

> Speaker 1: *She was interested, she showed interest, she sat down with us.*
>
> Speaker 2: *Yeah she would sit down and talk and discuss things.*
>
> Speaker 3: *She was a people person … she was an excellent communicator.*
>
> [The Project Co-ordinator] *was certainly a shoulder for me, I must admit, when you got frustrated in the Centre ... I was just conscious that there was always somebody that I could ring, and I used to say to her, 'I'm sorry I'm moaning', and she would say, 'don't worry, get it off your chest', and I could moan to her and I'd go away and I'd be quite happy. It was definitely a feel-good factor for me.*
> (Community members)

There was, however, a potential downside to a community development approach that relied on the personal commitment of the project workers. It was not unknown for the project to support community events or associations in a voluntary capacity over and above the required hours for the project. In addition, one or two community members commented that the project had become very closely associated with particular community groups, and this made them less willing to access the support of the project themselves.

Ensuring the sustainability of activities

The project attempted to support groups to the point that they would become self-supporting. This did not necessarily mean that groups had to rely only on their own members, rather that the project helped them identify the relevant resources, which may be external agency support, to make the projects sustainable. This was particularly the case in terms of ongoing work of the Hessle Road Network and Edinburgh Street Community Centre (see later).

> *As a paid worker you have got to think about the responsibility for setting things up, because in the role I'm in I can't just set something up, I've got to work with the community to do that but there is a responsibility about how much pressure you can put on the community.*
> (Project Co-ordinator)

The Health Garage (see Box 4)

April–May 2001

Blood pressure monitoring

T'ai chi

Box 5 Youth activities

One major youth initiative developed from the work of the project:

Hessle Road Youth Network, Hessle Road

- *Background and aims*: the Hessle Road Youth Network was the first project to arise from the Hessle Road Network. Responding to the concerns within the community about the lack of activities for young people, and issues of youth anti-social behaviour, the Network was set up to 're-establish the stake of the youth in the community' and also to promote intergenerational relations. The project worked with other youth organisations to deliver a programme of activities.
- *Activities*: centre-based activities, two to three evenings a week, and one afternoon a week. Sessions supported by the Network, Sports Development, Youth Service and the Warren. Detached outreach work, at varying times, by Sports Development and the Youth Service.
- *Members/users*: over the period April 2001 to June 2002, the Hessle Road Network worked with 69 local children and young people, of the ages and gender shown in Table 2. About half (52 per cent) of the young people were aged 15 or 16 at their first contact with the service. Over a third (35 per cent) of young people were aged 14 or under. The project worked with relatively few young people over the school-leaving age (13 per cent of those using the project). Three in five (58 per cent) of the young people were male and two in five (42 per cent) were female. One young disabled person was using the service.

Table 2 Members/users of the Hessle Road Youth Network

Age	10	11	12	13	14	15	16	17	18	19	20+	All
Male	1	3	4	2	1	12	9	1	4	1	2	40
Female	1	4	2	4	2	11	4	–	–	1	–	29
All	2	7	6	6	3	23	13	1	4	2	2	69

- *Funding*: the Neighbourhood Support Fund (2000–03) funded a part-time support worker. Single Regeneration Budget 6 has subsequently funded two youth development worker posts. Regeneration money also funds Sports Development work in the area. Youth Service work is supported within council allocations.

Developing a community care development strategy

The final aim of the Community Care Development Project was to develop a community sector community care development strategy at the city level. The third year of the project saw the Co-ordinator increasing the proportion of time spent attending city-wide forums, as well as having discussions with key community sector organisations in the city. Representation on local committees, such as a Single Regeneration Budget Shadow Board in one area, also presented opportunities to discuss community care issues within forums that were not generally concerned with such issues. Finally, a key task of the project in the last year involved the initiation of discussions within the employing organisation, Hull DOC, about community care development issues. The Co-ordinator organised a series of meetings to consider and draft a community care and health policy for the community development organisation.

Conclusion

The Community Care Development Project was a small-scale area-based initiative that attempted to test a new approach to the development of community care using community development principles. Over the three years, the project involved a number of stages that resulted in the project identifying working partners and subsequently the development of a range of new initiatives at a local level. The main benefits and outcomes from these developments are the subject of the next chapter.

3 Community care development: perceptions on benefits and challenges

This third chapter evaluates the overall success of the Community Care Development Project from the perspectives of community members, groups and key agencies. The chapter focuses on the outcomes and benefits arising from the project as well as challenges to the project and/or factors that limited success.

Measuring benefits and outcomes

Defining and measuring 'outcomes' is far from straightforward, particularly within a community setting. A number of points are important in assessing benefits and outcomes.

- The project gave rise to both *direct* and *indirect* benefits. Some benefits arose as a direct result of the project's intervention (for example, increasing the confidence of active community members); however, more often than not, the nature of the project meant that benefits were indirect and resulted from the work of community groups that were supported by the project.
- There were *intermediate* and *final* outcomes of the work. For example, bringing funding into an area may be seen as an intermediate outcome, while what is achieved with that money may be seen as a final outcome.
- Some benefits or outcomes are *short-term* wins, others represent *longer-term* gains. For example, securing a small grant might help a group only with set-up costs, whereas establishing and supporting a community forum might have far-reaching impacts.
- Perceptions on benefits and challenges of key players were essentially qualitative in nature, with agreement as well as conflicting views evident. In some cases, outcomes were therefore *contested*.
- Finally, the small-scale nature of the initiative should be noted. A project involving one person working across two communities would not be expected to fully transform a neighbourhood, but some more limited impacts would be envisaged.

The following main areas of development are considered:

- opening up new community facilities
- generating community activity
- community care outcomes
- development of community networks – increasing participation
- supporting active community members/ increasing social capital within an area
- developing new partnerships – finding new models of working
- bringing new resources into localities
- impact on policy development.

Opening up new community facilities

Many agency representatives, and some community members, felt that an important outcome of the project was extending the range of community facilities that were available to local residents.

In New Bilton Grange, key players explained that the significant resources of the Nestor Grove Church had, until the time of the project, not been utilised by the wider community. Since the project had used the church as a base, new activities had been developed. The church saw this as an important outcome, as they had been attempting to generate community interest in the premises for some time, while agency representatives

highlighted the importance of generating community activity more widely. The project, working alongside the council, was also instrumental in setting up a local Community Initiatives Steering Group (see Box 2, Chapter 2), which was looking to develop a permanent community resource in the area. One council representative commented:

> *I think the benefits I see arising ... most definitely it's continued to use a resource and keep people interested in using a resource in that area, from our point of view, so we have something to use for meeting with the community groups.*
> (Council representative)

In the Hessle Road area, the work of the Youth Network (see Box 5, Chapter 2) saw work with young people in two community settings – the local community centre and the local church – as well as detached youth work. A fully refurbished and equipped 'Yoof Room' had been provided for use by the young people in the local St John's Church via regeneration money secured by the Hessle Road Network. Young people had also begun to use the local community centre, both informally and in structured youth sessions. Previously, older community centre members had not felt comfortable letting young people use the facilities because of their perceived poor behaviour. In addition, the Community Care Development Project based itself in St John's Church rooms; the establishment of a local community office space meant that this resource was then available for the Hessle Road Network (and Youth Network) to use when new activities were set up.

Challenges and issues

Community buildings are set in specific geographical, historical and often political settings, which shape people's perceptions of those buildings and impact on their use. The use of community buildings did not prove to be straightforward, impacting differently on different sections of the community.

In New Bilton Grange, it was recognised that some community members were deterred from attending activities held on church premises. It was not possible to gauge the extent to which the wider community might have been deterred from using the resource for these reasons:

> Speaker 1: *I think the church discourages them for a start ...*
>
> Speaker 2: *People think we're run by the church by having it on church premises.*
>
> Speaker 3: *They don't think it's independent ...*
>
> Speaker 1: *A lot of people won't come because it's a church, they think that you'll be preaching, you see.*
>
> Speaker 2: *As soon as you say church ...*
> (Community members)

A more practical problem also arose in Bilton Grange, as funding was not available to carry out major renovations needed to the church's heating system and fabric of the building (the Hessle Road church also faced similar problems). After a year's operation, the Bilton Grange Craft Group relocated from Nestor Grove Church, partly as a result of poor lighting and heating conditions at the church.

In Hessle Road, the issues of space and location were more problematic and contested. The Hessle Road Network stressed how important it was that they were seen as serving the *whole local* area, rather than just a few streets. A couple of community members explained that having the project or network based even a few streets away was sometimes too far for community members to perceive it as being a project for their local area:

> *We do have an office. People are encouraged to come to the office. But we try not to give the impression that we are located in any particular place*

... Because of where we are we have become very concerned with Woodcock Street and troubles round there. Almost to the point where it seems it is by far the biggest issue that we deal with and we are aware that we are trying to serve the whole area.
(Community member)

Finally, a serious territorial issue arose when the local community centre in Hessle Road opened its doors to young people. While this was applauded by agency representatives and a minority of community members, many existing community centre users found this process problematic to the extent that they stopped using the centre. This issue of a generation gap was recognised in the work of the Hessle Road Youth Network:

Basically we were hounded out of Edinburgh Street by the youths ... They were disruptive, they were destructive, they were rude, foul language, and nobody bothered. Nobody wanted to hear our side of it, it was all for the youths. That's what they're doing round here, it's all for the youths. Nobody wants to know about us.
(Community member)

Generating community activities

The Community Development Foundation (www.cdf.org.uk) notes that the generation of new community activities or groups *of themselves* might be considered direct outcomes from a development project.

Scale of activity
As described in Chapter 2, a range of community activities emerged with the support of the project, representing a growth in community activity in both areas. The case studies provided in Chapter 2 (see Boxes 1–5) illustrate the scale of this activity and membership of the groups. For example, the Hessle Road Network worked with nearly 70 young people in the course of its work. Activity-based groups in New Bilton Grange tended to be smaller in scale, with the History Group and Craft Group both used by between ten and 20 local people. Stakeholders involved in the Hessle Road Network numbered approximately 30 local residents and organisations. Overall, the community activities that the project supported probably involved between 100 and 200 people, with wider one-off community events reaching higher numbers of local people.

Benefits of community activities
The community groups that were developed in New Bilton Grange at Nestor Grove Church (Box 3, Chapter 2) tended to be activity-focused, that is they were set up for local residents to engage in a specific art, pastime or sport. For example, the History Group organised sessions on family history and local archaeology, and both the History and Craft Groups held Open Days to promote their subject.

In Hessle Road, the activities based within the Edinburgh Street Community Centre provided similar activities, such as bingo, line dancing and activities for younger children like karate. These were already established at the time that the project began; however, new activities were also started, such as educational classes for people seeking asylum. The latter were set up by the chair of the community centre association, while the project provided general support to the committee.

From discussions with community members, the chief benefit of the activity-based community groups was to give people a space to pursue their interests. However, for most people, this was intrinsically connected to the social benefits involved in a pastime – people enjoyed the activities for themselves but also for the opportunities they provided to socialise with neighbours and friends, and meet new people. For a minority, attending the groups was also important in counteracting social isolation, as it was only one of a few occasions during the week when they met up with other people.

A number of one-off or time-limited activities also took place in the two areas, organised by community groups, including fun-days, the occasional community lunch and a millennium party. These functions were largely social and hundreds of people participated in the events:

> *A lot of it is intangible, like we've put on one or two events that have been very successful and people were surprised that local events could be successful and good, and that has been a great benefit.*
> (Community member)

Benefits of youth activities

The work of the Hessle Road Youth Network (Box 5, Chapter 2) was seen as offering important benefits to the young people and the wider community. Agencies stressed the benefits of constructive activities and helping young people establish boundaries of reasonable behaviour. Young people spoke of the importance of having a place to go that was warm and where they could spend time when there was nothing else to do in the area:

> [We'd like the community centre to be open to young people] *everyday ... because we're on the streets.*
> (Young person)

> *For young people, I think beginning to understand some boundaries and being able to work within boundaries.*
> (Youth representative)

> *So I think we've come on leaps and bounds, it doesn't look to some people that we have, because we've been working with them for 18 months now and they're not actually going on training courses, they're not working or anything, but the point is, 18 months down the line, you know, when you think what they were doing, now they can sit in the centre, have a cup of coffee and chat to us, go away with us somewhere and be well behaved and they've got manners, and to me that is a big achievement.*
> (Youth representative)

Challenges and issues

Some groups in the population utilised the community activities more than others.

In New Bilton Grange, the majority of the groups catered for older people on the estate. One key active community member explained that this fact had led her to believe that the project was working specifically for the older age range, although this was not the case:

> Speaker 1: *You've got craft, you've got history, you've got bowls, you've got extended exercises. You've got line dancing but what age group have you got?*
>
> Speaker 2: *They're all elderly.*
> (Community members)

No activities were developed in New Bilton Grange for younger people during the pilot period. This was despite the project's efforts to work with other agencies to deploy youth workers in the area. In contrast, in Hessle Road, a problem arose as a result of youth work dominating community discussions and energies to the extent that key players felt that it seriously impacted on the time available to develop other activities.

Very few people between the ages of 20 and 50 participated in the different activities, with the exception of the Health Garage and one-off activities. The pattern of participation in activities was also gendered: many more women were involved in the activity-based community groups, while more young men participated in the youth activities.

Community care outcomes

Most activities established with input from the project were not concerned specifically with community care issues. However, some groups explained that they were concerned to promote a 'caring' atmosphere within the activities and/or sought to address wider social and health issues. In

addition, the act of participation, for some, was in itself providing an important social benefit.

A couple of activity-based community groups, particularly in the Bilton Grange area, explained that a guiding principle of the group was to be as welcoming as possible to more vulnerable members of their community who might have limited opportunities to socialise. A couple of interviewees felt that this philosophy had been directly influenced by the role of the project:

Speaker 1: *There are a lot of lonely people on estates that don't see anyone and I think that the idea behind this group was to have somewhere that people could come and, whether you're interested in crafts or not, it's a get-together and I mean, we do different things, and there's always something that someone can do, we try and find something don't we.*

Speaker 2: *... even if someone wants to come and have a talk.*

Speaker 1: *If they just want to come and sit and have a cup of tea.*

Speaker 2: *Just to get out of their house and meet somebody.*
(Community members)

It goes further than just groups because what it does is it brings people together, some of the people who come to these groups now didn't mix, didn't socialise, so it's alleviating the social exclusion of people, they are becoming socially included ... I think there is an element of it in all groups, but, with these groups, because they were set up under that auspice, I think people have come together wanting to care more.
(Community member)

A number of community members, particularly in the Hessle Road area, also explained the significance of being involved in community activities, including the local community centre that was supported by the project:

Speaker 1: *Well, I repeat myself time and time again, for us, God loving you've all got husbands, we haven't, to us* [the centre] *is a lifeline.*

Speaker 2: *It's surprising how many people who come in now are alone.*
(Community members)

If community care is defined as including caring for marginalised young people within the community, the work of the Youth Network led to some positive benefits. The police, youth workers and some community members commented that the young people had reduced their anti-social behaviour and criminal activity:

This is a particularly bad area, in that the youth in the area were, over the last two years, have been absolutely running amok, it's been really difficult to control them ... I mean our aim is to lock them up! ... but that is only short-term hits really, in the longer term there has to be some way of stopping the kids doing it in the first place, and I think that the Network and its associates have been working with the kids for quite some time now, they've been diverted from the streets into youth clubs ... and [the area] *is improving.*
(Police representative)

One of the aims of the Network was to address intergenerational conflict in the area and, in small ways, this was starting to be recognised – for example, some young people would join in with the local bowling group. However, most agency representatives recognised that there was a long way to go before this aspect of the Youth Network's aims would be met. For many residents, the issue of intergenerational problems remained (see below).

Community members felt that a number of health benefits had arisen from the work of the

Health Garage (Box 4, Chapter 2), although some of these were contested by health professionals, with the two groups placing importance on different health gains. These benefits are explored in some detail in the section below on 'Developing partnerships', as they also reveal crucial differences in attitudes to community models of health delivery.

Challenges and issues

The community groups were not set up to meet the needs of people with more traditionally defined community care or support needs; rather, they encouraged local people to use the activities, irrespective of whether they had a disability, mental health problem and so on. While the groups supported few people who were in touch with formal services, a number of people with disabilities, particularly older people with mobility issues, were members of community groups. In this way, the groups may have offered a preventative, low-level support mechanism to people.

However, it was much more difficult for community groups to actively support people with more pronounced community care needs. Social and health agencies explained that this might not be appropriate in many cases, as skilled staff might be required:

> *Really, I suppose a lot of our client group may be too ill or their needs are too complex really for them to be accessing local community things such as that because their needs couldn't be met, you know there wouldn't necessarily be the skilled staff there to help.*
> (Social services representative)

The example below shows not only the willingness and caring of the local community centre, but also the clear need for more specific help with their task from more formal agencies, and particularly the potential for agencies inappropriately passing responsibility onto the community sector:

> *We received a telephone call from* [agency] *asking if we would like a volunteer for the Centre, he was called Tom, he was homeless and needed care himself but he was willing to help ... But then he started asking for money, bless him, for the work for which he had done. He was hungry and very, very scruffy and dirty, we all wish we could have helped Tom more ... I rang* [agency] *back up and told them about poor Tom. We think they just passed the buck to us. I said this man needs help, they said they would write a letter to Tom but in the meantime Tom carried on coming to the Centre every day ... he started to come early in the morning 4.30 a.m. and started fires, he became very dangerous to the Centre and himself.*
> (Community representative, diary entry [pseudonym used])

There was a perception that people with more pronounced needs might need to be supported by a carer in a community setting. There was a clear resource issue in terms of both the statutory and formal voluntary sector not having the capacity to support lower-level support in a community setting.

Representatives from two local disability organisations where users had taken advantage of local community centre resources, supported by staff, were interviewed, with contrasting experiences being reported. One disability organisation explained that their experience of using the local community centre had been problematic. They did not feel that the venue had been able to provide the level of protective environment that they had hoped for young users with learning difficulties. While the centre volunteers had been welcoming, other centre users had been less so. Other young people using the centre were perceived as disruptive and equipment had also been lost. It was not possible to comment on whether the young people with learning difficulties were troubled by any of these issues. In contrast, another local disability organisation

explained how the same local community centre had always been welcoming to their users, with a couple of people regularly attending local activities and enjoying the social benefits of taking part in activity-based groups with other local residents.

Finally, an accessibility issue arose in Nestor Grove where present church facilities were not able to offer full disabled access and toilet facilities. A similar problem did not exist in purpose-built community facilities.

Community networks: addressing community participation

One of the main outcomes of the project was the establishment of effective community networks that were vehicles for increasing community participation in the two areas.

Community network forums

In West Hull, the Hessle Road Network was set up to represent the local area, providing support to community members in addressing local issues of concern (see Box 2, Chapter 2):

> *The Network grew out of a growing awareness of some members of the community that there was no organisation or means for the community to have representation, to have a voice, to take advantage of regeneration, which was about to come into this area, we were working very much in isolation from each other.*
> (Community member)

The Network set up initiatives like the Youth Network, represented the area on other forums and bodies, organised community events, and supported single-issue work. For example, there was widespread local opposition to the siting of a drug rehabilitation project in the Hessle Road area and the Network was able to help local people organise a local campaign. One community member explained:

> *I think the great value of the Network is it provides structure and identity for the community to get into relationship with other bodies.*
> (Community member)

In addition, via the Youth Network, a Community Panel had been established involving up to 15 members, including local residents of different ages, to monitor, advise and assist in developing youth policy in the area.

Most agencies in the area were aware of the role of the Network and the majority felt that it was a positive development in the area. Council representatives explained that they would not consider implementing a new policy or initiative in the area without first consulting the Network. The Network had been asked to contribute to educational, health, local government and housing issues (e.g. Sure Start):

> *The other advantage for me of the Hessle Road Network is that it has created as it has developed and hopefully when it gets its staff in place ... what it has done is create a strong community-led organisation which can be used as a delivery mechanism as we develop projects in the area.*
> (Area council representative)

> *I think if it had been a couple of people in the community ringing up Sports Development saying,'we fancy running a project with you', they'd never have got anywhere; I think the fact that the work had been done in the area to organise the community and to give the people involved the confidence with dealing with those issues meant that they could broker those sorts of deals, and they can be seen as an equal partner in delivering things.*
> (Youth manager)

It is important to note that some key members of the Network had professional jobs in the area (including a local vicar, youth worker and the Project Co-ordinator) – a couple of agencies felt that this had assisted the group in becoming

established, as some members already had experience of managing organisations. Other community groups solely made up of residents might not have had the same expertise at hand.

In New Bilton Grange, the project was involved in the setting up of the Community Initiatives Steering Group to bring agencies and community groups together to discuss the possible development and/or utilisation of community resources. The Steering Group involved both local residents and agencies. A council-sponsored feasibility survey of local facilities was undertaken (Consortium Hull, 2001) and the Steering Group was investigating the possibility of setting up a new community centre on the New Bilton Grange estate. While the progress of the group in achieving the desired outcome of new facilities in the area had been slow (see below), most key community members and agencies involved had hopes that a new community centre, of some nature, would emerge from the negotiations.

Challenges and issues

The challenges for any community network or forum are many. However, three challenges are of particular importance in achieving community participation: first, the extent to which a community organisation can represent all sections of the community; second, the extent to which a group can increase community participation; and, third, the extent to which a community organisation succeeds in having a real voice and is considered an equal partner in decision-making processes.

The Hessle Road Network strived to be an organisation that was owned and managed by the community, and able to represent all community interests. The Network had grown organically from community discussions at the local community lunches (see Chapter 2) organised by the Community Care Development Project and, when it was established, the Network continued to organise community lunches, held a formal 'launch' and asked a wide range of stakeholders to sign up to the organisation. In the first two years of the Network, it appeared that the principles underlying the work of the Network, and the methods used to engage local people, had been successful in encouraging disparate community groups and agencies, as well as individual community members, to take part in its activities, resulting in a general increase in community participation.

However, as the Network grew and took on major projects, it became more difficult for it to sustain the same level of community presence. Different sections of the community had conflicting views as to the priorities of the community and not everyone felt that the organisation was able to represent their interests. The main instance of this revolved around the work of the Youth Network. While there was unanimous agreement that some work with young people was needed, there was less agreement as to how to take this project forward. Some community members who were interviewed believed that young people were being rewarded for bad behaviour and felt aggrieved that young people were being allowed to use the community centre despite the lack of support for this by existing users. One of the Network members explained:

> *... leading personalities in the Network come in for a great deal of criticism from people who don't approve of what the Network is doing ... Because we now have a specific intervention in youth issues round here, those people who are very angry about young people and their behaviour see that a lot of what we do is rewarding bad behaviour ... They get angry with the young people and with us.*
> (Community member)

There was a growing perception by some community members that the Network was not able to serve their interests. The research was not able to quantify the degree of this feeling, but the researcher met with a small number of community

members who felt this way and reported that many other local residents shared their perspective. At least one person felt that the Hessle Road Network was not made up of 'local' residents (as some were relatively new to the area and/or had moved here to take a job). Comments included:

> *What I perceive as being the problem is local people don't understand what the Hessle Road Network is about, I think there is a suspicion and mistrust of the Hessle Road Network just being another arm of the City Council somewhere.*
> (Housing representative)

> *The Hessle Road Network ... it's made up from people who live on Hessle Road? I don't think that there is anyone other than* [community representative] *that sits on that that is from Hessle Road ... I don't think they ever get a newsletter out on the Hessle Road Network.*
> (Community member)

Network members were aware of some of these difficulties and how they were finding it difficult to sustain its community presence. In particular, it appeared that the work with young people had left little time to organise community meetings and communicate information to the broader community. It was hoped that this would change with the appointment of new workers (see 'resources' section below). However, it appeared that some of the disappointment of the local community with the Network was related to the success of the Network in attracting funds and therefore being perceived as part of the formal sector. Further, many respondents in Hessle Road commented that local residents were generally suspicious of formal agency interventions because of feeling let down in the past by statutory agencies. In addition, the formal agency procedures sometimes appeared to work against effective community consultation – for example, the Network was often asked to give the community's support on initiatives but little time was available for consultation, leading the Network to give their support and then consult afterwards.

In contrast, community members on the Community Initiatives Steering Group did not feel that their voice was heard strongly enough and, rather, it was the formal sectors that held the resources and, consequently, the influence:

> Speaker 1: *It seems to be a battle of the big boys and we're the pawns. Am I right?*
>
> Speaker 2: *Yes, that is fair comment. There's a lot of politics involved and a lot of empire building.*
>
> Speaker 1: *They are worried about their jobs ...*
>
> Speaker 3: *Sometimes you feel that decisions have already been made and you're just there ... as nodding dogs.*
> (Community members)

Developing active community members/social capital

As Chapter 2 described, a key task of the Community Care Development Project involved capacity building of existing community groups and individual active community members, in relation to both working to develop the confidence and skills of groups and the actual capacity in terms of numbers volunteering and working in the area.

The project worked closely with a number of active community members who were struggling to get initiatives off the ground, because of both a lack of support and sometimes a lack of confidence or experience of certain tasks like applying for funding. One community member had developed a range of skills to become an influential and respected active community member. Another community member who had been attempting for a decade to set up new developments in the area, with little support, succeeded in setting up a number of new activities:

[Active community member] *is the heart and soul of the community ... she is so passionate, and she was really letting those young people come in on her own ... she is like seen as the Godmother so to speak around here.*
(Youth manager)

More generally, the project's involvement with a number of community groups had increased their capacity to become more effective organisations. Knowledge of where to go for funding and who to approach for wider support often meant that community groups felt able to take forward their own plans:

Speaker 1: *Well to be honest, she's got a lot of knowledge that we haven't got, where to get money from or who to approach if you need help, I mean I'm totally new to community work, I know nothing ... she's got a lot of contacts, without which we wouldn't, couldn't have got as far as we have, there's no doubt about it.*

Speaker 2: *We wouldn't have got nowhere without* [the project].
(Community members)

... the Network and everything being in place it's given other groups the confidence to go on and do things, I know certainly with the Neighbourhood Watch, I've gained confidence by having the support of knowing there is an organisation sort of behind me.
(Community member)

In New Bilton Grange, one or two interviewees felt that the estate had really started to change and that the Community Care Development Project had played an important part in giving people more optimism about their community:

Since [the project] *has been here, I'm not saying the entire estate, I'm not saying that at all but the people that have come into* [the project]*'s groups and have built on it, there is a change; definitely since* [the project] *came, I would argue with anyone that there has definitely been a change of attitude, people are more excited about getting involved, there are more things going on in the estate, there are more fun-days, more everything.*
(Community member)

Challenges and issues

The main challenge to increasing social capital in the areas was the recruitment and retention of community volunteers.

In both areas, there appeared to be only a small number of volunteers who were interested in organising groups and activities. Further, with only a few exceptions, volunteers were mainly in the older age groups and some felt they would not be able to continue volunteering forever:

Speaker 1: *The number of times I've said this, I do wish I was 40 years younger. Oh I do wish I was 40 years younger, when I think of what we used to do and the energy I had.*

Speaker 2: *I decided to retire at 60 from the Scouts because I felt they needed somebody younger. And from then it just went and there's nothing.*
(Community members)

Active community members reported that there were few group members who were willing to take on the responsibility of organising activities, as they preferred to just take part in activities:

… they're quite happy for somebody else to run it, and if it all folds it's a great shame, they don't want it to fold but they're, they don't see that them coming on the committee could help to prevent it from folding, they just don't see the connection. So I don't know what you can do about that.
(Community member)

The lack of volunteers proved to be an intractable problem, particularly in the Hessle Road area. The Community Care Development Project

worked closely with a group of up to 13 volunteers in the community centre, organising a series of volunteer meetings. The difficulties experienced within the community centre meant that most eventually stopped volunteering (see below). The lack of volunteers on Hessle Road also meant that it was not possible to organise a luncheon club for older people, despite the church having piloted the lunches and funding being available. It was also concluded by some that paid workers needed to be recruited to run the Hessle Road Network:

> *... .this community is not mature enough in community development to actually run the network itself. So the priority for the network is to actually find a sustainable way of running the network which will probably almost certainly mean finding someone to run it.*
> (Community member)

The local community centre association formally dissolved in 2001 following problems with retaining community volunteers. A number of possible factors were mentioned to explain this. First, it was reported that many community centres were presently experiencing problems in running community centres, pointing to a need for greater formal statutory support. Second, it was recognised that local centre users/organisers had different ideas as to the centre's role, typified by some welcoming young people into the centre. Finally, it was acknowledged that the centre was located at the heart of a changing, and socially and economically marginalised, community.

While some commentators felt that the overall attitude of the community had changed in the Bilton Grange area, others in Bilton Grange and most respondents in Hessle Road felt that community apathy and cynicism was still the prevailing attitude in the community:

> *.... the apathy really. I don't know what it is. It's partly the people. I think it's an endemic thing in Hull people. I think their expectations of themselves, I can't really explain it all that well ... there's very little hope, there's no work in the area, all the industries gone, the fishing, the milling and all that, you see and I think their expectations are low.*
> (Community member)

Developing partnerships: finding new models of working

A benefit mentioned by a number of agency representatives was the development and fostering of new inter-agency partnerships in the two areas.

First, some suggested that a benefit arising from the project was in bringing new agencies to work in the area. This was particularly seen in the case of the Hessle Road Youth Network, where partnerships emerged involving a number of youth agencies, working with the police and other agencies, to begin to work with young people in the area. One representative explained how the Network had enabled more formal agencies to start working in the area:

> *One of the main benefits it has brought is it's brought other agencies into the area, agencies that didn't have a foothold, it's created a place for them to work with, it's become almost like we used to be, a catalyst to keep things going.*
> (Police representative)

Second, a number of commentators also suggested that the partnerships and networks, supported by the project, had helped develop community-led, responsive and innovative services. New initiatives, particularly the Youth Network, were observed by a number of key statutory players to be adopting more 'joined-up' approaches. While inter-agency initiatives in Bilton Grange were fewer, community members and statutory players also welcomed the creation of a more formal dialogue between each other, for example in the Bilton Grange Community Initiatives Steering Group:

I think that the [Hessle Road Youth] *project is much better tailored to what is going on in the area than what it would have been if it had been a statutory agency saying, 'oh there's obviously a problem, we'll come along and run a project'.*
(Youth manager)

The experience of the Health Garage (Box 4, Chapter 2), while raising a number of challenges and issues regarding inter-agency partnership working as described below, also brought agencies together with the community to develop new services:

… [the project] *had the opportunity, I think, to catalyse in other organisations ... potentially that was one of the benefits, to challenge, not in a confrontational way but to make you think about what you were doing and how it fitted in, and that doesn't mean that everything that the Community Care Development Project was doing was right and that everything that everybody else was doing was wrong, but it's that experimental thing of what if and are there different ways of doing it.*
(Health representative)

Challenges and issues

Inter-agency community-led models of working presented a number of challenges to both the community and the formal agencies involved in delivering services. Three examples highlight these issues: the experience of Hessle Road Youth Network, the Health Garage and the Community Care Forum.

The Hessle Road Youth Network

The Hessle Road Network faced a number of difficulties in setting up the Youth Network in terms of gaining the support and involvement of the formal agencies. For example, one youth agency had difficulties in providing appropriate levels of staffing. In addition, following some challenging behaviour of young people, the formal sector suspended work at one stage while the community-led part of the project continued to work with the young people. Both statutory representatives and community members agreed that an effective partnership took over a year to build and considerable investment in negotiating differences was needed to achieve effective joint working:

... there's begun to be a greater confidence between the different people and the different agencies involved, and I think it does take time, it's unrealistic to expect that these things just happen magically – and you know you don't start on a trust basis, that's a bit of a nonsense, that has to be earned and you have to get to know the ins and outs of things and I think that's what has actually happened and now I think it's beginning to pull together.
(Youth representative)

The Health Garage

Different models of working were also evident in the experience of running the Health Garage in Hessle Road. The Health Garage was set up in response to a request from the local community centre association for the need for health checks:

... [there is] *a need to raise awareness around health issues, generally to encourage individuals to start to take some responsibility for their own health. The people around here would like and have expressed a desire for blood pressure monitoring ... I know a lot of poor people that just cannot even afford bus fares to go to the doctors.*
(Community member, log-book entry)

There was a long lead-in time for the initiative (approximately a year) because of both staff changes and the need to secure funding; this was difficult for the community sector, which could have accommodated the initiative much earlier. However, when the Health Garage went ahead, the community sector felt that the project had achieved its aims to a good extent. Benefits included a number of people identifying health problems, sharing and discussing health issues, as well as the

social aspect of visiting the Garage. The more relaxed delivery of the service was also preferred to doctors' surgeries:

> *I was pleased I'd come, it should be here more often for the people, I mean when you talk to your doctor you don't always get answers ... Don't know where I'd have been if I'd left it.*
>
> *Well, you can talk among people, like* [name] *has blood pressure, I had a water infection, somebody else could have something else, and you talk about it yourselves, like that nurse told me what to get* [cranberry juice] *… I can say, 'well this nurse told me to get this, I'll write it down for you, take a glass of this at night', it's information to everybody.*
> (Community members)

In contrast, the health professionals had a number of reservations about the model. They were disappointed that the service was not used to its capacity, and felt that another public venue (like a supermarket) or a mobile unit would have reached more people and been more cost-effective. They had also hoped to reach more local residents who were not also accessing the doctor. There was also a concern that the same local residents were using the service each week. The venue was also not seen as ideal for the service (for example, smoking was allowed in the Health Garage foyer).

> Researcher: *What were the benefits of the service?*
>
> Speaker 1: *I think they were limited, I think certainly very, I mean if you look at what we actually picked up with the raised blood pressures most of them were already aware that they were hypertensive and were doing something about it.*
>
> *It was certainly what the community had asked for ... the focus might have been different if it had been nurse-led rather than the community ... you can record a blood pressure and it can be high or low, it's what you do with it afterwards. We thought more focused sessions around things like incontinence management ... look after your legs … The sort of nursey things that we do. Healthy eating, healthy lifestyle.*
> (Health representatives)

The experience of the Health Garage highlighted how the community and statutory sector may work to different models of health and care. In this example, the medical model dominated the professional perspective, while a more social model of health dominated the community view. However, both sectors agreed that one of the benefits of the initiative was in reaching an understanding of these differences. The statutory sector was still keen to work with the community in the future and closer inter-agency working had also arisen as a result of the initiative.

Community Care Forum

The Community Care Forum (Box 4, Chapter 2) was set up by the project to bring together community groups and local agencies to discuss and respond to the community care needs of the Hessle Road area. Regular meetings were held for a year; however, the group experienced difficulties in putting plans into action, identifying a lack of volunteers and the pressing need to address youth issues as constraining factors. In addition, a lack of representation by health agencies, a lack of resources from the statutory sector and differing priorities among group members were also evident. The group stopped meeting when the Community Care Development Project ended, largely because the Forum had been established by the project and local ownership had not sufficiently been achieved.

Bringing new resources into localities

Injections of money into deprived areas can be an important factor in generating social and economic redevelopment of an area. At the time of writing, the project had been associated with raising at least £498,276 (Box 6 later in this chapter), over five times as much funding as the original injection of

public funding for the project (£94,000 over three years).

Accessing funds

The project was able to access pots of money for community groups, such as health inequalities money funded via the Health Action Zone and the local health authority. In this example, the Co-ordinator was able to identify directly community groups that might benefit from this funding. A health promotion manager, in charge of this funding, explained the process of accessing this money:

> *... it was permission to take risks and it was permission to make it very easy, there weren't all the usual barriers, criterias, the faith was in the community health workers, and as part of that we included* [the project] *in that process, because I was confident in* [the project] *and* [the project] *was working in the communities the other workers weren't working in.*
> (Health representative)

More significantly, the project supported the Hessle Road Network in bidding for significant sums of money for the Youth Network, from the Neighbourhood Support Fund (NSF) and Single Regeneration Budget (SRB). Later, the Network bid for European Regional Development Fund (ERDF) monies, matched with Community Initiatives Budget, to establish the Hessle Road Network as a social enterprise (see below).

Box 6 shows that the majority of new money was raised in one area: Hessle Road (£495,476). This was influenced by the establishment of a Network that could apply for funds in its own right, as well as the availability of large pots of money because of the greater levels of deprivation in the Hessle Road area, compared to Bilton Grange.

Generating training and employment opportunities

The project took on three community apprenticeships during its time, two for the Community Care Development Project (one who was formerly on a New Deal placement) and one for the Network. All of these people subsequently found permanent jobs. The additional assistance for the project was also valued:

> Speaker 1: *... the thing is we would never have done that booklet if she hadn't got* [project assistant] *to put it on the computer.*
>
> Speaker 2: *We would like to know who to ask, you see if* [the project] *hadn't had these helpers.*
> (Community members)

The Youth Network led to three new paid posts in the area: a part-time support worker and two full-time community youth development workers (one senior post). The Project Co-ordinator supervised the community apprenticeships and two of the youth workers.

Most recently, the Hessle Road Network had secured funding for four new posts to work for the Network and in the local community centre: Neighbourhood Development Manager, Health and Social Care Project Officer, Support Officer (part-time) and Administrative Officer.

Box 6 Funding received by community groups in Hessle Road and New Bilton Grange

Community Initiative Budget (ward-level budget administered by respective Area Committees of the City Council – now funded via Neighbourhood Renewal Fund)

- *Hessle Road Network*: grant to support the development of the Network as a social enterprise (£50,000 over two years – 2001/2; 2002/3).
- *Nestor Grove groups*: money available for start-up costs (hire of room, etc.) associated with new groups using Nestor Grove Church for first six months of groups' life (unspecified amount).

Health Inequalities (via Public Health Development Fund and Hull and East Riding Health Action Zone – Hull and East Riding Community Health NHS Trust, 2001)

- *Edinburgh Street Community Centre*: money for new seating for the Community Centre for use by forthcoming lunch club and gentle exercise classes (£680).
- *Hessle Road Youth Network*: money for carpeting and heater to create an area for youth meetings, health education and drug awareness sessions for local young people (£2,100).
- *Nestor Grove Church – Craft Group*: funds for setting-up costs (£500).
- *Nestor Grove Church – Indoor Bowls*: funds for purchasing bowls equipment and publicity (£500).

Community Chest (administered by the Health Action Zone)

- *Nestor Grove – Local History Group*: assistance with setting up the group (£500).

Adult and Community Learning Fund
(Department for Education and Skills money via Hull CVS)

- *Nestor Grove – Local History Group*: assistance with organising sessions with local speakers (£800).

Sports Development Budget (small grants administered to sports groups by Sports Development)

- *Nestor Grove Church – Indoor Bowls*: assistance with setting up group (£500).

Neighbourhood Support Fund (Department for Education and Skills major initiative aimed primarily at working with young people in communities)

- *Hessle Road Youth Network:* to appoint workers and set up centre and outreach-based youth work in area, in partnership with other youth agencies (£76,860).

Single Regeneration Budget 6 (major area-based government initiative – see glossary of terms in Appendix 1)

- *Hessle Road Youth Network*: to further develop the work of the Youth Network (£130,970).

European Regional Development Fund
(major European funding)

- *Hessle Road Network*: to establish the Network as a social enterprise with the appointment of four new workers (£234,866).

Total funding raised:	£498,276
Hessle Road:	£495,476
Bilton Grange:	£2,800 plus council start-up costs

Challenges and issues

Community groups experienced difficulties with the funding process. Many funding sources involved complicated application processes, and the project and/or council representatives usually had to complete most of this process because of the lack of skills and experience within the community sector. Some community members commented that they would be unable to repeat the task in the future. Receipt of the funds also necessitated regular monitoring, which was found to be onerous by the community groups. The application processes were also usually lengthy and some programmes were subject to delays that made it very difficult for community groups to plan for the future.

The smaller pots of money, like the Community Chest and Health Inequalities monies, were much simpler to apply for and the ease of the process and lack of formal statistical monitoring were welcomed by community groups.

Impact on policy development

The project had influenced policy development in a number of areas.

- The interim success of the project had led to a similar initiative being funded in the Wyke area of Kingston upon Hull. The two-year project, starting in 2002, had received local political support from both social services and the Area Committee, and was perceived as a step forward in terms of support for community development projects:

  I thinks it's aided the debate about mainstreaming community development ... what's followed from that project is the Wyke Project ... that is being funded directly by the council, from social services and from the Area Committee ... that is the first funding of that scale that we've had from the city council.
  (Community sector representative)

- Involvement of the project with the organisation Quest, based at the East Yorkshire Learning Disability Institute, University of Hull, had supported community development work investigating the participation of people with learning difficulties in their local communities.
- Lessons learnt about the need for external support for the sustainability of community centres had been fed through to a city-wide forum looking at the future use of community centres.
- The project had drafted a Health and Social Care Policy for the community organisation, Hull DOC, highlighting the importance of addressing community care issues as part of community development.
- Youth projects in Hessle Road, supported by the project, had some impact on the development of more preventative strategies under the Local Strategy Partnerships. For example, Sports Development had started to work with younger-age children in schools.
- More broadly, the project had made presentations to forums such as the Healthy Communities Forum and the Hull City Vision Social Team.

Challenges and issues

For the local community, the development of policy both at the city and local levels appeared very slow; accompanying frustration sometimes meant that people became disillusioned, affecting participation levels. The clearest example of this was the implementation of the Single Regeneration Budget 6 in both the Hessle Road and New Bilton Grange areas. In New Bilton Grange, delays in the approval of funding meant that workers who were meant to be in place in May 2001 did not start until early 2002. This was quite problematic, as the project

support ended in this area in October 2001, leaving the groups with no support for six months. In the Hessle Road area, the significant delays in the implementation of the regeneration initiative were thought to have had lasting effects in the area:

> *The plans for regeneration of this area, to date, have been very harmful to this community, it has raised expectations and dashed them, to the point now that people have lost confidence with the whole process.* (Community member)

Conclusions

It was clear that, despite many challenges and issues, a range of positive benefits arose from the project. The central importance of community buildings and resources (particularly churches) was apparent in both areas. The generation of new activities sometimes involved supporting activity-based groups; at other times, activities were more complex and concerned with addressing underlying social issues, particularly youth issues and intergenerational conflict. However, community care issues were not the primary outcomes, although some community groups were supporting vulnerable members of the community. The lack of local resources such as volunteers, and similarly resource-constrained formal agency support, meant that some gains were harder to achieve than had been desired. The reliance on key individuals questioned the long-term sustainability of some initiatives, although community partnerships had been put into place. Substantial funds had been raised in both areas and work had begun in raising community care development issues at a strategic level.

4 Conclusions

The Hull Community Care Development Project was set up as an exploratory project to test a community development approach to supporting the community sector in responding to unmet care and support needs in two areas of Hull. This final chapter assesses the extent to which the project was able to meet its aims and identifies learning points for future work, under the following headings:

- the community care development approach
- the importance of local context
- community development
- community care service development
- developing community care development strategies.

The community care development approach

The Community Care Development Project sought to use *community development* principles to address *community care* issues at a local level. Community development is concerned with helping communities to identify and take forward their own agendas, but usually takes a broad, generic focus[1] addressing topics and issues that need the most urgent attention at the community level. The project was different, as it had a specific focus on community care issues.

This approach, working to help communities identify their needs, but within a community care framework, meant there was an implicit tension within the role of the project. The project worked to a community-led model and was firm in not imposing its own ideas of community care; however, by supporting the community, it became open to developing in new directions that were not necessarily centrally concerned with care and support issues.

The project's original aims (provided by a multi-agency steering group) had been to support initiatives that would meet the care and support needs that the formal statutory and voluntary sector agencies were unable to meet because of constrained resources. However, the pilot experience demonstrated that community group members interpreted 'community care' much more broadly, in terms of the importance of fostering a caring community, rather than narrower statutory definitions.

Further, some community members did not associate the project with addressing community care issues at all; rather, they saw it as an opportunity to focus on wider community concerns. In consequence, when the community was encouraged to identify its priorities, a broad range of socio-economic concerns were mentioned, including young people's issues, crime, the need for general community facilities and so on. The community therefore set a development agenda, which, while it sometimes took account of more traditionally defined support and care issues, was not dominated by them.

The Community Care Development Project, working according to its community development principles, provided support to the community on a wide range of issues and was instrumental in the formation of community networks and facilities, capacity building and the establishment of activity-based groups. However, in both areas, the project provided the only community development worker in the locality, and was also working in areas where little community development work had occurred in the past. This situation may therefore have been different if the project had been supported by other community development workers in the local areas.

It could be argued that addressing broader community needs may have been indirectly relevant to developing a community care agenda. It appeared that, within the local context, other issues were of such a high priority (and greater visibility) that they needed addressing before the community was able to think more specifically about community care issues. In one area in particular,

pressing issues of social exclusion and poverty created daily difficulties for the community as a whole; care and support issues were still seen as important but they were not as overarching and immediate, and therefore the former occupied much of local residents' energy.

Learning points

- A 'community care development' project has an inherent central tension: community development helps communities to identify priorities but community care needs may not be among these.
- Community groups and representatives adopted much broader definitions of 'community care' than statutory and formal sector definitions.
- Community care development workers need to be supported by generic community development workers to provide adequate scope for focusing on specific objectives.
- Community development may be a prerequisite to community care development at a local level. Addressing wider socio-economic and community concerns may be a higher priority to the community than support needs.

The importance of local context

Community development projects, taking an area-based approach, operate in specific socio-economic, political and cultural environments. The local context was important in explaining the pattern of development in both areas.

The areas selected were both economically deprived; however, this was particularly the case in Hessle Road. The area was facing major social and economic transitions, including substantial out-migration of local people (people selling up and sometimes abandoning properties), in-migration of marginalised people like people seeking asylum, high crime levels and drug-related issues, widespread vandalism including setting fire to cars and attempted demolition of empty properties, intergenerational conflict, as well as new business developments and regeneration initiatives. While the community was vocal about its concerns in the local media, it was largely dependent on city-wide strategic housing and regeneration plans. The poor social and housing environment dominated community members' concerns to the extent that it was difficult for both local people, and therefore the project, to focus on other concerns. In this way, the Community Care Development Project worked with local people to address some of these wider issues, most particularly the need for youth work in the area.

In contrast, while New Bilton Grange was a relatively stable community, it was also a newer community with fewer established community resources. Here, while issues such as crime and anti-social behaviour were a concern, there was a general consensus that the main issue that needed addressing was the lack of community facilities and associated activities. In this way, a key focus for the community, and therefore the Community Care Development Project, was exploring the possibilities of establishing a community centre.

Because of the dominance of contextual factors, the Project Co-ordinator needed to be fully familiar with local issues. While this was achieved, it proved a difficult task for a single worker to work across two different areas in the city. The pilot experience pointed to the need for dedicated local workers in any one area. Further, while in one area the community appeared to welcome the initiative from day one, the second area took some time to value the project. The local areas were chosen by the project Steering Group and it is possible that early community consultation with areas, before selection, would have led to increased ownership of the project.

It should be noted that alternative approaches to an area-based community care development are possible. The Scottish community care development project (Barr *et al.*, 2000) demonstrated that similar projects could be developed in a wider geographical location (including both cities and rural localities). However, projects of this nature tended to adopt a more specific focus for the work (for example, working with one particular community care interest group rather than attempting to address care and support needs more generally).

Learning points

- A small-scale intervention, like a community care development project, operates in a wider socio-economic and cultural context: the nature and pace of the project will be influenced by these local conditions.
- In some areas, significant socio-economic problems (e.g. derelict housing) need to be addressed alongside more targeted initiatives such as a community care development project.
- A dedicated worker is needed for each area: one worker working across two areas is unsustainable in the long term.
- Consultation with communities should be considered prior to selecting areas for a community care development project.

Community development

In terms of mainstream community development, the project made a considerable impact in both areas of Hull. Chapter 3 documented a number of community development outcomes. The project was successful in facilitating the establishment and operation of effective community networks that both provided new structures for involvement and increased participation levels, such as the Hessle Road Network. In both areas, new facilities were opened up for community use and, in Bilton Grange, work was in progress to establish the first community centre for the area. New activity-based groups were set up and supported by the project, like the Local History Group and Craft Group. In the process of developing these initiatives, community groups and active community members were supported in increasing their skills and confidence.

In addition, the community was assisted in raising £500,000 of new funding, which included the employment of seven new workers in the West Hull area, as well as facilitating a number of local training opportunities. While this represents a modest injection of resources compared to wider regeneration initiatives, the developments were community-led and impacted directly on local residents. Training and job creation were not explicit aims of the project, so they represented a 'spin-off' from the project.

More generally, the availability of resources for community development was crucial. The existence of relatively accessible pots of money like the Community Initiatives Budget proved important for small-scale developments. However, despite attempts at a national level to make community funding accessible, groups faced considerable problems accessing and managing larger regeneration monies. Funding timetables and delays were also experienced as a problem, with community groups feeling powerless compared to statutory bodies. Existing community infrastructure, including the church and a local community centre (or lack of one), proved key to development.

Resources invested into capacity building proved valuable, with key active community members who developed confidence and skills emerging in both areas. This, along with their commitment, led them to develop a number of new activities. However, development was heavily reliant on these key individuals in the community

and extending participation, and involvement, to all sections of the community proved difficult. The community groups that emerged also sometimes struggled to command loyalty from both community members and statutory agencies. Community politics sometimes meant that new community networks received a mixed reception, with some sceptical about networks that were receiving significant public resources. More generally, the community itself was not always cohesive in its views. Differences of opinion among community members were also evident, in one case affecting the future sustainability of an association.

Were these community developments sustainable in the long term? It was clear that the project played an important catalyst role in both areas, generating activity where previously there had been little or none. Despite capacity building, some groups were dependent on extra resources for future developments and a lack of volunteers was a problem in both areas. Without paid development support, some groups were concerned that they would be unable to sustain activities. A three-year project did not appear to have been long enough to support all new initiatives to the point of self-sufficiency. An exit strategy meant that new community workers were eventually employed in both areas, but there was a gap between the project ending and this occurring.

Learning points

- Community networks require considerable resources to ensure that they are able to consult widely with community members.
- The goodwill and commitment of key active community members are key to successful development, but these key players are often over-burdened and need greater external support.
- Employment and training opportunities for local people can be a spin-off of community care development.
- Funding opportunities that are community friendly (easy to apply for, easy to monitor), with short time-scales, are needed to encourage small-scale community developments.
- Larger-scale regeneration initiatives can bring large sums of money into an area but community groups still often find the process lengthy, confusing and disempowering.
- Sustainability is a key issue, with most groups needing some longer-term support from a development worker.

Community care service development

The overall aim of the project was to encourage and facilitate communities in addressing unmet lower-level community care needs within the local area. The extent to which this aim was achieved is dependent on how 'community care' is defined. Some community representatives defined 'community care' as promoting a caring and healthy community, and a feeling of community spirit. Using this definition, much of the general community development work discussed in the previous section could be considered as contributing to a community's ability to care for itself and its members. However, using a more specific definition of community care, concerned with the support of more vulnerable members of the community, the project was less successful in meeting its aims.

Within care and support agendas, the project achieved most in terms of addressing preventative and health promotion agendas. Activity-based groups often incorporated a caring philosophy to their group's rationale, which led to community members specifically inviting more vulnerable members to attend the groups and the provision of valued low-level social support within the groups. Community networks and forums also examined community and health issues that they might not

otherwise have done, including one of the community networks appointing a health and social care officer, and a community centre setting up and running a local Health Garage.

In addition, the youth work supported by the project in West Hull also represented a community care outcome. While youth work is not traditionally defined as community care, many young people using youth services are also supported by social services and/or criminal justice services, and are often vulnerable as a result of past experiences and/or present living circumstances. Young people at risk are also a key target group for Supporting People services. In West Hull, the work with the young people, although problematic and challenging, appeared to mark a turning point in the community's ability to care for its younger members. It was also clear that young people were viewed by other local residents as a 'problem' and barrier in developing a 'caring' community.

However, little activity was developed that sought to provide low-level support to people with more traditional community care needs. Occasionally, community groups did not include individuals with, for example, mobility problems or mild learning disabilities, but communities did not find it easy to establish contact with scheme-based initiatives in the area, or those isolated in the community. There appeared to be a range of barriers to this type of community care development.

First, the community did not feel as though it possessed the relevant skills and experience to provide some types of support. In consequence, while community groups were able to set up and sustain interest-based activities, such as a history group, more complex social or health interventions required the explicit support of local reliable and skilled volunteers. In addition, for larger interventions, such as youth work or health garages, formal support from statutory or voluntary agencies was paramount alongside community volunteers. However, different priorities, time-scales and cultures within the statutory sector could sometimes delay or even undermine the work of community groups. While the project assisted key active community members in working with formal agencies, the community had little leverage in terms of requesting resources and, without this, felt unable to support vulnerable community members to any great extent. The experience of the pilot project suggests that initiatives need to be supported by the formal sector as well as within the community to achieve successful community care development.

The greater involvement of vulnerable members of the community, including present community care and Supporting People service users, also needs to be investigated. In effect, many vulnerable people were invisible within the 'community' setting, particularly people with support and care needs who had moved into the local area as compared to people already resident in the area. People living in supported housing settings or in their own tenancy may have been geographically part of the local community but did not necessarily utilise community 'spaces'. Similarly, agencies working with people with support and care needs also tended to have a low profile in the community – working to meet the needs of people in an individualised capacity rather than within a community setting. A worker with an advocate role could potentially increase the user voice in the planning of community-led initiatives. Targeted work may also be needed with specific community care groups as undertaken by the Scottish community care development initiative (Barr *et al.*, 2000).

Finally, the underlying philosophy of traditional community care also needs to be considered. The community development aspect of the project was successful because it concentrated on identifying and supporting the 'strengths' and 'capacity' of the local community. However, in reaching out to more vulnerable members of the community, a 'deficit' model of care and support predominated, as is the

case more generally in this sector. A deficit model focuses on the needs and problems presented by vulnerable people, rather than highlighting their potential strengths and the likely contribution that they can make to the community (Poll, 2003). Many of the active community members had health and support needs that had not constrained their involvement in activities, and some also described how involvement in the community had provided valuable social links. It would therefore follow that other vulnerable people might also be able to contribute to the community, as well as having their needs met. A 'strengths' approach to community care development would be worth exploring in future initiatives.

Learning points

- A broad definition of 'community care' enables the needs of vulnerable groups such as young people to be included in community care development work.
- Statutory agencies need to support new community activities arising from community care development; communities do not have the resources and skills to take on new caring responsibilities unsupported.
- More generally, volunteering needs to be given a higher profile, and to be better supported, in deprived areas.
- Future work needs to involve vulnerable groups more explicitly in the formulation of local community care activities. An advocate for community care issues might perform this role.
- The potential strengths and ability to contribute to the community of vulnerable community members should be highlighted in development work.

Developing community care development strategies

One of the aims of the Hull Community Care Development Project was to contribute to community care strategy at a city-wide level. This final section considers how well this was achieved locally and also the potential for linking into strategic agendas more generally.

The project did not develop a city-wide community care development strategy as was originally intended. However, it acted as a catalyst for other organisations to consider the potential role of the community in delivering community care, as well as highlighting the importance of including health and community care issues within a community development agenda. The project had a direct input into the establishment of two new projects in a similar area: a research project focusing on people with learning difficulties and a second community care development project. The project was also involved in a number of local health and community forums, was an important player in local regeneration activity via the Hessle Road Network and also influenced the development of policies of the leading community development organisation in Hull.

More generally, strategic planning at a local level is a complex activity. High-level strategies including the Community Plan, Health Improvement Programme and Crime and Disorder Strategy, which are designed to address the health and well-being of communities, should ideally be drawn up taking account of care and support strategies such as the Community Care Plan and Supporting People strategy. Similarly, care and support strategies should also be informed by community and health strategies. However, this has not always been the case. Within a context of multi-strategies at a local level, the development of a specific community care development strategy

may be unnecessary. However, the experience of the Community Care Development Project highlights the need for community and care issues to be considered together within existing planning mechanisms. In particular, the lessons learnt from this project should inform the development of Local Strategic Partnerships where key players across sectors will be represented.

Learning points

- An initiative of this nature can add value to regeneration activities by ensuring that care and support issues are included in broader regeneration strategies.
- Similarly, a community development approach to care and support issues has the potential to highlight how vulnerable members in the community can participate to a greater extent in their local community, as well as how community members can support each other at a local level.

Postscript

Since the end of the Community Care Development Project pilot (April 2002), community groups have continued to address a range of local issues discussed in this report. While it is not possible to assess whether the project had an impact on these developments, this postscript (correct in 2003), provides a brief update on key community developments in the two areas.

Hessle Road, West Hull

- Sure Start and the Goodwin Development Trust took over the running of the Edinburgh Street Community Centre, managed by a Local Steering Group at the end of 2002.
- Youth work by the Hessle Road Youth Network and Sports Development continues working with young people in the local area.
- A new St Andrew's West Residents' Association has been set up to address concerns of the local community.
- The problem of abandoned and derelict housing has continued. A Task Force was set up comprising residents, police, community wardens, local media and councillors to examine ways forward. The local authority had planned to demolish some houses and, working with CityBuild, to offer a regeneration package, but these plans have been postponed or cancelled pending further city-wide discussions.

New Bilton Grange, East Hull

Plans for a New Bilton Grange Community Centre have progressed.

- In late 2002, it was agreed that the Sure Start Bilton and Longhill Board would lease the Nestor Grove Methodist Church for 50 years.
- The City Council, in partnership with the Board, will demolish the church premises and construct a new building to house all the partners in the project – to be scheduled in 2004. This will include a 60-place worship centre for the church, which will have greater security and reduced maintenance costs.
- The Neighbourhood Nurseries Initiative will fund the setting up of a 30-plus-place nursery within the new building.
- A wider partnership, 'The Nestor Grove Community Resource Steering Group', including representatives from Hull DOC, the local residents' association and PROBE, is seeking European funding to match local funding, to establish a community facility, with a community cafe, IT facilities, etc., which will address the needs of the local community.

Notes

Chapter 1

1 The term 'active community member' was chosen by the Joseph Rowntree Foundation Project Advisory Group members as the preferable term to describe local people who were actively involved in community activities (including those leading initiatives).

Chapter 2

1 These elements were not formally listed in a policy or procedure but were evident from discussions with the Project Steering Group and Project Co-ordinator, as well as project documents.

2 The average house price, January to March 2002, was £12,380 (postcode HU3 5AN) and represented the sale of ten terraced properties, and compared to the national average for terraced housing of £90,300 (www.upmystreet.com).

3 East Riding Health Authority statistics for 1992–96.

4 Void levels of 3 per cent compared to 9 per cent Hull average – City Council figures cited in Consortium Hull (2001).

5 This was for postcode HU9 4DB (the postcode for Nestor Grove, centre of New Bilton Grange) and represented the sale of seven terraced properties and three semi-detached houses, and compared to the national average for terraced housing of £90,300 and of £105,553 for semi-detached houses (www.upmystreet.com).

Chapter 4

1 Community development is usually characterised by a generic focus, but not exclusively so. For example, community development has always worked with communities of interest (e.g. women's groups). However, this has often involved working with specific groups, rather than assisting the wider community to address specific issues, as with this project.

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Appendix 1

Glossary of terms

Agenda for Change

A new decentralised structure designed to enable greater participation of local people in the local government decision-making process. Hull City has been divided into six Area Committees; Neighbourhood Forums within each area provide an opportunity for local concerns to be raised in the presence of local councillors.

Capacity building

Developing the ability of the community to meet identified needs. Local people are supported in their own development of new skills, approaches and ultimately activities and services.

Community Plans

A Community Plan brings together a range of local authority strategies across different areas, for example health, housing and social care, to identify local priorities and plans.

Health Action Zones

A government-supported area-based programme that brings together a range of health and other local agencies to improve the health of local communities (Hull and East Riding is one of 26 Health Action Zones in England). The emphasis is on partnership and innovation, finding new ways of tackling health inequalities and prevention and promotion.

Health Improvement Programmes

An action programme to improve local health provision and health of local people. Led by the Health Authority, the programme involves NHS Trusts, Primary Care Groups and other primary care professionals, working in partnership with the local authority and interested parties.

Participatory appraisal

A community-based research method, which aims to gather the views of local people, and by which people can also become involved in what happens in their community. Research is carried out by members of the community; collective education is achieved as people collect and analyse information. Collective action follows as communities think through and develop action plans.

Primary Care Trusts

Free-standing, legally established statutory bodies responsible for delivering health to their local population. PCTs have their own budgets, employ their staff and are able to commission new services to develop services for patients. They are able to provide directly a range of community health services, for example district nursing.

Single Regeneration Budget

A government-funded area-based programme, begun in 1994, which provides resources to support regeneration initiatives in England carried out by local regeneration partnerships. Its priority is to enhance the quality of life of local people in areas of need by reducing the gap between deprived and other areas, and between different groups. The SRB is administered at regional level by the Regional Development Agencies and, in London, by the London Development Agency.

Social capital

The benefits derived from people being able to draw on membership of social networks and other

structures, which leads to trust, connectiveness and other social goods at the individual, group and community level.

Standardised Mortality Ratios

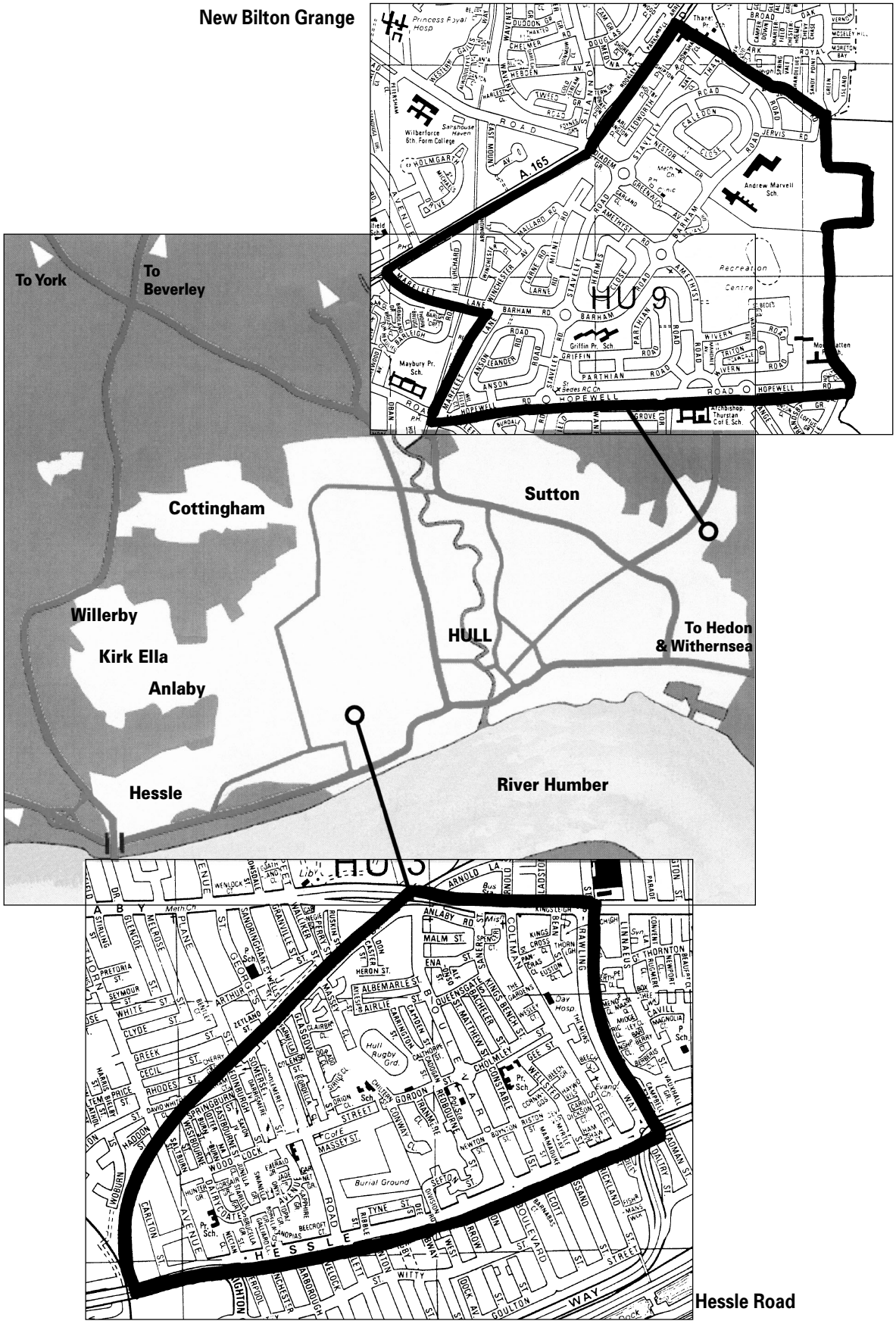
A value of 100 indicates no difference between the rate of health problems in a local area and nationally. A value above 100 indicates that health is worse than the national population. Data are standardised for both age and gender.

Supporting People

A new policy and funding framework for the provision of housing and support to vulnerable groups of people. From April 2003, a number of present funding sources of supported accommodation, including the support elements of Housing Benefit, Housing Corporation Supported Housing Management Grant and the Probation Accommodation Grant, were transferred to newly established local authority Supporting People authorities. Supporting People authorities will conduct needs and supply analysis in their areas and commission new services.

Appendix 2

Maps



Appendix 3

Statistical tables

Table A3.1 Recorded crime data, January–December 2000

	Area		
	St Andrew's (Hessle) (Rank out of 20 Hull wards)	**Ings (New BG) (Rank out of 20 Hull wards)**	**Longhill (New BG) (Rank out of 20 Hull wards)**
Burglary (dwellings)	348 (6)	149 (18)	124 (19)
Burglary (other)	360 (11)	326 (16)	305 (18)
Robbery	38 (5)	6 (20)	10 (16)
Violence	185 (4)	71 (16)	92 (15)
Vehicle crime	394 (10)	336 (13)	255 (17)

Sources: *CSP News*; *Hull Community Safety Partnership Newsletter*, spring 2001

Table A3.2 National indices of deprivation

	Area			
	St Andrew's (Hessle)	**Ings (New BG)**	**Longhill (New BG)**	**City of Hull**
DTLR Indices of Deprivation 2000[1] – ward rank in England (of 8,414 wards)	146	910	530	–
Townsend Index Score 1991[2] – rank in authority	5	10	7	–
Breadline Britain Index[3] – % households defined as poor	37	32	33	29
Jarman UPA (Underprivileged Area) Scores 1991[4]				
Rank within authority	2	12	11	–
Score	40	12	19	22

Sources:

1 Indices of Deprivation 2000 (www.neighbourhood.statistics.gov.uk/)
2 Census 1991, ONS (Garnett *et al*., 2000)
3 Census 1991, ONS; Gordon, Murie and Lee (1995) Area Measures of Deprivation, University of Birmingham (Garnett *et al*., 2000)
4 Census 1991, ONS; Small Area Statistics, ONS (Garnett *et al*., 2000)

Table A3.3 Key household indicators

	Area			
	St Andrew's (Hessle) %	**Ings (New BG)** %	**Longhill (New BG)** %	**City of Hull** %
Unemployed as % of economically active residents (1998)[1]	13	9	9	9
Lone-parent households as % of all households with dependent children[2]	27	14	18	18
Residents aged 65 or over as % of all residents[2]	16	25	20	16
Pensioner households claiming Income Support as % of all pensioner households and residents of care homes[3]	50	32	24	32
Income support claimants % of resident population aged 16 or over[4]	21	15	14	13

Sources: The first four column figures reproduced from Garnett *et al*. (2000). Detailed sources for the statistics as numbered.

1 NOMIS, ONS; 1998 mid-year estimates, index 1999
2 Census 1991, ONS; Small Area Statistics, ONS
3 DSS, 1999; Census 1991, ONS; Small Area Statistics, ONS
4 www.neighbourhood.statistics.gov.uk/