

Pembroke

SHARP

Final Report



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F I N A L R E P O R T 2 0 0 5

Executive Summary



Key Learning

- The 'Healthy Living Approach' developed by the project to involve communities in local health issues built skills, confidence and engagement with residents and enabled partnership working between community forums and public bodies
- The community research process, which trained and supported local individuals to interview residents about healthy living issues, was seen by statutory organisations and local people as an effective and credible approach to consulting and engaging with communities
- Following action planning to tackle healthy living issues, residents identified changes on the ground and optimism about future improvements in their communities
- Communities demonstrated the motivation and capacity to participate in needs identification and community planning undertaken through the Healthy Living Approach
- A person was needed to support and empower community groups to operate as healthy living forums
- Genuine community participation requires partners to adopt new attitudes and to work together in new ways
- Effective community involvement is a long term process requiring time and resources within the mainstream of statutory sector strategies, budgets and activities

Background and aims of study

This action research project aimed to evaluate the 'Healthy Living Approach' to community development. The study assessed the feasibility, costs and benefits of the Healthy Living Approach in deprived urban and rural communities at different stages of community activity and participation. Processes, outcomes and costs of the Healthy Living Approach were assessed, as well as the suitability of an action research approach to evaluating the initiative. Action Research is a collaborative research method aiming to bring about change. The project worked with three Pembrokeshire communities: Monkton, on the outskirts of Pembroke; the Hubberston and Hakin wards of Milford Haven; and the rural community of Llanychaer outside Fishguard. The project partnership included community forums, statutory and voluntary sector representatives and academic collaborators. Funding was provided through the Welsh Assembly Government's Sustainable Health Action Research Programme between 2001-2005 and managed by Pembrokeshire County Council.

The Healthy Living Approach

The Healthy Living Approach to community development was developed by the Pembrokeshire SHARP Project as an innovative response to local situations where service delivery was perceived to be affected by economic decline, social exclusion, rural isolation and poor health.

It aimed to investigate whether community-led consultation on local health-related issues could create change through existing processes and resources. It operated through community-based healthy living forums and provided support to enable partnership working across statutory, community and voluntary sectors. Local people were trained as Community Researchers to gather residents' views concerning local needs and priorities. Forums used interview results to write plans recommending ways forward which were disseminated to statutory and voluntary organisations. Action Researchers provided support throughout the process by encouraging and facilitating development of new skills, approaches and opportunities for community members, forums and through the project partnership. The focus of the Pembrokeshire Healthy Living Approach was the whole community and its relationship with statutory and voluntary sectors, in contrast to conventional healthy living initiatives focusing on building-centred delivery.

Methods

▪ Healthy Living Approach Implementation

Two Action Researchers were employed to work with existing groups in two participating communities and a new forum, which was initiated during the second half of the project in the third community where no group existed. Their role was to support and co-ordinate the Healthy Living Approach and the research study. Fourteen Community Researchers recruited from the participating neighbourhoods conducted resident interviews in three communities. Two community action plans were prepared and disseminated; the third was begun during the study. Regular steering group meetings of project partners oversaw the Healthy Living Approach.

▪ Evaluation Methods

This complex community-based initiative was evaluated using a multi-method approach within the overall framework of action research. Qualitative and quantitative data were collected from:

- existing documents (e.g. policy documents, minutes of meetings)
- diaries and reflective accounts
- one-to-one and group interviews with community residents, Community Researchers, community forum members, project steering group members and other external stakeholders
- postal questionnaires
- costing proformas

Qualitative data were analysed thematically, individually and then in groups to reach consensus. Quantitative data were analysed using SPSS (computer analysis programme) and presented descriptively.

Results

▪ How the initiative worked (processes)

The Healthy Living Approach successfully engaged community members in locally identified health and wellbeing issues, and enabled partnership working between community, voluntary and statutory organisations.

In each community the approach was found to be feasible and able to be implemented by forums, within the constraints of study funding. In each area, community researchers were recruited and local data gathered through interviews with residents. In the two urban communities with existing forums, interview results were used to develop and disseminate action plans. In the third community, which joined the study in the second phase of the evaluation, a forum was formed which initiated and directed local activities.

The community research process was seen by local people and statutory organisations as an effective way of reaching residents, engaging, empowering and giving a voice to communities. Project findings indicate that communities can be supported to define their own needs and take informed decisions about where they live. Forums and public bodies reported working together to respond to identified needs.

The Healthy Living Approach was adaptable to the different participating communities and varying rates of progress, which were generally longer than anticipated. The action researchers acted as a catalyst and supported forums; they encouraged participation and built trust. Community Researchers across the participating areas received accredited training developed for the project.

The community-based methodology and partnership were reported by all partners to have given status and credibility to the project. Statutory sector partners in particular appeared to be more comfortable with – and willing to act on - information gathered through the interviews with community residents than the same views expressed in more traditional community consultation forums, such as public meetings. Public bodies said they trusted the process, although their involvement throughout the project was patchy and not well integrated into their mainstream activities. Forum members regarded statutory organisations as generally supportive despite scepticism about future support for action plans resulting from their previous mixed experience of consultation.

▪ Impact of the Healthy Living Approach (outcomes)

The study showed that the Healthy Living Approach had the potential to make a significant and positive impact on individuals, communities and the operation of statutory organisations.

In the communities

Residents interviewed in the two communities where action plans were produced were generally aware of the action plans and believed they could make a difference locally. They reported some quality of life changes since previously interviewed at the study outset – some for better and some for worse. These changes were attributed to personal circumstances or local agency initiatives. Community partners were unclear whether changes could be credited to the project, since action plans had only recently been published due to the study taking longer than anticipated.

Changes on the ground were reported, including: new community activities with some focusing on healthy living, improved street lighting, a policing initiative, estate redevelopment plans, a new recycling scheme and estate clean-up. Some positive changes were directly attributed to the project, such as tackling anti-social behaviour in one neighbourhood and formation of a new youth club in another. A community allotment scheme and local newsletters were developed through project funding. There was an overall optimism and sense of improvement, although respondents could not always specify changes.

In community forums

All forums reported increased community activity and spirit. Members of the newly established forum said the range of events and interaction locally had brought the community together. Community Researchers, forum and steering group members reported gaining knowledge, skills, training and qualifications, also confidence and insight into wider community issues, raised expectations and sense of responsibility.

Involvement in the research process created motivated participants who felt valued as individuals and as community representatives. The Community Researchers demonstrated the motivation, ideas and capacity to work beyond the limits of their role to take on data analysis, production of a video, writing a community researcher handbook, speaking at a national conference and consultancy work for the local authority. New employment and further training were attributed to their project role. They requested more influence in decision-making in the project.

In statutory organisations

Local authority-based respondents reported plans to incorporate the community engagement model into other council processes. Some action plan priorities were included within other local initiatives and a new partnership group was established to address issues in one participating community. A successful joint statutory-community bid for a £75k Healthy Living grant was based on the project evidence of community needs.

However, wider knowledge about the project appeared limited and external stakeholders appeared unsure about the relevance to managing health services. There was consensus across study groups that more commitment, engagement and appropriate representation from statutory bodies were needed to increase impact of the project and likelihood that action plans would be implemented. They felt that project potential was compromised by its ad hoc origins, limited inter-agency co-operation, short-term funding and questions about direct impact on individuals' health.

▪ Resources

The total cost of the intervention over four years was £158,852. For the second two-year project phase, when three communities participated, the cost was £110,449 or an average of £55,245 per year. In Phase 2, the breakdown of total cost by activity was as follows;

▪ Evaluation of Action Research approach

The involvement of community members in the research process was seen by all stakeholders as an effective way of reaching residents, including rural residents and hard-to-reach groups. The methods provided data that would otherwise have been difficult to obtain and resulted in spin-off benefits for those involved in the process. However, community members experienced some challenges in working with non-community partners, particularly those from the academic sector. Language and style of presentation were reported to be barriers to involvement.

The action researcher role was very important, for encouraging participation, driving the process and building trust within the partnership. However, an enduring practical and methodological difficulty was drawing a boundary between 'action' and 'research'. With both of these agreed as objectives of the project, there was continual tension between allocation of resources between the two aspects of project implementation and evaluation.

Discussion

This study provides preliminary evidence that the Healthy Living Approach can be an effective way of consulting, engaging and empowering community members. It provides credible data to review and plan service delivery as well as seek external funds.

Working with a community from its own perspective appears to encourage strong community participation and engagement and acknowledges the variety of attitudes and behaviours across communities with different cultural, economic and social histories. However, the skills, knowledge and attitudes that create community capacity need to be developed over some years if participation and activity are to be sustained and scepticism overcome. Within a long-term programme of empowerment there appear to be opportunities for extending community involvement and ownership.

Set against an overall current budget for Pembrokeshire County Council of £229 million, for example, the £55,000 annual cost of the SHARP project does not represent a huge sum. Whether or not the project represents good value for money depends on the value of the benefits produced. The costs could be regarded as investments in community development which could be expected to yield longer term health benefits. This study showed the potential impact of the Healthy Living Approach, within the context of the limited statutory engagement experienced during this period. Multi-agency involvement is critical if partnership projects across statutory and community sectors are to be effective. Sustainability requires engagement and long term commitment from agency partners towards staff, plus financial support and a willingness to respond to the community voice.

Conclusion

This research has shown that the Healthy Living Approach to community development can harness community skills and resources to provide an effective and real means of consultation. The approach requires a relatively small central investment and comes at a time when councils and providers of health care are struggling to meet the requirements of the new focus on inclusion and community participation in decision-making. In this study each of the participating communities was mobilised to voice community priorities and define ways of addressing concerns. The response from the statutory sector was, however, equivocal. Effective consultation requires not only seeking views from community partners but also providing an appropriate response across the boundaries of organisations and professions. In order to ensure that consultation results in integration of the views and priorities of communities, genuine engagement is required from statutory sector partners. This may not happen until such activities are set into strategic objectives and organisational budgets. If this is achieved, community consultation would cease to be an afterthought and could become a driving force for change on the statutory sector agenda.

Recommendations

- Community consultation and public involvement in decision-making about policy and services needs to be set into statutory sector objectives and budgets and integrated into activities in order to ensure real engagement and partnership leads to effective consultation
- Long term time scales of at least five to 10 years should be allowed for initiatives aimed at developing and sustaining partnership and engagement with communities
- The statutory sector should invest in skilled people to support communities undertaking partnership working and put resources in place to act on the results of consultation
- The Healthy Living Approach to community development should be implemented as an effective and feasible community consultation technique and evaluated further in other settings
- Follow-up research should be undertaken of the SHARP project in Pembrokeshire to evaluate longer-term outcomes
- Evaluation of complex community-based initiatives should consider using an action research approach to enable the flexibility, access and equal power relationships that are necessary to achieve effective assessment of impact