



**Community Health Exchange**

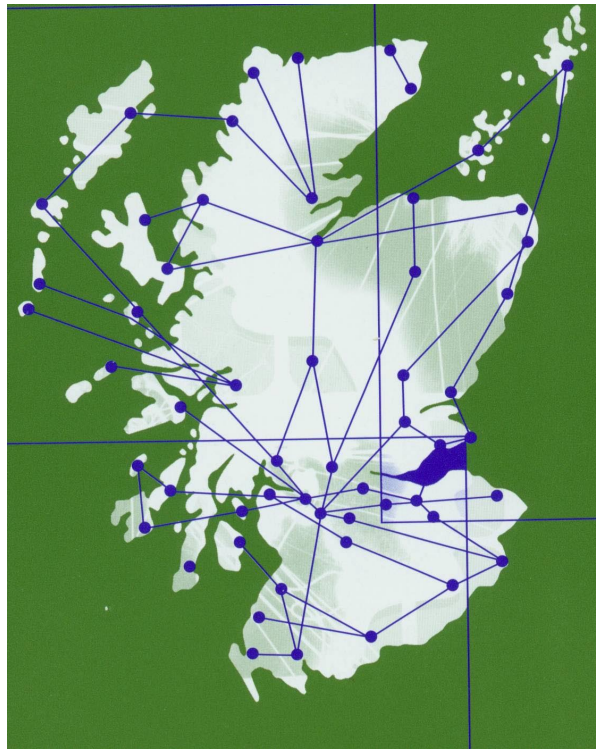
**in conjunction with**

**K.A.L.E. and East Highland LHCC**

**'Working Together for a Healthier Milton'**

Report of the Community Development Seminar

**Held on Thursday 29<sup>th</sup> August 2002**



## **BACKGROUND**

This seminar was organised jointly by the Community Health Exchange (CHEX), Kilmuir and Logie Easter Action and Development Group (K.A.L.E.), and East Highland Local Health Care Co-operative (LHCC).

The overall aim of CHEX is 'to provide a strategic framework and overview for community development and health work, maintaining a clear agenda, which promotes the methods and values of community development' within which its key objectives are:

- To provide a resource for community projects and health workers
- To facilitate networks and exchanges between community health projects and policy-makers
- To inform and contribute to the policy debate
- To meet the training and development needs of community health projects and community health initiatives

In the early part of 2002 having completed an analysis of training needs in the community health sector, CHEX decided to organise a series of seminars with the broad aim of helping community health practitioners to develop best practice in community development and health. After initial contact from staff in East Highland LHCC discussions took place between CHEX, LHCC staff and K.A.L.E. with regard to organising a community development practice seminar. This seminar would seek to explore community development approaches to health improvement with a particular focus on the village of Milton in Easter Ross.

It was therefore decided to hold the seminar at the end of August in Milton itself and inviting, not only local residents and local workers but a range of agencies whose work impacts significantly on the health of communities such as Milton.

The aims of the seminar were agreed as:

- To develop a joint vision of a healthy community
- To introduce participants to community development approaches in health and to focus on the practical application of these in Milton
- To introduce some tools and models for practice
- To provide opportunities for exchange of information and ideas
- To make participants aware of the range of further resources, support and contacts available to them

This report is a record of the overall content of the day and in particular the discussions and contributions of the participants. It is also intended to capture the key issues and ideas that were highlighted for further progression.

After an initial introductory exercise that produced much discussion, substantial hilarity and quite a few 'interesting facts' about participants we moved on to looking at definitions of community development.

### **WHAT IS COMMUNITY DEVELOPMENT?**

A full group brainstorming exercise produced the following responses to the statement 'Community Development is .....

- Organisation
- Bottom-up
- Facilities
- Empowering
- Sustainability
- Joint working
- Satisfying
- Involvement
- About people
- Best!
- Realising potential
- Sharing
- Fun

David then outlined a definition that is quite useful and which incorporates many of the ideas given in the brainstorming exercise:

'Good community development is an intervention which helps people organise and respond to problems and needs which they share. It supports the establishment of strong communities, which are knowledgeable, skilled, empowered, participative, self-sufficient, stable, organised and materially improved. Strong communities help improve the quality of life and the quality of government.' (Source: Northern Ireland DHSS)

### **ACHIEVING BETTER COMMUNITY DEVELOPMENT (ABCD)**

This model was briefly introduced by David with some key points being highlighted:

- Planning and evaluation should be integral to community development
- The ABCD model breaks community development down into a set of dimensions
- These dimensions have measurable outputs and outcomes
- Community Development must be a participative process
- Community Development operates at policy, programme and project levels
- The ABCD approach is indicative not prescriptive

- Evaluation and planning should be integrally linked

### **WHAT IS A HEALTHY COMMUNITY?**

Lynn then outlined the key dimensions of a healthy community. These are that it should be:

- Liveable – where people are satisfied and comfortable with their life circumstances: where and how they work, rest and play
- Sustainable – where there is a stable social, economic, physical and cultural infrastructure that has a lasting capacity to meet people's needs and promote community well-being
- Equitable – where people are treated fairly and justly in employment, housing, access to services, and all aspects of public life

Participants were then split into small groups to consider and develop their vision of a healthy Milton. The outcomes of this visioning exercise are as follows:

#### **Group 1**

- Employment
- Community safety
- Satisfying activity
- Motivation
- Increased confidence
- Positive image
- Access – everything
- A more settled community
- Local investment in local enterprise
- Community focus



### Group 2

- More participation
- More access to public services – health, police, etc.
- Maximising the good things about Milton
- Developing community ownership
- Increased employment/training opportunities
- New community house as a venue for many required activities

### Group 3

- Access to financial advice and support
- Community housing
- Control and respect for individuals and environment
- Transport infrastructure
- A pleasant environment – housing and recreation
- Facilities for people with disabilities
- Better social education
- A safe environment – play areas, freedom from fear of crime
- Improvement in the emotional/mental/spiritual health of young people
- Employment and training opportunities
- Drug/alcohol resources
- Youth development

### Group 4

- Infrastructure to service the area
- Milton is perceived as a good place!
- Stable housing/tenants
- Safe – there is a reduction in crime and the fear of crime (and anti-social neighbours)

- Nice to look at – visually, conservation, people
- People doing things – involvement, leverage, positive/good things
- People in the community looking after the community
- People feeling part of the community
- Bringing people together informally (not boring)
- Involving young people – who is telling who what to do, adults usually discussing these things, not young people

As can be seen from the group responses there were a wide range of ‘visions’ for what would make Milton a more healthy community. However, there were also key common areas which included – improved infrastructure and environment, greater participation and ‘community spirit’, increased employment and training opportunities, improved safety, and an improved image/perception of Milton.

## **WORKING TOWARDS A HEALTHIER COMMUNITY**

David then gave an input on the quality of life and community empowerment dimensions of community development as outlined in the ABCD model.

One of the key aims of community development is to improve the quality of community life. The model splits this into the following dimensions:

- A Shared Wealth – Community Economic Development
- A Caring Community – Social and Service Development
- A Safe and Healthy Community – Community Environmental Action
- A Creative Community – Arts and Cultural Development
- A Citizen’s Community – Governance and Development

At the core of community development lies community empowerment and the model also splits this into the following set of dimensions:

- Personal Empowerment – building confidence, skills, knowledge and understanding
- Positive Action – achieving fairness, justice and opportunity
- Community Organisation – developing activity, participation, organisation, openness and networks
- Participation/Involvement – developing involvement, strength, influence and ownership

The participants were then split into small groups again and asked to brainstorm ideas around what actions would be needed to achieve their vision of a healthy community. These were then allocated against either the quality of life or community empowerment dimensions as follows:

### **Quality of Life**

#### **A Shared Wealth**

- Credit Unions

- Citizen's Advice
- Increased revenue funding
- Money Advice
- LETS (Local Exchange Trading Scheme)
- Local training for unemployed people
- Lower transport costs
- Reasonable wage levels
- Handyperson Scheme
- Training that is of interest and relevant to people e.g. furniture restoration, gardening, D.I.Y., etc.
- Employment creation in area in conjunction with other groups e.g. Woodlands
- More involvement from Job Centre, Careers Service

#### A Caring Community

- Parent and Toddler Group
- Public Service Surgeries e.g. Police, Housing Services, etc.
- Youth Groups
- Young Milton Action Plan
- Alternative Therapies
- Evening Classes (to address skills gaps)
- Cooking Classes
- Health Professionals more closely identified with the area and known to residents
- Drop-in Centre – drugs and alcohol advice/counselling
- Adult Education
- Improvement in social skills from an early age
- Place for young people to meet
- Breakfast Club/After School Club
- Shopping Facilities
- Organised activities for children and elderly

#### A Safe and Healthy Community

- Affordable transport
- Transport
- Safe cycling routes
- Community clean-up – voluntary
- Areas for people to sit and enjoy
- Knock down some houses and sell plots for house sites
- Better housing allocation policy
- Housing improvement – repairs, letting, layout, etc.
- Speed limits
- Woodland workshop
- Go for Britain in Bloom!
- Forest Fayre
- Re-design estate (some demolition)
- Community Policing
- Allotments

- Better safe areas for children to play
- Attention to play areas
- Sell empty properties to new owner occupiers (not for re-letting)
- Neighbourhood Watch
- Café/places to eat
- Picnic areas

#### A Creative Community

- Heritage
- Promote the community's heritage and culture
- Whole community involvement – housing scheme and conservation area

#### A Citizen's Community

- Good citizenship
- Higher profile of Local Council, MSPs, MP, etc.

### **Community Empowerment**

#### Personal Empowerment

- Awareness of existing services
- Increasing capacity of young people to do things
- Promotion of volunteering
- Public relations – promoting Milton positively
- Good examples of successful projects – promotion and demonstrations
- Police links with school – development of respect
- More positive police involvement
- Community Centre
- Well-equipped community facility
- New community house
- Gathering place for all ages – with access to advice and support

#### Positive Action

- Active involvement of representatives from all age groups

#### Community Organisation

- Community projects
- Structured activities
- Regular get together of all the community groups
- Support network
- Less disharmony amongst groups and individuals

#### Participation/Involvement

- More ways of involving people who live in Milton
- Greater involvement
- A plan for involving parents
- Schools to have more involvement with community and community issues

These actions were then listed on flipcharts in preparation for the prioritisation exercise after lunch.

## **LUNCH**

The lunch-time slot proved to be very worthwhile not only in terms of the excellent food but also the opportunities for networking, environmental appreciation and musical appreciation (thanks to Henry for the impromptu didjeridoo demonstration) – much more varied than at your average seminar and well-appreciated by all.

## **PRIORITISATION EXERCISE**

Christine then introduced the next exercise which was an opportunity for participants to prioritise the actions that they had identified previously using a voting system. Participants were encouraged to use their votes both flexibly and wisely!

The results were as follows:

1. New Community Centre/Facility	-	29 votes
2. Youth Services/Involvement	-	20 votes
3. Positive profile of Milton (and its heritage)	-	13 votes
4. Development of community activities/networks	-	12 votes
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5. Training/Employment	-	9 votes
6. Woodlands Workshop	-	8 votes
7. Handyperson Scheme	-	6 votes
7. Housing Allocation/Policy	-	6 votes
9. Transport	-	4 votes
10. Surgeries – public services	-	2 votes
10. Breakfast Club/After-School Club	-	2 votes
10. Credit Unions	-	2 votes
13. Drugs/Alcohol Advice	-	1 vote
13. Accessible Health Professionals	-	1 vote
13. Play Areas	-	1 vote

## **The Cycle of Change in Community Development**

Christopher then outlined some key aspects of community development process as follows:

The process of community development can be split into 4 key areas: inputs, processes, outputs and outcomes. These terms were explained thus:

### **Inputs**

The resources that are deployed to tackle a particular issue – can include material resources, financial resources and human resources. Also include the policies of local or national government that impact on local circumstances.

### **Processes**

How the resources are applied – they may include advice/support, training, developing capacity, reflection and planning.

### **Outputs**

The specific products of the community development process – they may include specific services or events and their achievement is wholly within our control. They can both be quantitative e.g. number of places in after-school club; and qualitative e.g. a secure environment for children.

### **Outcomes**

The effects we hope that the processes and outputs will produce - such as a safer community or more influential community organisations. They are not wholly within our control as they are dependent on other factors but their achievement is the means of delivering the identified 'vision' of change. Christopher then talked through a worked example of this 'cycle of change'. He outlined the activity of a community-run after school club and what outputs and outcomes may arise from this provision as follows:

#### Output 1

Specified number of places provided

#### Outcomes

Potential for parents to enter labour market

Potential impact on family incomes

#### Output 2

Secure environment for children

#### Outcomes

Reduction in young offenders

Reduced family stress



### Output 3

Increased learning opportunity

#### Outcomes

Better performance in school

Heightened self-esteem and ambition

### Output 4

Recreation activity

#### Outcomes

Improved health

Motivation to personal development

## **ACTION PLANNING**

Participants were then split back into small groups, allocated one of the top 4 identified priorities and asked to develop an action plan for taking this particular priority forward. Each group was also asked to note down the inputs, processes, outputs and outcomes for their particular priority.

### **Group 1 – New Community Centre/Facility**

#### Inputs

Money (lots) – capital and revenue; community planning; consultation; human resources; agency involvement

#### Processes

Funding applications; fundraising events; sponsorship; surveys; questionnaires; 'planning for real'

#### Outputs

Delivery of specified services; community use of facility; increased uptake of services

#### Outcomes

Improved health; community confidence; more positive image; attracting people to Milton

### **Group 2 – Youth Services/Involvement (specifically – a Youth Club)**

#### Inputs

Community facility; different funding streams; volunteers; paid youth workers/development workers; user groups (young people); Joss Street Group; timber for new community facility and use within the youth club

#### Processes

Training youth workers (some may come from young people); fundraising; participation; user group involvement in planning activities and future; transport to Joss Street

#### Outputs

Trained youth workers; funded youth club – 2 evenings a week; community/user ownership

### Outcomes

Safe environment; increased citizenship of young people; reduction in crime; reduction in risk-taking

### **Group 3 – Positive Profile**

#### Inputs

Information/knowledge about the area; marketing budget; transport, co-ordinator

#### Processes

Leaflets; advertising; projects (and building on existing projects); participation; networking; environmental improvement

#### Outputs

Reversing the negative image; media articles; village portfolio; school projects, cycle and foot paths, interpretation boards

#### Outcomes

Increased participation; increased confidence/self-esteem; more settled community; happier community; improved image; more jobs

### **Group 4 – Community Activities/Networks ( specific example – Handyperson Scheme)**

#### Inputs

Finances; paid staff; volunteers; project plan

#### Processes

Planning; structure development; training; targeting excluded/isolated people; networking with other schemes

#### Outputs

Painting, gardening and odd job services for elderly, disabled and otherwise disadvantaged people; training opportunities; financial benefits for tenants and housing agencies

#### Outcomes

Less isolation and exclusion; sense of achievement/being needed; improved living conditions; improved career prospects; less fear of crime; increased sense of belonging/community spirit; fun

There was then an opportunity for participants to move round to the next group to find out what their action plan was. Unfortunately, due to lack of time it wasn't possible for people to circulate round all the groups.

### **SUMMARY AND OVERVIEW**

The day finished with a brief summary and a short discussion session before evaluation forms were given out and completed. Initial feedback suggests that the day provided a very useful starting point and gave good opportunities for networking although the models used may not be the most appropriate for the particular situation in Milton. Many people indicated that there is a lot of work to do to bring any of the ideas to fruition and it is hoped that the day and this report will go some way to providing a start in the process.

## **THANKS/ACKNOWLEDGEMENTS**

Planning and organisation of the seminar was carried out by Hazel Baillie (K.A.L.E.), Alison Robertson/Susan Russell (East Highland LHCC) and David Allan (CHEX). Delivery of the seminar was by the CHEX training team (David Allan, Lynn Brennan, Christine Hamilton and Christopher Homfray) and general organisation/catering by the committee/volunteers of Milton Community House, K.A.L.E. and Milton Bowling Club.

We would like to thank everyone who helped to plan, organise and run the event. We would also like to thank all the participants for their enthusiasm, good humour and active participation throughout the day – if these are replicated in progressing any of the ideas mentioned then there is a real chance of successfully achieving a 'Healthy Milton'.

**David Allan**  
**1/10/02**

## **WORKING TOGETHER FOR A HEALTHIER MILTON** **Thursday 29<sup>th</sup> August 2002**

### **PARTICIPANTS LIST**

<b>NAME</b>	<b>ORGANISATION/ROLE</b>
Linda Armit	Albyn Housing
Hazel Bailey	Milton Community House
Caroline Cameron	Head Teacher
Julia Campbell	Home-Start
Philip Chesworth	Northern Constabulary
Mairi Crow	Milton Community House
Pat Dobbie	Highland Health Council
Carol Elliot	Tenant Participation Officer
Nicola Ewing	Ross and Cromarty Enterprise

Henry Fosbrook	Milton Community Woodlands
Kirsty Fuller	School Health
Alex Hamilton	Highland Primary Care Trust
Mike Haycock	Volunteering Highland
Corral Lark	Milton Resident
Sid Lark	Milton Resident
Marie MacKay	Community Education
Lorraine Mann	Health Promotion Advisor
Peter Marshall	Milton Resident
Alison Meek	Highland Health Council
John Pridie	North Highland Forest Trust
Diana Purvis	Milton Resident
Hazel Rhind	KALE Director
Alison Robertson	Health Visitor
James Rodgers	Northern Constabulary
Colin Ross	Milton Resident
Susan Russel	Public Health Practitioner
Angus Scobbie	Milton & District Bowling Club
Liz Whiteford	Fearn Peninsula Partnership
Cathie Way	Community Safety Unit
Andy Wilson	Milton Resident
Janet Williams	Health Visitor