**COMMUNITY CAPACITY BUILDING**

**ENGAGEMENT PAPER**

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| **Purpose** | Based on previous experience in the development and implementation of the Protect Life strategy, and on-going feedback from service providers and service users through local and regional consultation. The following section outlines the proposed key objectives that aims to ensure a consistent community capacity building approach across the 5 PHA/HSC localities under Emotional Wellbeing / Mental Health and Suicide Prevention through the following baseline key performance indicators:   1. Awareness Raising and Education 2. Capacity Building and Resilience 3. Partnership working 4. Information Management   The purpose of this consultation is to engage service providers/users to input into the design and development of this approach. |
| **Further Feedback** | **Please Note:**  **In order to gain further feedback from key stakeholders, the PHA will be posting the questionnaire online from 6th November on http://www.publichealth.hscni.net**  **Completed Questionnaires are to be sent by email or post to:** [**amanda.ocarroll@hscni.net**](mailto:amanda.ocarroll@hscni.net)  **Amanda O’Carroll**  **Health & Social Wellbeing Improvement Senior Officer**  **Mental & Emotional Wellbeing and Suicide Prevention**  **Public Health Agency**  **Gransha Park House**  **Derry-Londonderry,**  **BT47 6FN**  **Closing date for returns: Friday 21st November 2014 4.00pm** |

**Are you responding as (please tick one of the following options)?**

|  |  |
| --- | --- |
| An individual  Representative of a community or voluntary organisation | □  □ |
| Representative of a Health & Social Care organisation  Representative of another Statutory Body  Representative of another type of organisation,  please specify type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □  □  □ |
|  |  |
| If responding on behalf of any organisation, please specify the name of  the organisation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

***CONSULTATION QUESTIONS / COMMENTS PAPER:***

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| **PHA DEFINITION OF CAPACITY BUILDING AND COMMUNITY DEVELOPMENT** | |
| The PHA has adopted the definition of Capacity Building as described by the Department for Social Development[[1]](#footnote-1): *‘the process of supporting individuals and community organisations to help them better identify and meet the needs of their areas. It involves building on the existing skills, providing opportunities for people to learn through experience and increasing people’s awareness and confidence to enable them to participate more fully in society.’*  Community Capacity is more than skills, people and plans it requires the following elements to be effective;   * people who are willing to be involved * skills, knowledge and abilities * community cohesion * ability to identify and access opportunities * motivation and the experience to carry out initiatives * community organisations, supportive institutions and physical resources * leadership and the structures needed for participation * economic and financial resources * enabling policies and systems.   **Community development** requires and helps to ‘build community capacity to address issues and to take advantage of opportunities, to find common ground and to balance competing interests’ (Frank and Smith, 1999). Community development is dependent upon a certain level of capacity within the community and can develop this capacity further.  Community Development is a term for which it is difficult to secure a common definition and understanding. The DHSSPS produced a useful definition in 1997:  *“Community Development is about strengthening and bringing about change in communities. It consists of a set of methods which can broaden vision and capacity for social change and approaches, including consultation, advocacy and relationships with local groups. It is a way of working, informed by certain principles which seeks to encourage communities – people who live in the same areas or who have something else in common – to tackle for themselves the problems which they face and identify to be important, and which aims to empower them to change things by developing their own skills, knowledge and experience, and by working in partnerships with other groups and statutory agencies* “(DHSSPS Regional Strategy, 1997-2002.  Another useful definition has been put forward by the 2009 National Occupational Standards for Community Development:  *‘Community development is a long-term value based process which aims to address imbalances in power and bring about change founded on social justice, equality and inclusion. The process enables people to organise and work together to:*   * *identify their own needs and aspirations* * *take action to exert influence on the decisions which affect their lives* * *improve the quality of their own lives, the communities in which they live, and societies of which they are a part.’*   **The importance of building strong communities to promote mental health and prevent suicide:**  A sense of belonging and being connected to and supported by a community is an important protective factor. Local community programmes, projects and activities that aim to build individual and community capacity and resilience can significantly influence the prevention of suicide and suicidal behaviours. This includes needs in relation to preventing suicide. Community capacity is the ability of communities, organisations, groups and individuals (collectively) to build their structures, systems, people and skills so that they are better able to work towards and achieve their shared objectives. | |
| 1. ***Do you agree with the above definitions of community development and community capacity? YES / NO***   ***Please comment:*** | |
| **Based on previous experience and Protect Life Strategy / Implementation feedback from service providers and service users through local and regional consultation activities over the years, the following table outlines PHA suggested key objectives proposed for a community capacity building approach across the 5 HSC/PHA localities to ensure consistency in order to measure impact & effectiveness.**  **This is to determine ultimate key performance indicators:** | |
| **Key Objectives of Service Proposed** | **Description** |
| 1. **1. Awareness Raising and Education** | * A service that would: provide guidance to local communities through:   + Promoting positive strategies and initiatives to help build individuals and communities emotional resilience   + Promoting awareness of Emotional / Mental ill Health,   + Depression Awareness, and Suicide and Self Harm:   These are mainly effective when linked to promoting services and promoting help-seeking behaviour. Evidence suggests that this is effective in de-stigmatising help seeking.   * Signpost Communities to support services through:   + promotion of support services:   + user friendly directories and information on referral pathways – promoted widely e.g. cards, posters, websites. (to reach for example cross sectoral practitioners, marginalised and disadvantaged groups including LGBT, rural communities, ethnic minorities, unemployed and more). * Information giving / sharing: Keeping community and voluntary groups updated on new developments regionally/locally. * Raising Awareness of promoting emotional health / mental health and suicide and self-harm support initiatives available across their locality. * Work with PHA communications team to support with the promotion of regional campaigns, and support in discouraging peer media portrayal of suicide. Encouraging good news stories of hope and support and promoting positive mental health messages and raising awareness of support services and projects. * Promotion of the “5 ways to wellbeing” / ‘Take 5’ initiatives   (founded by *The New Economics Foundation, the ‘Five Ways to Wellbeing’* is a set of evidence-based public mental health messages aimed at improving the mental health and wellbeing of the whole population).   1. **Connect** 2. **Be Active** 3. **Take Notice** 4. **Keep Learning** 5. **Give** |
| 1. **2. Capacity Building & Resilience** | * Empower communities to become more involved in and take ownership of mental and emotional wellbeing and suicide prevention initiatives in their local area. * Provide / Signpost to approved training/awareness programmes which meet the PHA training standards or equivalent by educating key community gatekeepers including; ASIST, MHFA, Safetalk, Drugs & Alcohol programmes, Self Harm training, Resilience programmes. * Support Communities to develop local initiatives and source resources to implement them. |
| 1. **3. Partnership Working** | * Facilitate and encourage joint working with local service providers to implement holistic approaches to enhance appropriate signposting into the relevant support and/ or projects & initiatives for local communities. * Connect with local staff delivering the Community Alcohol and Drug Information and Networking Service (CADINS) and ensure information exchange with drugs and alcohol Locality Service Providers Network. * Develop appropriate links to other health improvement areas including community development/Healthy Living Centres, physical activity, education, workplace health, sexual health, BME, travellers, poverty etc. * Where necessary/appropriate connect with the local ‘Talking therapies hubs’, particularly promoting awareness of ‘Tier 1’ services that are available to help step down clients from Tier 2 services. * When appropriate – provide support to Community Response Plans. * Facilitate a local peer support system to bring local service providers together who will be working towards the PHA Quality service standards. |
| 1. **4. Information Management** | * Contribute to new research / evidence from local knowledge, relationships and experience. * Share / update on local information / developments. * When required – assist PHA and other relevant bodies in the carrying out of PPI activities and key stakeholder consultations. |
| 1. ***Do you agree / disagree with the above definitions/approach?***   ***Please comment:***   * **Awareness Raising and Education** * **Capacity Building & Resilience** * **Partnership Working** * **Information Management** | |
| 1. ***Are there any gaps / what is missing?***   ***Please comment:*** | |

1. Department of Social Development NI, http://www.dsdni.gov.uk/vcni-community-capacity-building.pdf [↑](#footnote-ref-1)