Health and Social Care Board

Public Health Agency

# Community Development Strategy

# Summary of Consultation Responses

**May 2012**

In bringing forward the Community Development Strategy, the Health and Social Care Board and Public Health Agency held a series of pre-consultation events across each Health and Social Care Trust area during 2011.

These events were attended by approximately 300 groups and organisations. In addition there was a formal 12 week consultation phase which ended on the 2nd of September 2011.

Sixty organisations submitted written responses, and the following is a summary of the responses received. The comments made have been taken on board and are reflected in the redrafted Community Development Strategy.

## Analysis of Feedback

### Organisations:

| | |
|---|---|
| Service user/individual | 1 |
| Community sector | 20 |
| Voluntary sector | 10 |
| Statutory sector | 26 |
| Other | 3 |
| **Total** | **60** |

### 1. Do you think that the strategy will be helpful in your area of interest or work?

A little to a lot

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| Responses | 1 | 1 | 1 | 2 | 1 | 1 | 8 | 10 | 4 | 7 |

### Summary of comments

There was general endorsement of the Health and Social Care Board and Public Health Agency's commitment to community development and the need to continue to work in partnership with key stakeholders and communities.

Groups were keen to ensure that there is involvement of the wider community/voluntary sector in the strategy's development to secure a local focus and meaningful, inclusive engagement, so citizens have a say in shaping and delivering a safer and shared community for all.

It was stated that the strategy needs to set a strategic context to meet shared vision and cross cutting objectives such as partnership working, and that it should be a driver for agencies to work together at local/community level, particularly sharing scarce resources in the current budgetary climate.

There was support for recognising 'people and communities as co-producers of health and wellbeing, rather than passive recipients of services'. It was agreed that one way of supporting this is by adopting community based approaches and a community development strategy potentially provides the framework under which this can be achieved.

Feedback notes that the strategy also, rightly, describes health and well being as being beyond the physical, noting that improved self esteem, empowerment and increased ownership of health interventions can be tools which make a contribution to improved health outcomes.

As the strategy document acknowledges there are many programmes currently in operation which demonstrate the strength of a community development approach. General feedback described the strategy document as providing good examples from throughout Northern Ireland.

It was suggested that there is a need to increase volunteering rates in Northern Ireland and in particular, there is huge potential to increase volunteer involvement in the public sector.

It was also noted that the strategy is a key document both at regional and local levels, recognising that prevention is better than cure. However, it needs to link well with community planning.

One response stated that there the link between health and social inequalities and subsequent offending needs to be acknowledged. The strategy should link to other agencies' strategic objectives including for example, the Department of Justice – Community Safety Strategy.

The asset-based approach to community development outlined within the strategy was welcomed. There were some queries that the proposed level of investment was not clear.

## 2. In your opinion is the strategy clear in what it intends to do?

A little to a lot

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| Responses | 1 | | | 3 | 4 | 4 | 7 | 12 | 4 | 1 |

**Summary of comments**

There was general agreement that the strategy was clear, in that it sets out the high level strategic intent in relation to taking a community development approach. One organisation said that the strategy does not develop in detail what will actually be done, and that care needs to be taken about implementation. Some believed that the strategy will require a major cultural shift within current commissioning bodies towards better partnership working. If this approach is fully integrated it will assist service commissioners to develop more specific objectives, more measurable outcomes and clearer performance targets.

It was suggested that the strategy requires longer-term thinking and approaches and this should be reflected in the duration of service level agreements and contracts, which ideally should move away from annually renewable to longer term three year periods. There was also a request for a short glossary.

It was acknowledged that the strategy intends to make a community development approach integral to future development in health and social care in Northern Ireland. In doing so the strategy will enhance bottom-up top-down links and bolster relationships with community groups. It was recognised that where tension arises the community's perspective will be stressed as it is often less powerful than that of public agencies.

One organisation would be keen to see the role of advice services embedded in the strategy and in the outworking of the strategy.

There was a view that the strategy document and management plan set out a coherent plan of what is intended, but in some aspects may need further

clarification. As the document notes, resources and capacity will vary between organisations making it difficult to establish how much new or enhanced activity the strategy will generate. It could strengthen the implementation of the strategy if the lead agencies provided a stronger steer as to expected levels of activity.

It was felt to be a positive step that the lead community development professionals will work directly to the Strategic Lead for the strategy as this will expedite decision making and work towards an organisation wide understanding of the benefits and challenges of community development approaches. It was said, however, that it is unclear in the strategy if the posts mentioned will be core or long term posts. Again this may be an operational matter for individual organisations but it is another area where a steer from the lead agencies may be helpful.

There was a general view that the Performance Management Framework is a high level document and is clearly presented. The performance management framework, with its focus on outcomes and a '3 step approach', was particularly welcomed. However, it was suggested that timelines need to be clearer in relation to the '3 step approach'.

Making the strategy operational will likely have cost implications in the short term. There was a suggestion that accountability for compliance may need to be strengthened.

### 3. Is the Performance Management section clear and understandable?

A little to a lot

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| Responses | 1 | | | | 6 | 5 | 6 | 15 | 1 | 1 |

It was suggested that it would be useful to seek congruence between the performance management of community development, PPI, patient experience and equality in order to maximise effectiveness and reduce the reporting burden on Trusts.

### 4. Do you agree with the Conclusions and Recommendations in the Summary Document?

| | |
|---|---|
| Yes | 28 |
| No | 5 |

**Summary of comments**
There was general agreement on the conclusions and recommendations of the strategy. Some points highlighted that:

- there is a need to emphasise the role of Community Development in working with people who are vulnerable or marginalised;
- there is a challenge to the HSCB and PHA to provide appropriate funding as there is no reference to the costing and resourcing for the strategy implementation;
- it is important to have a good evidence base for understanding community development and its impact on health and wellbeing;
- the procurement process should not exclude smaller community organisations;
- GP involvement will be important to the success of the community development strategy;
- HSCB and PHA may need to consider a broader evidence base for children and young people and community development and its impact on health and wellbeing, drawing on local, national and international evidence.

This was a general welcome to the approach taken in developing the strategy, including pre-consultation workshops, and calls for ongoing public engagement at all stages of the implementation process.

One comment noted the need for the management plan to set out a range of specific targets on consultation and engagement methods to ensure that a range of approaches appropriate to age, ability and level of engagement are employed.

There was reference to developing better funding, service level agreements and working arrangements with the voluntary and community sector itself, and how the sector can be more closely linked with the Health and Social Care, government/statutory sector in helping to deliver on the community development approach.
General feedback supported the idea that government and statutory sector bodies cannot be successful in engaging with the public nor can they fully

enact a community development approach without very close partnership working, relationships and resourcing the voluntary and community sectors. Their involvement in the process should be seen as essential in taking the strategy forward.

A few suggested that a possible future structure could be with one overarching reference or strategy group representing the key organisations, for example HSCB, PHA, , Health and Social Care Trusts, community sector and voluntary sector to oversee the implementation, monitoring and evaluation of the strategy.

A suggestion was made about the need for further thinking on how community development is delivered in a segregated society. This would be usefully informed by the work on mapping social assets by Community Evaluation Northern Ireland, Community Foundation for Northern Ireland and the Department of Social Development.

### 5. Are you satisfied with the outcomes of the screening exercise?

| | |
|---|---|
| Yes | 19 |
| No | |

### 6. Are there any other issues in relation to equality and human rights that you think should be highlighted?

“There is a need to ensure that people who are homeless and offenders are acknowledged within the strategy document.”

“The chronic and intractable issues of equality and human rights for people with a learning disability must be addressed alongside other marginalised groups within the action plan.”

### 7. In your opinion has any major issue been omitted?

No response.

**Summary of comments**
It was suggested that there are serious challenges in implementing this strategy within the current financial constraints. One response stated that

the emphasis on specialism in social care, particularly in social work has significantly reduced the available skills resource in the workforce for this type of work. The strategy represents a significant and challenging culture shift for organisations and practitioners. The international evidence emphasises that while it is essential to have a clear and consistent lead from commissioning bodies, better outcomes are achieved when communities actively engage with policy agendas and are able to interpret them at a local level.

It was suggested that there needs to be clarity about how the implementation of the strategy will be communicated to the community and to service users. "Delivery partners in the voluntary and community sector are sophisticated enough to understand this and a communication strategy directed at service users and the community would contribute greatly to the implementation of the strategy." Organisations within the voluntary and community sector may be a natural conduit for this communication as they are already engaged in working with the service user groups.

It was also suggested that "there needs to be an adequate identified regional budget which is effective and efficient"
Added supports and resources will be needed to build the capacity of members of low-income communities to enable them to fully engage with the strategy in an equal partnership.

It was suggested that: *"The big idea: putting people first* has the potential to transform frontline services (across government, private and voluntary sectors), boost staff morale and maximise returns on investment in this era of cuts and efficiencies."

It was suggested that the 'roll out' of this strategy provides an opportunity to learn more about the way in which new approaches to health can improve social cohesion and increase amounts of social capital.

It was noted that the strategy also recognises the importance of involving volunteers as a means of 'promoting active citizenship and enhancing service delivery'. It could also highlight the potential of participation in volunteering itself to deliver an improved sense of wellbeing and support better health outcomes.
It would also be important to reiterate the need to link closely with the PPI Strategy and the forthcoming Policy for Developing Advocacy Services.

It was noted that the needs of children with special educational needs and marginalised young people need to be included.

“The link with community development and reducing offending should be included. Underlying healthcare needs such as substance misuse, mental health and learning disability issues are often the drivers of the offending behaviour in the first instance”

It was also stated that the needs of Victims and Survivors need to be included in bringing forward the strategy.

**8. Do you or your organisation want to be involved in taking forward this strategy?**

A total of 44 organisations stated that they would like to be involved in bringing the Community Development Strategy forward.

**9. Please provide any other comments, evidence of information that you wish to share.**

**Summary of comments**

Suggestions included; “the consultation document in the section “how community development works” effectively sets out the beginning of a theory of change. It might be helpful going forward to work this up into a logic model. This would help with the identification of outcomes and could help integrate regional strategic outcomes with more localised and community based plans, which might also be underpinned by a logic model.”

“For this strategy to work it will not only need to address skill sets in existing staff but influence the qualifying and continuing professional development training of a range of staff/professional groups. Once again this emphasises the scale of the cultural shift challenge that this strategy poses”.

“There is a need to continue to include community and voluntary sector organisations as partners in addressing the health and wellbeing agenda. Enhance multi-agency approaches that embrace prevention and early

intervention as the key to ensuring neighbourhoods and communities are safe areas where everyone can feel secure and meet their diverse needs."

"Health and social care organisations need to encourage models that facilitate the transfer of resources to maximise community development shift left agenda and joint outcomes."

Appendix 1

## Community Development Strategy Consultation Responses

| | Organisation |
|---|---|
| 1. | Action Cancer |
| 2. | Action for Children |
| 3. | Advice NI |
| 4. | Armagh City & District Council |
| 5. | Autism NI |
| 6. | Banbridge District Council |
| 7. | Belfast City Council |
| 8. | Belfast Health Cities |
| 9. | Belfast Health Development Unit/PHA |
| 10. | British Deaf Association |
| 11. | CAWT |
| 12. | CDHN |
| 13. | Centre for Effective Services (CES) |
| 14. | Community Pharmacy NI |
| 15. | Community Places |
| 16. | Community Relations Council |
| 17. | COSTA |
| 18. | Craigavon Borough Council |
| 19. | Dept of Education |
| 20. | DHSSPS |
| 21. | East Belfast Community Development Agency |
| 22. | East Belfast Partnership |
| 23. | East Down Rural Community Network |
| 24. | Eastern Group Environmental Health Committee (EGEHC) |
| 25. | Engage with Age |
| 26. | Extern |
| 27. | Greater Shankill Partnership |
| 28. | Health Food for All |

| | |
|---|---|
| 29. | Housing Executive |
| 30. | Institute of Public Health in Ireland |
| 31. | MH Review Tribunal |
| 32. | NHSCT |
| 33. | NI Ambulance Service |
| 34. | NIACRO |
| 35. | NICEM |
| 36. | NICVA |
| 37. | Parent's Advice Centre |
| 38. | Parenting Forum NI |
| 39. | PCC |
| 40. | PHA Northern Health Improvement Team |
| 41. | PHA Southern Health Improvement team |
| 42. | PlayBoard |
| 43. | Positive Futures for People with a Learning Disability |
| 44. | PSNI |
| 45. | Rainbow Project |
| 46. | RNIB NI |
| 47. | Rural Community Network |
| 48. | SEELB |
| 49. | SEHSCT |
| 50. | Shankill Women's Centre |
| 51. | SHSCT |
| 52. | Skills for Life – Learning Centre CIC |
| 53. | South Antrim Rural Network (SARN) |
| 54. | South Belfast Partnership Board |
| 55. | The Commission for Victims & Survivors (CVS) |
| 56. | Ulster GAA |
| 57. | Volunteer Now |
| 58. | WHSCT |
| 59. | Women's Forum NI |
| 60. | Women's Resource and Development Agency |
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