FROM ISOLATION TO TRANSFORMATION WITH C2

'Giving communities back their self- belief by creating hopeful futures'

"*During the three decades of my career in general practice, the health gap has grown wider, despite numerous costly central initiatives. This shameful state of affairs deserves a different approach rather than more of the same*". Dr Jonathan Stead 2015

"*What my long career as a nurse with a special interest in health inequalities has taught me is that it's not* ***smoking, alcohol, obesity*** *or* ***substance misuse*** *which are the greatest determinants of poor health in low income communities, but rather* ***powerlessness, hopelessness, disconnectedness and passivity.*** *The former are merely ways of coping with the latter, with catastrophic health consequences*" Hazel Stuteley 2014

Introduction

It is an inescapable fact that for decades, costly interventions seeking to 'fix' Britain's most disadvantaged communities, where poverty, crime, unemployment and poor health are rife, have largely failed. The ongoing human cost is heartbreaking and the cost to the public purse is immense. The layers of challenges presented are undoubtedly complex and appear, in many cases, to be intractable. How is it possible then, to change the fortunes of these communities, with their embedded layers of learnt behaviours, aspirations and cultures, within both residents and their service providers?

This chapter describes the development and practical application of Connecting Communities:

a transferable programme based on complexity principles, which consistently brings transformative change in health & social well being , to disadvantaged communities across the UK.

C2 BACKGROUND: The Beacon Project 1995-1999

The story begins in Falmouth, Cornwall, where the Beacon Project, led by two Health Visitors, transformed an extremely challenged social housing estate (population 6000) suffering poor health and violent crime , against a backdrop of poverty, unemployment and sub-standard housing. [1]In 4 years, housing stock was radically improved, crime was halved and unemployment fell. There was no start up funding. Residents and service providers, who had collectively reached a tipping point, formed a partnership of equals, the Beacon Community Regeneration Partnership which met monthly for the duration of the project. The residents themselves, with agency support, generated monies needed to improve housing. An unexpected by-product of this collaboration was a dramatic improvement in community physical & mental health and educational attainment. To date these outcomes have not only been sustained but, in the case of crime and antisocial behaviour, rates have actually improved year on year.

Health, environment and educational outcomes between 1995- 1999

Health, environment and educational outcomes between 1995- 2001

Health Benefits	Environmental Outcomes	Educational Outcomes
Increased breast feeding rates by approximately 50%	£1.2 million accessed by tenants and residents + further £1m 'unlocked' as a result	On site training for tenants and residents
Postnatal depression rates down 77%	Gas central heating to 318 properties	After School Clubs
Child Protection registrations down 60% Childhood accident rate down 50%	Loft insulation in 349 houses: cavity wall in 199; external cladding to 700	Life Skills courses
50% reduction in incidence of asthma and schooldays lost	Fuel saving estimated at £180,306 p.a., releasing disposal income to residents	Parent and Toddler Group
78% Reduced fear of crime	£160,000 traffic calming measures	Boys & girls key stage 1 SATS up 26%
Beacon Care Centre providing on site health advice	Provision of safe play areas and Resource Centre	IT skills
Sexual health service for young people	Recycling and dog waste bins	Crèche supervisor training
All levels of crime including violent crime reduced 50%	Skateboard Park	boys SATS key stage 1 results up 100%

Unemployment Figures

[1] Payne S, Brenda Henson, David Gordon & Ray Forrest (1996) POVERTY AND DEPRIVATION IN WEST CORNWALL IN THE 1990s Statistical Monitoring Unit School For Policy Studies, University of Bristol

Number of adults out of work and claiming job seekers, allowance in the Penwerris ward.

	June 95	June 96	June 97	June 98	June 99	June 2000	June 2001
Women	69	68	48	47	39	34	30
Men	356	241	208	151	172	197	103
Total	425	309	256	198	211	231	133

Office for National Statistics.

DISCOVERING COMPLEXITY THEORY TO ENABLE TRANSFERABLE SPREAD OF BEACON PROJECT: 2002-5

The project delivered startling outcomes, which rightly resulted in national and international recognition for Beacon as a 'flagship' for community renewal. In 2001 co-author Hazel Stuteley, Health Visitor to the Beacon Estate for a decade, and co-founder of the project, was seconded to the Department of Health, which was looking for national 'spread' of the work she had led. However developing an analysis and an understanding of how this dramatic transformation came about, proved difficult to articulate and even harder to identify credible, transferable methodologies. It should be remembered that the Neighbourhood Renewal Unit culture then, was very focused on process and costly, 'top down' interventions [2] Citing trust, connectivity, listening and relationship building as being key, along with viewing residents as the 'solution, not the problem', was met with large scale cynicism, and the process stalled.

In the 21st Century there is now compelling biological evidence that lacking control over one's immediate environment, coupled with poor social networks, causes the damaging health behaviours leading to community breakdown. [3] Our experience to date is that all this is entirely **preventable** and t**reatable.**

Then in 2002 Hazel was introduced to complexity theory by GP Dr Jonathan Stead (fellow co-author) after a chance meeting, who arranged for her to attend a complexity workshop led by Prof. Eve Mitleton-Kelly, which provoked the following response:[4]

"Although the presentation was nothing to do with community development, I was mesmerized by it. What I heard being described was a process, which uncannily and exactly, mirrored the intuitive methodologies we used to lead the Beacon Project. It placed great value on widespread connectivity, the creation of new relationships and dialogue based on trust. Conversations, humility and respect, I now realised, contributed hugely to the creation of that all-important enabling environment, which released the resourcefulness of this community to become self- organising and achieve such significant and dramatic outcomes. Sitting

[2] New Deal for Communities http://extra.shu.ac.uk/ndc/downloads/general/A%20final%20assessment.pdf
[3] Health in Scotland (2009) Time for a Change: Annual Report of the Chief Medical Officer
[4] Community Regeneration and complexity,

through that presentation was one of those rare, life-changing moments of self- enlightenment and I knew we could make all this happen again for other communities."

Transferability was now a potential reality. Viewing disadvantaged communities as complex adaptive systems was clearly key as was the **non-linearity** of the approach used. In Beacon, transformation had occurred as a result of **resident self-organisation** and **co-evolution** of trust between them, the agencies, and their environment, resulting in '**new order'.**

Further introductions to other complexity enthusiasts from Exeter University, quickly led to the foundation of the Health Complexity Group in 2002. Funding was procured in 2003 for the group to carry out retrospective research in Beacon, using complexity theory as the explanatory framework, to identify and understand transformative change factors, whilst simultaneously tracking and capturing the enablers and barriers to successful community regeneration, just beginning in nearby Redruth North. In 2004-5 the Community Regeneration Evaluating Sustainable Transfer report [5] was published, leading to the development of the Connecting Communities programme, rapidly nicknamed 'C2' (to avoid confusion with other similarly named interventions) and the C2 7 step delivery framework below

Insert [C2 7 step model]

The C2 approach

Mirroring CREST findings in Falmouth and Redruth, the 7 steps have been developed to create an enabling infrastructure to effect demonstrable behaviour change in residents and service providers, as a result of the co-evolution of new relationships within an enabling environment, with a strong emphasis on connecting and listening. New co-learning is introduced at strategic, community and frontline service delivery levels at regular intervals, providing **active feedback loops**, throughout the course of delivery.

Overarching principles of C2: The C2 7 step approach is NOT delivered as a project, but designed to bring a lasting culture shift in the way that services work with communities and vice versa. 'C2 is for life not just for Christmas!'. Support and peer learning continue long after the initial step delivery, via the C2 national network, at no cost to the communities involved.

The focus at street level is on **collaboration, co-learning** and **creating new relations**, to harness the collective creative powers of residents working as equals with Police, Education and Local Authority services across the spectrum.

The **starting point** is a dysfunctional, fragmented, disconnected neighbourhood with low levels of community engagement and the end result is a confident, **resident-led, resilient, self-managing**

[5] https://medicine.exeter.ac.uk/research/healthserv/healthcomplexity/researchprojects/crest/

community with high levels of engagement and reduced levels of disorder. The C2 '**People & Provider Partnership'** is the vehicle for this, providing a lasting, self-renewing mechanism of neighbourhood governance and ongoing problem solving. Usual outcomes in the short term (within a year) are a significant drop in anti-social behaviour (ASB) and greatly increased social capital and community networks. Up to 4 years further down the line, measurable improvements in health & well- being generally emerge.

The C2 delivery support team is drawn from a richly experienced range of practitioners from academic, NHS and community leadership roles. All have in-depth experience of the C2 7-step approach.

The 7 steps are implemented within 18-24 months, embedding the values of trust, humility, compassion and respect from 'strategic level to street level'. As its full title suggests, C2 connects communities in three different ways:

- ***Within themselves -creating networks and mutual co-operation;***
- ***With local service providers -building a parallel 'community';***
- ***With other C2 communities across the UK, getting and giving inspiration, peer learning directly from one place to another, and exploring adjacent possibilities.***

Implementation of the practical application of complexity principles.

The foregoing has briefly described the background and development of C2.

What now follows will describe and discuss each step, it's alignment with complexity theory, and some of the methodologies used.

To conclude we will also explore some of the challenges faced during implementation and include a selection of impact outcomes from selected communities, successfully using this approach.

C2 7 Step framework

STEP 1: Building firm foundations and locating the energy for community change.

C2 begins creation of enabling conditions and new relationships needed for community transformation at strategic, frontline service delivery and street levels. C2 Strategic Steering Group (SSG) established. Target neighbourhood is scoped and local C2 secondee appointed. 'Key' residents identified to jointly self-assess baseline connectivity, hope & aspiration levels.

This step can take up to 6 months and is key to success of further steps. Creating a receptive context for transformative change is essential and very much depends on readiness to change, within commissioners and their partner organisations.

Getting strategic buy-in to begin to 'work differently' is the essential first step. The sponsoring organization, whether a Clinical Commissioning Group, Local Authority or Housing Association needs to demonstrate board level support for frontline staff to begin to work differently. This extends to stakeholder partner organisations and will typically include representation from Police, Fire service, Education and NHS if Health are not lead commissioners. A Strategic steering group (SSG), meeting monthly for a year, is established and they are given early learning , a clear 'road map' of the 7 steps, how C2 works and what it leads to.

Known within C2 as the 'dynarod' group, they act as 'unblockers' for frontline workers to work differently where resistance frequently occurs at middle and frontline management level.

This group must also include one or two 'key' residents, (so called because they have the potential to 'unlock' and **release** community capacity) to provide an expert credible 'voice' for the target community. The C2 team identifies these residents carefully as they are vital to success and are residents with energy, sense of humour and greater readiness than most to pursue improvements where they live. Described as 'gold dust' within C2 team they need to be carefully nurtured and valued by everyone.

During this step, information is gathered, mostly at street level, to identify the multiple dimensions of the **'problem space'**, ie the background to the community's decline and the multiple factors, socially historically, culturally and economically that have led to **locked-in behaviours*** of both residents and service providers in the past, which have prevented growth and kept it in this space. An example to illustrate this from Beacon:

> 'Behaviour becomes locked in when it seems that any potentially beneficial outcomes which might accrue from changing behaviour are outweighed by the investment that would be required to undertake the behavioural change in the first place. Typically this is because of the effort that would be required to encourage everybody else to adopt this new form of behaviour. In the case of the Beacon Estate (Falmouth) the telling evidence of locking in of behaviour was the reluctance of residents to report crimes to the police, especially cases of vandalism, because of the fear of reprisals which might follow. In a similar way, statutory agencies began to avoid the estate unless specifically called on to intervene, citing the common assumption that actively visiting the estate would only lead to more trouble and more work. The system lacked potential for any possible examples of innovative behavior to spread through it.[6]

Most importantly at this early stage, C2 must bring a spirit of hope to both that things can be different, and a sense of what could happen within the **possibility space.** This is built on further in step 2.

C2 uses a baseline 'connectivity and hope assessment scale' and scoring system, adapted from the 'Toronto indicators of community capacity '[7]which works best when used informally to stimulate discussion with mixed focus groups of providers

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[6] Durie, R. and Wyatt, K. (2007), 'New communities, new relations: the impact of community organization on health outcomes'. Social Science and Medicine.

[7] Working with Toronto Neighbourhoods toward developing ndicators of community capacity. Jackson et al at Centre for Health Promotion, Department of Public Health Sciences, University of Toronto. Health Promotion

and residents. This is repeated with the same groups 18 months on to highlight impact of increased levels of connectivity and hope.

The appointment of a local C2 community worker is made for 12-18 months, to become trained via secondment to the C2 team. This not only supports **local operational activity** via a person with local intelligence, but ensures that in- depth skills, knowledge, and '**learning by doing'** C2 in target neighbourhood, is embedded for future sustainability of this way of working and it's future replication, using original site as exemplar for others.

From this starting point C2 then sets out to address ALL of the key dimensions identified within the problem space, using 7-step framework as vehicle to achieve this.

STEP 2: Gathering and connecting the 'journeymen'. 'What's it like to live/ work round here?'

Establish C2 Partnership Steering Group (PSG) of front line service providers with key residents, who share a common interest in improving the target neighbourhood. Hold connecting workshop and identify team of 6-8 members to attend 2 day C2 '1st wave' Introductory Learning Programme.

Neighbourhood 'walkabouts' and informal chats with residents, frontline workers and local community groups by C2 team, accompanied by key residents, are essential in building a visual picture, visceral 'feel' and a deep understanding of the **'lived experience**' of what it's like to live and work there. This is often the best way to recruit membership of the Partnership Steering group (PSG) described next.

The PSG is made up of people who commit to the C2 7 steps and mirrors the strategic group (SSG) except it is made up of frontline service providers and an expanding number of key residents. The group, supported by C2 team, provides steerage towards the setting up of the C2 'people & services' partnership in step 4, and will ultimately become the 'backbone' of this. A PSG typically includes representation from **residents, NHS, Housing, Police, Fire Service, Education and Local Authority** as a minimum. Representation from Youth, Children's Services and any other local organisation having a prominent role within target neighbourhood, is a welcome addition. The group works best with around 20 members.

The Connecting Workshop

The two 'communities' of residents and service providers are often meeting for the first time. Mistrust, the 'them and us' culture, built up over many years, needs to be dissipated by creating **new relationships.** The first move is for the professionals to begin to behave differently and demonstrate new behaviours, by **actively listening to resident's lived experience** and visibly caring for residents eg by serving tea. Co-learning starts today. This early behaviour change is powerful. C2 experience bears out that when the professionals change first, residents will then reciprocate. This is the beginning of a subtle shift of power in the relationship from 'power over' to 'power with'.

This initial workshop has 4 purposes:

- **For all members of PSG to connect**, and to begin breaking down barriers by learning about and seeing each other as people for the first time.
- **For C2 to facilitate a shared vision and commitment** to what 'people and services' partnerships can achieve together ie opening up 'possibility space' and to deliver a clear 'road map' of the 7-step approach and timescale.
- **To identify team of 6-8 members to attend local C2 Introductory learning programme** to gain new understanding around skills and mind-set needed to deliver 7-step approach.
- **To understand and plan the Listening Event in step 3** and collectively work together to make this happen.

The Introductory Co-Learning Programme

Connecting the SSG to the PSG. Ideally this is a 2 -day residential, providing opportunity for informal new relationships to be formed between strategic, frontline and resident stakeholders in C2. Designed for them to begin to explore the 'adjacent possibilities' offered by C2, course tutors include resident leaders from recent and long-term, transformed C2 sites. Site visits to local C2 communities are an integral part of this.

STEP 3: Listening together to the community.

PSG plans and hosts Listening Event to identify and prioritise neighbourhood health & well-being issues and produces report on identified issues, fed back to residents and SSG a week later. Commitment established at feedback event to form and train resident led, neighbourhood partnership to jointly tackle issues.

This is where the community begins to move from the '**problem space'** to picture the '**space of possibilities'.** The Listening Event provides a list of issues identified by residents, which is internalised by service providers present, identifying shared priorities for joint work, building on the **new relationships** and moving towards a **new order.** Community issues are **emergent** and unpredictable, but always 'do-able'. Service providers are always pleasantly surprised by the seemingly 'small' changes, which communities want. This event usually heralds a sense of growing **interdependence** between community and providers.

The C2 Listening and Feedback Event

These are a fun but powerful and pivotal step towards transformative outcomes. They are specifically designed for PSG to not only create together, but to **collectively host and listen** to the community. This is based on C2 experience that communities always know what they need to 'heal' themselves. There is a great deal of detail associated with the 'lead in' to this event provided by C2 coaches eg how it's publicized, how to get people there etc. A local resident paired with a service provider personally issues attendees a 'doorstep' invite. This is designed not only to embed ownership of the event across spectrum of

service providers and key residents who make up PSG, but to signal to the community, who often suffer high levels of 'consultation fatigue' that something **different** and worthwhile is happening here. All attending are invited to attend C2 **feedback event, a week later**, to receive an easy to read report, compiled by members of PSG, on what they've said and to start planning how to tackle prioritised issues via formation of a 'People & Services' partnership. This event is often a rich source of engagement of a 2nd wave of key residents. Press releases need to be prepared for both events by PSG as this not only spreads the word but positive press coverage is helpful in deconstructing what maybe a community's negative perception of itself.

STEP 4: Formalising People & Services partnership and further exploration of 'space of possibilities'

Constitute partnership which operates out of easily accessed hub within community setting, opening clear communication channels to wider community via e.g. newsletter and estate 'walkabouts'. Host exchange visits and meetings with other local community groups and strategic organisations. Identify '2nd wave' of 6-8 new learners to C2 Experiential Learning Programme.

Membership will be drawn from the PSG in terms of service providers but is now open to an expanded number of residents who will take on **executive roles** with agencies on the committee in a supportive capacity.

The partnership demonstrates that power has shifted to the residents since there is a resident Chair and a majority of residents on the committee, supported by the service providers. This is a demonstration of the **new order** that has emerged. The partnership now jointly prepares an action plan to tackle issues identified in the Listening Event, pulling in more residents and building wider **networks**, and often identifying **emergent leaders** along the way, amongst residents and service providers. We now see spontaneous community **self-organisation,** and evidence of taking responsibility for their neighbourhood, because they now have a leading role in becoming part of the solution to neighbourhood dysfunction and potential for improving their own environment.

Constituting the People & Services Partnership.

Because this is the long-term, resident led mechanism for continued growth of the community, the partnership needs to be formally established to give it credibility and 'teeth'. It builds on the new momentum, relationships, energy and optimism developed in first 3 steps. C2 offers expert guidance on this and how to set up the partnership. Again a press release to publicise new partnership and public meetings leads to expanding 'ripples' of information and further community engagement.

The Neighbourhood Hub

Important that these premises are visible and easily accessed, as this will not only be the HQ for the partnership meetings, but also, in time, become the 'beating heart' of the neighbourhood, offering a wide range of information and signposting services. Often a member of PSG can suggest suitable premises, which ideally can be used free of charge, at least in the short term until partnership fully established. Communicating with the wider community is essential and the '**feedback loop'** can take many forms, eg a newsletter, dedicated facebook page, website etc.

Exchange Visits

These visits are possibly the single most powerful success factor of all the 7 steps in terms of accelerating peer learning and opening up the '**possibility space'** for both residents and service providers. The way it works best is to take as many members as possible from the PSG in a developing neighbourhood, to visit an established C2 site to meet residents and partners and 'see for themselves' the level of transformation and what's been achieved. The feedback is always 'If they can do it so can we'. And they do!

Then developing site, a bit further along 7 steps, hosts a return visit, which is defining for them because they can then 'stock take' on their progress so far. Although included in step 4 it may be necessary to do this visit during step 1, if there is no collective sense within PSG that change can happen or indeed, what it looks like when it does.

The 4 day residential Experiential Learning Programme (ELP)

Now we have reached step 4/5 it's usually the case that we now have a very committed 2nd wave group of residents and providers, who may not have been part of step 1. Even if they were it's now timely to nominate a team of 4-6 learners to attend the Exeter ELP[8], which could be described as C2 'immersion' and team building course. This is a unique opportunity to meet with other teams from across UK and learn not only the complexity theory and principles which underpin C2, but how to interpret this theory into reality during a day of visits to long established South West C2 sites, who have now been officially recognised by University of Exeter as Guide Neighbourhoods (GNs). The GNs are a source of learning, inspiration and in complexity terms offer 'exploration of adjacent possibles' for fledgling partnerships.

STEP 5: Consolidating relationships and ongoing co-learning

Monthly partnership meetings, providing continuous positive feedback to residents and SSG. Celebration of visible 'wins' e.g. successful funding bids which support community priorities, and promote positive media coverage, leading to increased community confidence, volunteering and momentum towards change. Partnership training undertaken to further consolidate resident skills.

Positive feedback loops have the effect of reinforcing the **new order**, and publicizing stories in the local press changes the narrative of the community. Decades of bad publicity are being replaced by positive stories, giving a feeling of hope in neighbouring districts. Changes can begin to happen very quickly, usually in **non-linear** directions.

Partnership meetings

There is absolutely no substitute for regular monthly partnership meetings. They are the 'glue' that keeps the neighbourhood on a forward trajectory by systematically tackling the issues identified at the Listening Event. Cost effective and often free solutions and early wins happen surprisingly quickly, engendered by the creativity, diversity and multiple leverage points afforded by those seated around the table. These must be publicised using range of media resources and celebrated publically to keep that all-important positive feedback to wider community loop flowing.This is also often the point at which the service providers recognise that their workloads are easing, conversely, as a result of this extra activity and improved intelligence eg neighbour nuisance and ASB may be measurably reducing. By now we will also be seeing an increase in volunteering levels.

[8] C2 Connecting Communities Experiential Learning Programme
https://medicine.exeter.ac.uk/research/healthserv/healthcomplexity/researchprojects/c2/

Training Opportunities

Resident collective confidence will now be increasing and this is a good stage to further consolidate and improve skills levels particularly around committee skills. There are usually training opportunities locally and links with local volunteers organisations will be able to provide contacts. There are also excellent national organisations such as Trafford Hall[9] in Cheshire that run an exciting range of community resources.

STEP 6: Residents as co-producers of services

Community strengthening evidenced by resident self- organization eg. setting up of new groups for all ages and development of innovative social enterprise. Accelerated responses in service delivery leading to increased community trust, co-operation, co-production and local problem solving.

In all communities, new problems arise all the time. In resilient C2 communities, these problems are seen as opportunities for further **self-organisation** and sustained **transformation.** These communities are no longer dependent on a few key individuals, there will be a dispersed 'army' of **emergent leaders** who understand the nature of and how to optimize the **new relationship** with the service providers.

Further Community Self-organisation and emergence of social entrepreneurs

This is an exciting sign of community strengthening reflecting increased collective confidence and can be defined as:

- The spontaneous coming together of a group of residents to create a new activity
- NOT directed or designed by someone outside the group
- The group decides WHAT needs to be done, the HOW and the WHEN[10]

Residents are now starting to take pride in and responsibility for their neighbourhood and C2 often witnesses early self-organised groups coming together during step 6 to improve green spaces, derelict land and to do neighbourhood 'tidy ups', removing rubbish and graffiti.

Our consistent experience is that these activities are often the starting point for a range of social enterprise opportunities, offering employment and further education.

There will now be greater trust and more effective communications between services and people because it is visibly evident that agencies are listening and responding, so now is a good time for the Partnership to promote activities targeting poor health.

Opportunities to maximize community receptivity

[9] www.traffordhall.com

[10] Professor Eve Mitleton-Kelly (2003) Ten Principles of ???

Our experience suggests that most residents are completely unaware of how poor their collective health is or the differential in life expectancy between them and their more affluent neighbours and are often outraged and shocked. C2 has witnessed on many occasions the greatly increased uptake for health promoting activities when this 'goes public'. The knock on socio-economic effect of large- scale improved health behaviours cannot be underestimated as it impacts on employability, anti-social behaviour and educational attainment.

STEP 7: Towards long-term sustainability

Partnership firmly established and on forward trajectory of improvement and self-renewal. Key resident/s employed and funded to co-ordinate activities. Measurable outcomes and evidence of visible transformational change, e.g. new play spaces, improved residents' gardens, and reduction in ASB, all leading to measurable health improvement and parallel gains for other public services.

At this stage, **new order** is firmly established, with many stories of successful resident-led community improvement. The partnership now has much to offer in support of other disadvantaged communities to be brave enough to **self-manage** their neighbourhood as well. They become a source of **co-learning** and part of the wider national C2 **learning network.**

This is an exciting time when the 'opportunity space' has been maximised and there is visible transformation in the way the neighbourhood looks, improving quality of life for all. Agencies are also finding their jobs easier and reinforcing **interdependence,** so essential to work towards long-term **sustainability**.

So far the Partnership will have functioned on an entirely voluntary basis but as activity and networks increase, the administration now involved will outstrip the capacity of even the most dedicated volunteers. At this point it makes sense to apply for funding to pay for a part-time key resident to co-ordinate all Partnership activities. The national C2 online webinar series, offers opportunities for existing C2 partnership co-ordinators to support and share expertise with those seeking to achieve this.

What does a strong community look like?

All C2 Partnerships have so far stood the test of time over many years and have continued to operate this highly effective model of neighbourhood governance. Many outcomes, particularly health, will not be apparent for up to 5 years but our evidence shows that once transformed, neighbourhoods never slip back to the way they were, suggesting that Partnerships set up using the 7 step approach are self-renewing, with built in resilience.

How will we know when we've achieved this?

Residents consistently define this as being where a high proportion of people:

- Are generally satisfied with their neighbourhood
- Feel that they belong and are proud of where they live

- Self-organize groups, events and hold budgets
- Regularly volunteer
- Get on well with people from different backgrounds
- Feel that they have influence and control in decision making

A selection of community impact outcomes from communities in the South West using the C2 approach:

Now that the approach has been explained, this section could be called '**so what'**!
What measurable difference did working in this way bring to challenged communities?

A mix of quantitive and qualitative evidence of impact of this approach is therefore illustrated below, together with brief context. However we recommend reading the full stories behind these outcomes which will be available on the LSE website dedicated to this chapter.

NB Although dates are given for initial operational **project** activity, most are now embedded organisations within their communities of origin, still going strong and operate as social enterprises, often with charitable status, supporting long-term sustainability.
Also worth noting is that all examples had no start up funding. The participants themselves procured whatever funding was required, often minimal, as projects unfolded.

All examples used in this chapter took place in Cornwall before national 'spread', where funded commissions began in 2010- 2013. Outcomes from these are still emergent and 'hard' data is still being gathered, but all promise to be equally transformative.

Beacon Project: Falmouth Cornwall 1995-2000

The project that started it all! Set in severely disadvantaged social housing estate (pop.6000)

- Overall crime rate down 50%
- Unemployment down 71%
- Improvement to 1000 homes
- Educational attainment up 100%
- Child protection rates down 42%
- Post natal depression down 70%
- Childhood asthma down 50%

- teenage pregnancy zero

REACH (Redruth Enabling Active Community Health) 2004-2006

REACH is an example of close collaboration between a community and the emergency services.
It was a partnership between the resident led Redruth North Partnership and the South West Ambulance Service. Its aim was to provide easy community access to a known and trusted practitioner (an emergency care practitioner/paramedic), while reducing the numbers of inappropriate 999 calls. The initiative won an **NHS Health and Social Care Award** for reducing health inequalities in July 2006**.** Outcomes included:

- 210 patients treated between 2004-2006 on site, a
- 30% drop in incidence of under-age problem drinking and an 18% reduction in emergency call outs (Stuteley, 2007).

The Greenfingers project: Redruth 2004-2008

'Greenfingers' was sparked by dialogue between residents and Neighbourhood Beat Manager, PC Marc Griffin. Residents and police were equally concerned by the state of many of the estate gardens and the antisocial behaviour and lack of aspiration of some young local people not in education or employment (NEET)
A 'win win' solution was created in 'Greenfingers', literally a 'ground' breaking project.

Working in partnership with Duchy Agricultural College, it offered disaffected 16-19 year olds the chance to access training, qualifications and earn free driving lessons, in return for completing an apprentice style course in gardening (NVQ level 1)

Highly successful it has transformed not only estate gardens but the lives of its participants, many of whom now hold a driving licence, an impossible dream prior to Greenfingers, and have since accessed further education.

Outcomes from year 1 of Greenfingers

- 10 students achieved NVQ level 1
- 2 moved on to NVQ level 2
- 16 went into full time employment
- 14 passed one day First Aid training course
- 3 passed Paediatric First Aid training course

- 15 took course of 15 driving lessons and 4 went on to pass driving test
- 4 got LANTRA certificates in brush cutting and chainsaw (LANTRA is not an acronym but is the sector skill council for land skills)
- 3 took National Proficiency Tests Council (NPTC) in driving landscaping machinery

- 130 individual gardens were maintained for elderly and disabled
- 12 areas of open space were improved in conjunction with Kerrier District Council
- 1 new play area was created
- Support was given to a convent in landscaping their open space.

Latest 'Greenfingers' statistics as of 2014 are:

- **160 students have taken part so far**
- **154 attaining a Diploma in Horticulture or similar qualification, in the 5 years it has been running.**
- **Approximately 25% have gone onto employment of some nature (full/part time) and**
- **Further 25% moved onto a further qualification with the college.**

So just over 50% have gone onto employment or further education.

'OPERATION GOODNIGHT: Redruth 2008

Operation Goodnight was a ground breaking community, police and multi-agency led, voluntary curfew scheme aimed at reducing the numbers of unsupervised children and anti-social behaviour on the streets of Redruth, Cornwall, after 9pm during the school summer holidays.

Set in and around the Close Hill area of Redruth (top 2% Index Multiple Deprivation Index) and as a direct response to many months of concern expressed by residents, fed up with underage drinking, swearing and vandalism, 'Operation Goodnight' focused on encouraging and supporting parental and community responsibility.

The press launch triggered a huge media response nationally and globally.
Despite early concerns from residents it was highly successful, with high levels of compliance from young people and their parents.
Residents describe being able to sleep properly for the first time in years, and the simple pleasure of being able to keep their windows open on summer nights!

- Operation Goodnight Outcomes July – Sept 2008

- 67% reduction in anti-social behaviour (ASB) levels
-
- 64% reduction in youth-related incidents

- 71% reduction of incidents involving 10 -16 year olds

- 100% reduction in youth related crime where offender is known

The TR14ers Camborne: Cornwall 2005-2008

Named by the young people after their postcode, the TR14ers Community Dance Team was formed in October 2005 by the Police Neighbourhood Beat Team led by Sgt. David Aynsley.
It was founded in response to significant police concerns about rising levels of antisocial behaviour (ASB) and health inequalities affecting the youth of Camborne. The majority of young people that attend the TR14ers live on remote social housing estates with little social or play facilities and their families are often troubled by a raft of health and socioeconomic issues.
At a C2 Listening Event in 2005, after new relationships were built between the young people and police, youngsters said that they would love to learn to dance hip-hop and street dance. The Police team, young people and residents, worked together founding the TR14ers Community Dance Team, which attracted over 1000 youngsters at workshops provided free during the 'project' years, with the following measurable outcomes after 3 years.

- **Health & Anti-social behaviour**

  46% Reduction anti social behaviour
  60% drop in the use of tobacco, drugs and alcohol
  60% reduction in use of inhalers
  75% reduction in teenage self-harm

- **Educational Outcomes**

  22% Increased levels of educational attainment (Times Educational Supplement July 2007)
  90% reduction in truancy rates
  Weekly incidents of poor behaviour at school reduced 62%

8 young people prevented from entering Criminal Justice System

CHALLENGES ENCOUNTERED BY C2 ALONG THE 7 STEP JOURNEY:

The NHS bio-medical linear approach to health vs. C2 'health creation' approach.

A particular challenge for us as health practitioners seeking acceptance of our approach, has to do with NHS reluctance to 'let go' of bio-medical models of health, which have more to do with sickness than C2's model of 'health creation'. These approaches are especially problematic because they always look for direct, linear causality, which is almost impossible to find within a complex system. For commissioners, embracing complexity means being comfortable with emergence of unpredictable outcomes. A tough call for most!

We therefore discourage external evaluations of C2, as most still use a bio-medical lens through which to measure change. We prefer community and agency 'self-evaluation' as an ongoing process throughout the 7 steps. As part of this DVD clips filmed by residents or agencies, provide powerful testimony to track ongoing community change. However this is sometimes viewed as 'unreliable' evidence by traditionalists.

(Some C2 dvd clips have been uploaded to the LSE website dedicated to this chapter)

Organisational resistance to change.

The joys of working with this approach are many, but bringing transformation to communities often referred to as 'wicked problems', undoubtedly presents many challenges at an operational level, given their many layers and decades of embedded learned behaviours, both of the residents who live there, and the service providers who work there.

Perhaps surprisingly for the reader, by far the greatest challenge encountered during implementation comes from **organisational resistance to change,** from organisations threatened by the need to share power with residents, and to think and work differently.

It has been our consistent experience that the 'worst' most dysfunctional and disadvantaged communities at street level, invariably have a highly controlling, hierarchical, but often equally dysfunctional local authority (LA) operating at strategic level. This has no doubt evolved as a response to coping with the extremely challenging conditions encountered.

The culture of LA regeneration teams employed to 'fix' broken communities, is invariably one of 'doing to' rather than 'doing with' resulting in large-scale community passivity, which is a huge barrier to transformative change. This is why essentially we build new demonstrable and visible learning in to the 7 steps, with an aim to change mind-sets and bring a culture shift.

However the mantra here is 'handle with care'.

Over the years the C2 team has learned to use great sensitivity and compassion when introducing the 7-step approach, to this often crowded LA 'market place' of service provision, all separately striving, with the

best of intentions to bring improvement. The most often heard comment is 'we're already doing what you do' or 'we've already done the 7 steps and it didn't work' the implication being that yet another intervention is unnecessary and unwanted.

So to co-create the necessary conditions and receptive context essential for the approach to work, requires an understanding of how to change mindsets and deal with resistance.

We have found the Beckhard- & Harris[11] change formula extremely useful in understanding, dealing with and assessing both the 'readiness to change' and the scale of organizational resistance.

Using this scale we have also learnt to say 'no' to some commissions before they start, if the scale of resistance encountered during step 1 is deemed too great for successful community outcomes within the designated timescale. The 'readiness to change' factor is essential. Our advice to the commissioning body would be for them to work on their receptivity to new approaches and return to us at a later date.

'Power crazed' residents and service providers!

This happens quite a lot as a result of the delicate balancing act within the 7-step approach of redressing the loci of control within disadvantaged communities, leading to equity of influence and control between people and services.

The transitional journey for a resident to make from being passive recipient to becoming a co-producer of services, is often challenging, as is the vice versa situation of sharing power for service providers and elected members (local councilors). C2 has often encountered stark personality changes from participants in both camps, who seemingly turn into mini dictators overnight!

Dealing with this is always stressful and requires understanding and compassion. To hopefully prevent this, we introduce a 'C2 Code of Conduct,' originally put together with residents during just such an episode, early on in Steps 2-3.

Another way to minimize this is in the careful initial identification and selection of 'key' residents during Step 1. So called community 'activists' often have the loudest voice but are not always helpful, as our experience demonstrates they often create a barrier to broader community engagement. Although well intentioned they frequently believe they are representing their neighbours views, when in fact they are fixating on what is often a single issue that is not representative of what matters locally. They are often a 'turn off' for both residents and providers. As they are nearly always present, our solution is to 'dilute' them with other more representative voices, chosen as described in Step 1, and they usually either respond and 'toe the line' or walk away, often to return at a later date, by which time the community voice is stronger and better able to absorb their enthusiasm.

Understanding the effects of poverty on behaviour change.

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11 Beckhard and Harris

Finally, many challenges for C2 arise as a result of service provider's failure to understand the reality and behavioural effect of low-income living, and to recognize their own need to change their behaviours, in order for the community to change theirs.

Chronic poverty causes chronic disease, educational failure and impoverished aspirations.

Simply managing the state of poverty requires enormous amounts of mental energy in particular. The constant preoccupation with coping with a family on inadequate resources is enormously depleting. And yet we 'expect' residents to volunteer, become co-producers and work alongside us as equals. The fact that they do speaks volumes for human spirit! And of course, in time, their 'lived experience' changes immeasurably for the better.

In C2 we prefer to speak of 'capacity release' rather than 'capacity building', which has long been the predominant mantra for those involved in community renewal. 'Building' capacity assumes a deficit 'empty vessel' needing to be filled. Knowing capacity is already there, just needing the co-creation of enabling conditions to release it, makes for a totally different asset-based mindset from the outset.

In any case it simply would not be possible to build capacity if it was not already there. In our experience it always is, even in the bleakest neighbourhoods, but it is **latent,** overlaid with mistrust, lack of confidence and the stress and exhaustion of coping with multiple disadvantage.

To release this transformative capacity to change, requires respect, empathy, self-belief and most importantly, new relationship building at street and strategic level.

We are in no doubt that complexity science embraces all these principles, and offers a conceptual and practical framework for reversing community decline and improving health inequalities, that has eluded the UK for decades.

We know its already happening and C2 is now transforming and making a difference for thousands, in low-income communities across the UK, via a mix of social movement, organic spread and commissioned sites.

The final challenge is for policy makers within NHS and Local Government to make the shift from C2 as a peripheral activity to becoming mainstream practice. For the NHS preventive 'health creation' approaches are now acutely urgent given the unsustainability of the acute sector.

The good news is that we have their 'ear' and they **are actively listening to C2!**

Hazel Stuteley OBE Dr. Jonathan Stead MRCGP