

'From Isolation to Transformation'

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Introduction

A plethora of initiatives have been introduced over the last couple of decades, all designed to improve the circumstances of people living in disadvantaged communities. Perhaps the most notable national example in recent years was the *New Deal for Communities* (NDC) programme, launched in 1998. An evaluation of the impact of NDC schemes, conducted during 2006/7, showed that the greatest improvements were in relation to 'place' rather than 'people' (Beatty et al. 2008). Perceptions about the areas in which people lived undoubtedly improved, not least those concerned with safety and crime. However, success in achieving the 'people' outcomes, such as health, educational attainment, and employment, was less evident.

Not all community initiatives, however, derive from national programmes such as *New Deal*. Many are much more local in origin. Sometimes stimulated by energetic professionals or by the residents themselves, these locally inspired ventures are invariably highly organic in their development, responding to opportunities as they arise. This sometimes gives rise to criticisms of poor planning on the part of both academics and professionals, and certainly complicates the process of evaluation. In practice, they merely reflect the fact that such schemes do not evolve in controlled environments; they are living initiatives that respond to ever changing circumstances and possibilities.

Is community regeneration replicable?

Even where local indicators infer success, the organic nature of such programmes can be highly problematical in attempting to replicate them elsewhere. Firstly, the components of the venture are not always as well described as they might be. Secondly, the processes leading to local decisions are nearly always described after the event, rather than contemporaneously, frequently leading to criticisms of distortion or inaccuracy. Finally, it is almost unheard of for these local schemes to have an evaluation strategy built in from the outset. Activists, not academics, lead projects of this kind. Moreover, funding for evaluation is rarely available. Measurements of success are usually based on local community perceptions and/or the post hoc use of existing datasets, such as GP returns or Census data. This gives rise to criticisms by researchers as to the validity of any conclusions and whether or not it is possible to imply cause and effect. As such, the 'transferability' value tends to be diminished in the eyes of both policy-makers and fund holders.

Even sophisticated qualitative evaluation methods would fail to capture the sheer energy, enthusiasm, and vibrancy of many locally initiated community development

projects. Sometimes for the first time in their lives, residents feel a sense of empowerment and control. Housing renovation, landscaping a run-down estate, job creation - the starting point is relatively unimportant. The key is that any development should address locally determined priorities, and that the community should feel a sense of control over the initiative and the distribution of resources. An improvement in environmental conditions, attributable in large measure to their own endeavours, frequently spurs community leaders on to even greater achievements.

This is a case study of one such initiative and of how changes in one community inspired and enabled other communities to follow suit. It is set in Cornwall, a UK region where the loss of traditional industries, such as mining, boat building and fishing, has undermined many communities over recent years. The decline in economic prosperity and the geographical isolation have taken their toll on local people. It is a tale of passion, trust, hope and hard work that could be echoed in many other places across the UK.

THE BEACON ESTATE

The experiences described below are those of the first author. They are set in Cornwall, the 'other' Cornwall, and the one hidden from the tourists. This piece is about community life in the poorest ward in the poorest county in England. Secondly, our experience shows that frontline practitioners working 'with' not 'on' the residents they are there to support can achieve transformational outcomes in health and social care, against overwhelming odds. Simple small steps creating unstoppable momentum for change.

The challenge.....Hazels story:

In the mid nineteen-nineties I found myself leading a remarkable process, which saw a deeply disadvantaged 'sink' estate transform itself by the end of the decade into a nationally renowned 'flagship' of community renewal. The Beacon Estate [population 6000] comprises most of the council ward of Penwerris, Falmouth in Cornwall. Built largely during the 1940's and 50's to provide social housing for the employees of the once thriving docks industry, the quality of the housing stock was poor. The most recent national poverty index ranked Penwerris among the most deprived 10% of wards in the country.ⁱ In 1995, 50% of the 1500 homes lacked central heating, illness rates on the estate were 18% above the national average, and it had the highest percentage of children living in households with no wage earners.ⁱⁱ The crime rate was frightening and worse still increasing. Poor social cohesion and limited social networks were clearly evident. Substance abuse was rife and vandalism a major problem. Unemployment levels were running at 30% above the national average, exacerbated by the steady decline since the late eighties in fishing, farming, mining and the docks. Deprivation existed on just about every health and social indicator imaginable.

It was the most extraordinary experience to be a community nurse and health visitor there. Palm-lined avenues, multi million pound properties and a marina where boats owned by Jon Bon Jovi, Roger Taylor from Queen and Phil Mitchell from Eastenders were moored, surrounded the estate. 'Cheek by jowl', affluence and poverty existing in parallel universes with everyone looking the other way, pretending this 'blot' on an otherwise perfect landscape didn't exist! To make matters worse, services providing essential support to the estate were axed. Social Services closed a Family Centre in 1994, which provided 'hands on' help from Family Aides. This proved to be the tipping point for us between being able to 'get by' and an inability to meet crisis demands.

Only a third of my total caseload lived on the estate, but it felt like a 'bottomless pit' of human need. Harrowing child protection cases were potentially overwhelming and the incidence of post-natal depression was four times the national average. Teenage pregnancy was high and childhood asthma rates required the full time employment of 2 asthma nurses. Penwerris had the highest violent crime growth rate in the country. Following personal threats, at one particularly low point I needed police protection. The overall crime rate was not only high, but also increasing, and domestic violence was rife. There were even incidents, too many for comfort, of pet torture. The scale of abuse of all kinds in early life among these families absolutely horrified me. I wanted to break that cycle of abuse and interrupt the trajectory of low aspiration and achievement, which I knew was the fate of so many born into disadvantage.

Underpinning it all, the grinding poverty endured by the residents was tangible. The housing was of very poor quality. Many of the homes had only one coal fire, so in the winter it was commonplace for families to live in one room for warmth. I often had to apply for charitable funding for items like bedding and shoes, just so that children could attend school. Perhaps worst of all was the sense of isolation felt by many of the residents. They felt utterly disconnected from wider society on a huge scale. 'We thought we were scum so we acted like it' were the words I've never forgotten from a young, extremely capable mother. They didn't even know each other let alone have any connection with the statutory agencies. Social capital was virtually non-existent. We provided the only 'constant' in many of the resident's lives. The local authority's Housing Department was 11 miles away in Truro, along with Social Services, and there was no Police Station. The police presence was limited to making arrests and attending emergency call outs. Bob Mears, Police Community Liaison and Crime Reduction Officer commented later: " We only went on the estate when we had to. The community didn't trust us and we didn't trust them."

The turning point

In 1995 my fellow Health Visitor, Philip, and I literally reached a flashpoint, when a Molotov cocktail was placed under a family car. The children were absolutely terrified – and not only the children. This was a community spiralling out of control and screaming for help. We decided then and there that the escalating spiral of decline on the estate must be tackled and it seemed that the buck rested with us with everyone else seemingly looking the other way. Actually I remember feeling very excited, both by the concept of community empowerment, which was in its infancy in those days, and the challenge ahead.

Happily, Phil and I were in total agreement about the latent strengths of the residents and that they would be catalysts and deliverers of change but we also knew we'd need support from other agencies and our manager. I vividly remember tentatively outlining our embryonic plan at a full practice meeting attended by the Nurse Manager of Cornwall Healthcare Trust as it was then, Anita Filer-Cooper. The estate was notorious and there was a collective intake of breath at the improbability of our vision. However her instant response was positive, 'What can I do to help?' This was hugely empowering for us. She couldn't offer resources or extra staffing, but she did offer personal support and stayed true to her word throughout the events, which followed. She could have said 'You're Health Visitors, not social workers or community developers' as I knew some were thinking, but she didn't.

We then set about agency awareness raising of the escalating issues and gathering recruits to the Beacon Project, (so named by us as it symbolises light and hope, but ironically the Beacon neighbourhood was the epicentre of most of the violence). We held a series of

lunchtime meetings during May to September 1995 with as many Beacon service providers, including the statutory agencies, as we could muster. Given that housing was such a major issue we particularly targeted Carrick District Council (CDC) Housing department, who were the social landlords for 65% of the stock, the remainder being privately owned. We tasked each attendee to provide figures to help us build a profile of the estate, as local statistics were not easily accessed then. However, it became quickly apparent that some agencies knew little about the Estate. I remember the senior Housing Officer from CDC asking me which streets contained all the violence. It was clear that we possessed far greater local knowledge, and realised that the location of those agencies some eleven miles away (in Truro) limited their ability to help alleviate escalating problems. This suggested that the project should include the aim of siting agencies closer to the Estate.

It felt as if we met a brick wall of cynicism from most quarters, but perhaps this was understandable. A tenant participation officer from CDC had been trying for years to get a tenants and residents association going. He sent out 1500 flyers and only received a handful of responses. A local councillor was openly hostile and suggested we stuck to 'weighing babies'. The first meeting was well attended by around 28 professionals and though all agreed that the estate was nearing 'meltdown' there was a palpable sense that problems were too deeply embedded and that the people themselves were apathetic and incapable of change. 'There was no sense it could be improved' said Mike Owen, newly appointed senior Housing Officer for CDC. They were aware that housing stock was in a poor state of repair and needed a large injection of both public and private investment but there were heavy constraints on local government borrowing at the time.

Agencies gradually voted with their feet until we were left only with a degree of commitment from Mike Owen and the police, along the lines of 'show us commitment from the residents and we'll support the project' (we thought we could) and enthusiastic support from (again) a newly appointed local primary school headmaster who offered to open up his school for local meetings. This proved hugely important, as there was a dearth of meeting places on the estate. The fact that the strongest commitment came from personnel new in post also demonstrated a lack of 'locked in thinking' ie. an embedded negative perception of the estate. So, although we didn't have the scale of support we'd hoped for, we were on our way.

With Anita's support we also asked for, and got, a practice Social Worker for 2 years, solely for the estate, to free us up from the constant drain of emergency referrals. Helen shared our office, which proved of great benefit to all, and she was able to provide in-depth family support that made real and lasting difference in ensuing years.

With some agency support in place it was now time to engage community support for the project. We knew our caseload well and decided to invite 20 residents who we thought would be likely to engage their peers. We chose Mums and Dads who had displayed strengths to us during adversity eg living in a B&B, child protection issues, health problems, and who were passionate about improving life on the estate for their children. We also chose those whom we judged to have a sense of humour and be tenacious. We were spoiled for choice as there were many more than twenty who matched the set criteria. Our expectation was that 10 or 12 would commit. Of the 20 invited, all had said yes. At the inaugural meeting to bring agencies and residents together, on a cold wet December night, it was agonising waiting for them to show. The tenant participation officer sat with arms folded probably thinking 'I told you so'. In the event five residents self selected. If we were disappointed we didn't show it. You had to be brave to put your head above the parapet in those days of

street violence. Anyway five was enough to form the first ever Penwerris tenants and residents association (PTRA) which began that night.

The five who engaged went on to become known as the Famous Five amongst us all. They didn't look like a group that was going to change the world. One was a young diabetic Dad who we'd helped out of B&B, one a severe epileptic, another a postnatally depressed Mum. None of that proved a problem. Though they'd never met before, they bonded instantly and took on their new roles with ease. I've never seen a group of people change so dramatically following training provided by Carrick Housing who kept to their word. They became assertive and proficient in running meetings, fund raising and writing bids. I saw them calmly evict troublemakers from local meetings without repercussion. They clearly revelled in their new status, which must have given them the confidence to take the next huge step towards helping the estate find its collective voice.

People sometimes ask me what was the most difficult part of the Beacon Project? I think, looking back, it was to convince 5 people out of 6000 that change could happen and that they could lead it.

We felt instinctively that if residents were to be part of the solution, then the service providers needed to hear from them what the priority issues were and so, supported by PTRA and the promise by the committed agencies that they would listen, we instigated a series of 'listening events' at the Primary School. Held on consecutive Wednesday evenings, in convivial surroundings, with refreshments and a raffle, they were initially poorly supported. It was tempting to abandon this as an approach, as service providers were giving up their time and sometimes outnumbered residents. The Famous Five had just produced their first community newsletter and decided to hand deliver a copy to each household along with a 'one to one' chat about the Beacon Project and an invitation to attend a 'listening' session. With 1500 homes that meant 300 each. There was also a contentious traffic-calming plan being implemented involving 'pinch points' and chicanes, which reduced domestic parking, so a forum to protest proved popular. The result of the 'doorstepping' was dramatic and around 120 residents attended a meeting shortly after.

It was a bit scary. From the back of the room I remember thinking, 'this is the night that change will begin'. It was the first time residents had ever come together with a collective voice to face the agencies who'd abandoned them.

It was tough going for the Police and Housing. The residents became increasingly angry about the levels of crime and vandalism and the lack of Police presence. They were equally vociferous about the state of their homes. Yet it was positive and short lived anger, a large scale release of tension and clearing of the air.

To their huge credit the agency reps took it all. The newly appointed Housing officer, Mike Owen, even said 'Sorry....the service you've received hasn't been good enough'. This instantly dispelled the anger. The Police also pledged a greater presence. For the first time I was witnessing the power of the internalisation by service providers of the lived experience of the community.

1996 -2000

Soon after this meeting Carrick Housing alerted PTRA to the possibility of government Capital Challenge funding for energy conservation measures for poor housing stock. This could only be applied for if supported by a residents' association. The form was daunting, but supported by Carrick and with convincing Health statistics supplied by us, the bid was submitted.

A few weeks later I had the local radio station on in the office and heard that PTRA had been awarded £1.2 million. 'Its like all our Christmases come at once!' was the joyful quote from a resident (now Chair of Partnership).

This money acted as permission or leverage for Carrick to release a further £1m which they said (though residents were sceptical) had already been earmarked for Beacon but hitherto constrained by bureaucracy.

So £2.2millionnot bad for a project, which started out with £35.50, the proceeds of a raffle!

The next move proved pivotal. PTRA was clear that it was they who had accessed the funding and justifiably wanted a say in how the money was spent. Mike Owen agreed and decided to refurbish a former dog-clipping parlour on the estate and set it up as THE BEACON ENERGY ACTION office, which would be accessible to residents and provide a forum for the newly formed community led, multi-agency Beacon Community Regeneration Partnership (BCRP) set up to oversee the spend. This must have involved an element of risk for him but, as he later commented, 'There was a sea change of views in Carrick provoked by the new community and interagency meetings. In partnership terms we were massively ahead of our time'. (Mike was appointed CEO of Carrick Housing in 2004)

The office quickly became a community hub, manned by three Carrick staff to deal with housing and environmental issues and accessed by residents in droves. Cornwall Action Team (CAT), three staff from the Employment Service who provided a range of support to assist the unemployed return to work, used the office as a base and were very successful in tackling joblessness. CAT's services ranged from assistance compiling a CV, to money to help bridge the gap between benefits and the first pay cheque and all important moral support of accompanying residents to a job interview.

Monthly BCRP meetings were held and the whole existing housing stock was subjected to SAP ratings which measure energy loss. On a scale of 1-100 most homes today with double glazing and loft insulation would measure around 80 plus. Some estate homes measured under 10, 1, 2 or 3 in some cases. As one resident put it 'We might just as well be living in a bloody tent on Bodmin moor!'

This process was open and transparent, explained in a newsletter, and the homes with scores of 26 and under were double glazed, insulated and central heating was installed, to the satisfaction of most of the residents. The visual effect of the cladding, particularly in the brightly coloured low rise blocks which housed most of the elderly was dramatic, as a quote from one resident illustrates: 'You should think about calling it Rainbow Hill instead of Old Hill. I look at the colours and it makes me want to smile'. (Residents chose colours for their block.)

Partnership meetings were difficult at first but always well attended by agencies and residents. Phil and I took it in turns as Chair for 3 years. Trust between us all had to be earned but quite quickly it was obvious that the estate was feeling better about itself. Coffee mornings, jumble sales, fund raising events and baby shows proliferated. I particularly loathed the latter as I'd be pursued by a lynch mob if I chose the 'wrong' baby and ended up giving them all prizes!

There was definitely a growing momentum of cohesion and self-belief amongst the residents. Another tenant group, Old Hill Community Association, whose members were

predominantly elderly quickly became established and set up a luncheon club and coach outings, hampers at Christmas, a gardening club and competition.

Each meeting would bring an improvement. The Police were reporting less incidents of vandalism and crime. CAT were getting more people back to work.

We were also experiencing a dramatic change in our workload. Beacon families only formed around a third of our overall caseload but up until now had taken up most of our practice time. We were no longer their first 'port of call'. They now had improved relationships and access to the Police, Social Services, Housing and Education. This, I believe, influenced the number of new child protection referrals as parents were asking for, and getting, help before problems became acute. Families being warm had a huge impact, not having to live in close proximity in one room in winter months. Children could do homework undisturbed. Self esteem returned as more and more people gained jobs. A particularly startling 'turnaround' involved a former drug dealer, well known on the estate, gaining employment as a plasterer which he turned into a successful business, eventually employing three others and winning Carrick's award for New Employer of the Year in 2004.

He subsequently effectively 'policed' existing any new neighbourhood drug dealing.

Other agencies reported a similar easing of workload. The Police said many more people were not only reporting crime but aiding detection via provision of local intelligence networks, indicating that they no longer feared reprisals.

Housing reported that cases of 'neighbour nuisance' were reducing dramatically.

Seemingly small improvements such as children being able to shower (many were enuretic) before school and not being teased for smelling of urine, not to mention the impact of this on teachers and fellow pupils. Greatest of all, looking back, was the rebirth of community activity for all age groups, parent and toddler sessions, carnival, coach outings, skateboarding and many more activities. It was our perception that without a doubt hundreds of lives were changing for the better. People were happier, healthier and hopeful.

The meetings carried on and became almost addictive. Press articles carried good news and positive messages about the estate, which was unprecedented. Beacon was always in the news hitherto for all the wrong reasons.

We grew to understand each other's roles. I learnt about cladding, double glazing, central heating and policing. Others learnt about postnatal depression and breast feeding. A particularly joyous night came in 1999 when the Headmaster reported that boys at key stage 1 SATS results had improved 100%. I knew that postnatal depression had also dropped. There is sound evidence that boys' cognitive development is impaired by maternal depression so maybe we were seeing some tangible health improvement at last.

The forward trajectory of improvement rolled on and word was spreading abroad about the 'turnaround' of Beacon. Then in early 1999 I was contacted by Govt. Office S.W. and invited to apply for the very first regional Health & Social care award, then known as a 'Nye' (NHS equivalent of an Oscar) Up to this point, though crude data collection was ongoing, we hadn't actually measured the impact of the project via the statistics available. This was a pity but we felt we were just too busy 'doing' to stop and measure. We rather hastily counted what we could and applied with zero expectation. Winning was a total shock and a huge morale boost for the estate and BCRP. The Prime Minister presented the award and a small group of us, residents included, ended up having tea at the House of Commons with Frank Dobson.

Outputs and Outcomes

By any measure, the project was a stunning success. Irrespective of the measure – money, amenities, health, education or employment – the Beacon Project delivered real results to real people. It was not an academic exercise, however, and the data used below draw on everyday primary care statistics, collected by GPs and health visitors. Some of the data are not as robust as would be gleaned from a scientifically designed evaluation, but they do provide a strong indication of success.

Table 1: Health, environment and educational outcomes between 1995- 2000

Health Benefits	Environmental Outcomes	Educational Outcomes
Increased breast feeding rates by approximately 50%	£1.2 million accessed by tenants and residents + £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
Lower 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 crime reduced 50%	Skateboard Park	boys SATS key stage 1 results up 100%

Unemployment Figures

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.

The transformation was very satisfying for us all. The NHS award came with £75,000, which we used to fund a raft of further developments, including the refurbishment of two empty shops to accommodate the Beacon Resource Centre and the Beacon Care Centre. By 2002, the teenage pregnancy rate was zero. Along with the continued employment support the Citizens Advice Bureau supplied a Benefits Officer. A total of £855,000 in previously unclaimed benefits has since enhanced the lives of many residents who were unaware of what financial help was available, just one of the many services offered by the Centre, which received a Royal visit in 2006. Both buildings have become community hubs and are extremely well used by both agencies and residents. Crime is now at an all time low. The Partnership has generated over a £million for improvements to the estate. As pride in themselves and their community grew, so too did the benefits. One unexpected visual transformation came in the form of everyone improving their gardens, a tangible representation of the growing 'feel good' factor. In 2010, the Partnership is as strong as ever and has won several national awards, including for the most sustainable community from the Office of the Deputy Prime Minister. VIP visitors have included 2 Secretaries of State for Health, NHS Chair Sir Nigel Crisp and HRH The Princess Royal.

Reflecting on the Beacon estate experience at the time, I identified key steps in the process:

- Listen to the residents
- Believe in their capacity to lead change
- Connect the residents to each other and to services
- Deliver small wins quickly
- Sustain the initiative through continuous improvement

These steps are fundamental towards the creation of momentum towards transformational change

Applying the Beacon experience elsewhere

Everyone loved the 'rags to riches' Beacon story, and post 2000 I was inundated with requests nationally and globally to tell it, at medical conferences, NHS settings, leadership conferences and WI's. I also got used to people saying 'It'll all collapse if you leave, Hazel' and 'It was a one off, it can't be replicated'.

Well it certainly didn't collapse when I left in 2000. But as to replicability I wasn't sure, though that became my sole aim in ensuing years, as I was acutely aware that just a few miles up the road were similar blighted communities.

Cornwall is full of communities experiencing deprivation. It remains to this day the poorest county in England. In 2002, I undertook a large scale Health Needs Assessment of West Cornwall whilst working for West Cornwall PCT) I used this job to identify another neighbourhood where it might be possible to apply some of the learning from Beacon, though it was supremely useful in terms of refining my community consultation skills. I was looking for a community with the requisite energy and 'ripeness' for change. I wanted to give myself a headstart as I knew I didn't have the credibility, which I'd achieved in Beacon.

Pivotal for me also was meeting some academics and researchers from Exeter University & Peninsula Medical School. This group used insights from complexity science as a lens through which to view and understand change processes. I became a founder member of the Health Complexity Group (HCG). They were very interested in the transformational

change at Beacon and agreed that it would be essential to retrospectively research Beacon whilst prospectively tracking community renewal in another neighbourhood.

REDRUTH NORTH

The Redruth North ward appeared to fit the criteria we needed with a population of some 4,000, a neighbourhood suffering multiple deprivation, almost a 'mirror' image of Beacon. In this ward, poverty levels were more than 20% above national average, with an unemployment rate in excess of 20%. Four out of ten households lacked a car and nearly 80% lived in poverty. Over 48% of households contained one or more members with a life limiting illness. Anti-social behaviour (ASB) and low level crime blighted this neighbourhood. Some streets were in the top 2% most deprived nationally (IMD).

Locating the energy

I first encountered Helping Hands residents association in 2002. As part of the HNA I was working with Kerrier Regeneration team. By now the Beacon Project was well known locally and the team were keen to be part of the replication process. This group of elderly residents had formed the association some eight years before in an attempt to improve the estate but they were struggling to be heard and suffering constant bureaucratic knock backs. They were an angry and frustrated group but I was impressed by their tenacity and energy. It wasn't difficult to for the Heath Complexity Group, to form a relationship with them or me. They were very happy to be the subject of a research programme. 'No-one's ever listened to us before.' I was also learning that introducing oneself, as a community nurse in a disadvantaged setting seemed to confer instant trust.

I was able to tell them about Beacon and promised to arrange a visit for them at the earliest opportunity. I was gradually shaping a completely different role here, primarily as a social broker and connector, with a tried and tested background, who could demonstrate and facilitate a different pathway, to change.

Listening and Connecting

A well-attended Listening event was undertaken in 2002. Invited by Helping Hands and hosted by local agencies, residents came together in a convivial, interactive discussion about neighbourhood health issues, ie what impacted on their health?. We were joined that evening by members of the Beacon Partnership, who I had invited, which was Redruth's first connection with a peer group who had led change for themselves. They spoke powerfully about the importance of this first listening stage in delivering improved service delivery and of how all the improvements for them followed just such an exercise.

The issues identified were (in order of importance):

- 1 Community safety: more visibility from police, vandalism, feeling safe.
- 2 Youth and play areas: more safe areas with play equipment, as well as somewhere where older children could go.
- 3 Health: access to better health.
- 4 Environment: more dog litter bins, better lighting, tidy up common areas, more trees, address rubbish problems such as fly tipping.
- 5 Agencies: An office or meeting place for the Residents' Associations, together with better communication between agencies and community.

The presence of Beacon residents that evening was instrumental I believe, in galvanising a response, especially from the Police. Following this assessment, local district councillors and the Police pledged support for the formation of a community led partnership, Redruth North Partnership (RNP) with a view to address the concerns raised.

The power of exchange visits

Shortly afterwards an exchange visit took place between the Beacon Partnership and residents and members of the Regeneration team from Redruth North who funded the mini bus. They spent the morning with the Beacon Partnership in the Resource Centre, hearing how the partnership between residents and the statutory agencies was established and how it continues to flourish. The Beacon Partnership urged people in Redruth to '*form your own opinions, you are the experts- believe in your expertise*'. Afterwards residents and agencies walked round the neighbourhood, saw the skateboard park, the Beacon Care Centre, and spoke with residents before having a pasty lunch together. A memorable quote from a Redruth resident, now chair of RNP. 'Hazel, if they can do it so can we...in fact we're going to be better than them!'

Beacon residents then visited Redruth two days later to show support. These visits undoubtedly gave the residents the confidence to go forward. Lottery funding was used to employ a co-ordinator and the Redruth North Partnership (RNP) was formed early in 2003. A similar pattern to Beacon ensued which I call the 'ripple' effects of an operational Partnership which was visible communitywide, i.e. a proliferation of community activities and residents associations ALL achieving outcomes.

So whilst I no longer had the credibility as a practitioner within Redruth, this was replaced by the credibility of having led a peer community to deliver change and also to be able to elicit the goodwill afforded by them to support their neighbours.

The Redruth unstoppable momentum had begun. My connecting, facilitative role continued apace from 2003 – 2006. REACH was the first successful initiative, which I co-led with residents and was funded by NRF, with matched funding from the SW Ambulance Trust. I left Redruth North in 2006 although, as in the case of Beacon they have become an exemplar, which I use on a regular basis to support developing peer communities. As in the case of Beacon, their goodwill and enjoyment in this has a powerful effect on all who visit. The other initiatives described can be attributed solely to RNP, although I have had an ongoing mentoring and advice role.

Outputs and outcomes

Today Redruth North is transformed. There are now six residents associations representing between them 5000 residents. Each is represented on the Partnership which has been a springboard for three creative, award winning initiatives set up to tackle Health Needs Assessment priorities of community policing, access to health provision, and cleaning up and improving the environment: **Operation Goodnight, REACH and Greenfingers.**

In 2004, a Neighbourhood Beat Team, led by PC Marc Griffin, began '**Operation Goodnight**', featuring a voluntary child 'curfew' aimed at tackling parental responsibility for children after 8pm. The aim was to address the antisocial behaviour, vandalism and petty crime, which blighted the lives of all who lived there. Four years on Marc and his team have achieved large-scale reductions in all the above, winning the confidence of the whole community. During the curfew period of July – September 2008, the scheme resulted in

measurable reductions in youth-related incidents, including a **71% reduction of incidents involving 10 -16 year olds and a 67% reduction in youth related crime.**

REACH is the acronym for the Redruth Enabling Active Community Health. In 2004, this partnership between the Redruth North Partnership and the South West Ambulance Service was aimed at providing easy community access to a known and trusted practitioner (an Emergency Care Practitioner/Paramedic), whilst 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 (in a community portacabin), 30% drop in incidence of under-age problem drinking and an 18% reduction in emergency call outs.**

Greenfingers, started in 2008, is aimed at unemployed disaffected young people, who are not in education or employment. This partnership between the Redruth North Partnership and Cornwall College offers the opportunity to gain NVQ level 1 in Horticulture, whilst improving estate gardens in return for free driving lessons. There are tangible outcomes already including higher levels of participation in NVQ and other learning, a fall in youth unemployment and creation of gardens and open space. 130 individual gardens are being maintained for elderly and disabled, 12 areas of open space have been improved in conjunction with the District Council and a new play area has been created.

Conclusion

Routine statistical data are often used for post hoc evaluation, often in conjunction with less sophisticated qualitative reviews of success. However, even without formal built-in evaluation, the feedback from community interventions across the country tells a similar story.

First and foremost, local people can and do become the experts on their own community. They know the problems and they are in the best position to judge the viability of solutions. What they need is particular kinds of professional support and the resources to take action. Contrary to popular belief, most residents living in disadvantaged neighbourhoods do not do so out of choice! They are the victims of their educational, social, and environmental circumstances, not the architects.

The starting point for progress has to be an assessment of what needs to be done by the very people who hope to benefit. Moreover, professionals should never forget that residents hold all of the solutions. Every group of people possesses knowledge, skills, communication networks, time, and labour, no matter how impoverished the situation. Recognising the assets local people can bring to the table, rather than just defining the population in terms of social and health deficits, must be seen as both effective and ethical as a starting point for community action.

Most importantly, all of these successful local projects rely on building 'social capital' and 'community cohesion'. They are concerned with bringing people together and building trust, networks and co-operation among residents and professionals, as much if not more so than training and services, important though these are. As with many other aspects of life, the whole is greater than the sum of the parts. Individually the residents can do little, but collectively they can move mountains. The heart of community development is concerned with putting the concept and practice of 'community' back into everyday life.

Replicability still holds many dilemmas, but after the Beacon project, the Redruth project and several further successful experiences, it was possible to identify some of the common

elements and principles, listed in Table 2 below. These now underpin the Connecting Communities (C2) programme based at Peninsula Medical School, University of Exeter.

TABLE 2 : TRANSFERABLE PRINCIPLES

- Recognise the community as the most important resource and know that sustainable change and improvement will not happen without them on side from the outset.
- Focus on community capacity 'release' as opposed to capacity 'building'
- Never assume that external agencies have local knowledge of neighbourhoods
- Never underestimate the power of trust, humility and respect when interacting with residents
- Having located the energy for change, start with small and achievable aims
- You can unblock potential support from external agencies by demonstrating internal community solidarity
- Include residents in all interagency activity and deliver where the people live.
- Make all interagency activity visible and accessible to residents.
- Never let money be the starting or the sticking point.
- If you have no money but a good idea, start anyway. Funding is more likely to follow if and when you can demonstrate community involvement.
- Raise awareness of community issues with relevant agencies and seek commitment from them to 'share power' and work in equal partnership alongside residents.
- Create forums which connect residents to agencies face to face, so that they internalise the 'lived experience' of the people they serve.
- Connect residents to each other and facilitate exchange community visits
- Listen to the people and deliver on aspiration, not statistical need. This will lead to transformative outcomes.
- Deliver something quickly e.g dog bins!! (Always on the list)
- Never use questionnaires. One to one conversations work much better.
- Establish a community led, multi-agency partnership, focused on practical delivery of improvement.
- Keep it going, meet monthly and celebrate success, however big or small.
- Positive media coverage helps de-stigmatise troubled neighbourhoods.
- Community leaders will emerge and be the driving force to change and improvement.

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'A Reader in Promoting Public Health... challenge and controversy'
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ⁱ Index of multiple deprivation 2000

ⁱⁱ Poverty and Deprivation in West Cornwall in the 1990's, David Gordon et al, Bristol University