

**Cultenhove Opportunities
Partnership & Stirling Community
Planning Partnership**

Get Talking in Cultenhove

A Participatory Appraisal Project

November 2005

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1.0 Introduction

Cultenhove is a neighbourhood situated within the outskirts of the City of Stirling, Scotland, United Kingdom. It has a population of approximately 850 and is one of Stirling's few regeneration areas. Over the next 5 years the local community are to experience significant redevelopment.

This report outlines the current issues faced by local people and the solutions they would like to witness as part of the local regeneration process.

2.0 Background

Get Talking in Cultenhove is a product of effective community planning.

In particular this Project provides evidence of how partnership working when applied correctly can maximise the skills, enthusiasm and commitment of both local people and workers and in turn generate a series of positive community changes.

The Project combined the priorities of 2 local plans: -

- the Cultenhove Local Community Plan that identified health and well-being as one of five local priorities, and
- the Joint Health Improvement Plan Working Towards a Healthier Stirling that established Tackling Health Inequalities as a central theme in the delivery of all actions that have an impact on local health.

2.1 Cultenhove Local Community Plan

In 2004 the Cultenhove Opportunities Partnership produced its Local Community Plan.

This Local Community Plan was developed in 3 key stages: -

- Stage 1 involved discussions between local citizens and services that identified a series of local community issues.
- Stage 2 was the publication of a newsletter. This was delivered to every household in the Cultenhove area and outlined the issues identified in Stage 1. It also included an invitation to an open community event.
- Stage 3 was the delivery of the open community event. Participants who attended this event prioritised the issues identified in Stage 1.

The 5 key priorities agreed were: -

- Housing, Environment and Community Safety
- Sport, Leisure, Play and Culture
- Access to Information
- Access to Learning and Employment Opportunities
- Health & Well-being

In terms of taking forward the Health and Well-being actions the Cultenhove Opportunities Partnership (COP) were successful in their application for Communities Scotland funding for a Health Development Worker. The objectives of this post were: -

To develop a process in which we will consult local people on health needs in the community and document findings to disseminate to voluntary and statutory agencies in order to encourage their participation in the project.

- To consult and develop with local people, an action plan focussing on the co-ordinated delivery of health support services to the community.
- To develop a model of partnership working and commitment from voluntary and statutory organisations working in the field of health to deliver a co-ordinated programme of health services to people living in Cultenhove.

This funding will end in 31st March 2006.

2.2 Stirling Community Planning Partnership Health and Well-being Functional Group

In 2005 the Local Joint Health Improvement Plan *Working Together for a Healthier Stirling* was published. One of the fundamental priorities of this plan was **to decrease the significant health gap that exists between neighbouring geographical communities in Stirling.**

Actions to achieve this objective were outlined in the Local Regeneration Outcome Agreement *Closing the Gap*.

To begin this process the Health and Well-being Functional Group (the forum responsible for the Joint Health Improvement Plan) agreed that the Raploch and Cultenhove areas of Stirling would be the initial target populations for particular health improvement interventions.

Raploch was selected given the significant investments in the area, the planning infrastructure already in place and agreement to use Health Impact Assessment as a planning tool.

Culthenhove was chosen given the priorities highlighted in their Local Community Plan and the opportunity to compliment and support the investment made by Culthenhove Opportunities Partnership in recruitment of the Health Development Worker.

2.3 Why Participatory Appraisal in Culthenhove?

Partnership working in Stirling is well established at a strategic level however the same level of engagement and decision making between local practitioners and communities is less significant.

Whilst in Culthenhove progress had been achieved via the Culthenhove Opportunities Partnership the process of bringing local people and local

practitioners together to work as a *Team* was very much a new and exciting development.

In particular the Cultenhove Opportunities Partnership and local services were keen to repeat the outcomes in other areas that had used a Participatory Appraisal team approach: -

- A clearer joint understanding of the roles of services and the needs of the local community.
- The development of a working relationship between local services and communities that continued after the initial data collection.
- An increased level of confidence, self-esteem and employability experienced by local people.
- An increased level of trust between communities and services

Given these outcomes plus the aspirations outlined in 2.1 and 2.2 the use of Participatory Appraisal was deemed by Partners to be the most effective and efficient way of meeting the Cultenhove Opportunities Partnership, Joint Health Improvement Plan and Regeneration Outcome Agreement objectives simultaneously.

2.4 What is Participatory Appraisal

Participatory Appraisal (PA) is a community development methodology traditionally used in developing countries but in the last decade has been adopted by organisations such as Oxfam UK to aid work in Regeneration Communities. It is now widely used by (non) statutory organisations and communities throughout the UK.

There are different forms of PA however the most comprehensive involves the creation of a team of local stakeholders (both staff from partnership organisations and local citizens) that are trained together in PA and who immediately translate these theoretical skills into practice. For example a particular skill would be learned in the morning and the team of trainees would be out on the streets in the afternoon putting it into practice!

PA is most commonly used to gather information in a way that identifies the: -

- local issues within a community,
- issues that have the greatest impact on individuals, and
- local solutions that would best overcome the priorities identified.

However PA is more than information gathering exercise rather it develops the beginning of a process of on-going engagement between local workers, agencies and citizens and as a result create a significant number of outcomes such as capacity building, increased employability, trust between communities and agencies and ultimately improved living circumstances.

3.0 Aim of the *Get Talking in Cultenhove* Project

To improve the health and well-being of local people through well-informed service actions.

4.0 Objectives of the *Get Talking in Cultenhove* Project

- 4.1 To identify and prioritise the needs, issues and aspirations that impact on local health and well-being and identify the potential solutions.
- 4.2 To increase capacity and employability of local people.
- 4.3 To increase the skill and knowledge base of local practitioners in the application of community development approaches to health improvement planning.
- 4.4 To develop a working relationship between services and services and communities that will provide the foundation for on-going planning and implementation of local services.
- 4.5 To present Stirling Community Planning Partnership with a series of locally identified actions for lead services to develop in partnership with COP and the wider Cultenhove community.
- 4.6 To meet the wider strategic Partnership objectives around participation, capacity building, inequalities and local community action.
- 4.7 To provide data for the Stirling Healthy Cities Healthy Ageing Profile.

5.0 The *Get Talking* Project Actions

5.1 Project Timetable & Actions

Date	Actions
May-Oct 2005	<ul style="list-style-type: none">▪ Stirling Community Planning Partnership and Cultenhove Opportunities Partnership agree to develop a Local Participatory Appraisal Project▪ Short-Life Planning Group established and Action Plan developed
1-18 Nov 2005	<ul style="list-style-type: none">▪ Local Community & Services made aware of the Project via an open meeting▪ Get Talking Participants identified from Local Services and the Local Community▪ Preparations finalised for Project Week
21-25 Nov 2005	Project Week <ul style="list-style-type: none">▪ Training▪ Data Collection▪ Analysis▪ Presentations▪ Action Planning
16 th January 2006	Presentation of Final Findings and Next Steps made by Get Talking Participants to the Stirling Community Planning Partnership Health and Well-being Functional Group

5.2 The Short-Life Planning Group membership consisted of: -

- Health Development Worker, Cultenhove Opportunities Partnership
- Policy Officer – Health Improvement, Stirling Council
- Senior Health Promotion Officer, NHS Forth Valley
- Public Health Practitioner, Stirling Community Health Partnership
- Senior Community Worker, Stirling Council

This group developed a plan that included a series of actions in relation to: -

- Identification of Trainers with a proven track record
- Identification of Participants that were representative of different agencies, gender and age
- Training Premises & Catering taking into account local services and produce
- Costs and Funding Sources
- Dates for Training
- Raising Local Awareness of Project
- Agreement with Local Services to engage with schools, nurseries, community groups etc. to gather information from pupils and service users.

5.3 The *Get Talking* Project Team

The Project Team consisted of: -

4 Local Citizens (2 female and 2 male)
1 Health Development Worker, Cultenhove Opportunities Partnership (female)
1 Senior Health Promotion Officers, NHS Forth Valley (1 male)
1 Health Promotion Officers, NHS Forth Valley (1 female)
1 Development Officer, Regeneration Services, Stirling Council (male)
1 Development Officer, Stirling Tenants Project, Tenant Advisory Service (female)
1 Health Visitor, Stirling Community Health Partnership (female)

There were 2 trainers recruited from the National Network of Participatory Practitioners (full background provided in Appendix).

5.3 The Project Week

Unlike other Participatory Appraisal projects that are frequently managed over a number of months the *Get Talking* Project due to a number of factors required to achieve it's objectives within 5 days!

Day 1

The Short Life Planning Group and the *Get Talking in Cultenhove* Project Team came together for the first time and agreed the objectives for the week and how these would be achieved.

The afternoon focused on an introduction to Participatory Appraisal Tools such as Spider Diagram, Circle Diagrams, One the One Hand and Push Pull Diagrams

Day	Morning	Afternoon & Evening
1	Introduction to Participatory Appraisal The Research Brief What is the brief? Who are we working with? What do we want to achieve?	Training and Practice of Different Participatory Appraisal Tools
2	Training and Practice of more Participatory Appraisal Tools. Team formation. Planning first Practical Work.	Practical Work in Community Settings
3	Analysis of Findings Reporting Back to Project Team Preparing Next Interviews Practical Participatory Appraisal Work	Analysis of Findings Reporting Back to Project Team Preparing Next Interviews Practical Participatory Appraisal Work
4	Practical Participatory Appraisal Work	Analysis of Findings Reporting Back to Project Team Presentation to Scottish Executive & Institute of Public Health, Sweden Practical Participatory Appraisal Work
5	Preparing Draft Report Final Cross Checking of Results	Presenting Information to Get Talking Short-Life Planning Group Agreement on Next steps

Day 2

The morning session continued with the introduction to other information gathering tools such as an *Issue Tree* and how these can be prioritised through the use of *Ranking Lines*. The use of Maps was also practised as a means of quickly identifying locations where issues exist in the local community.

Who We Spoke To	Tool Used
Parents at the St Ninian's Primary School Gate	<i>Maps and Continuum Line</i>
Handling Difficult Children Parents Group	<i>Spider Diagram</i>
Estate Wardens	<i>One the One Hand</i>

In the afternoon the theory was put into practice!

Day 3

Analysis of Day 2 was completed through the use of *Impact Implementation Charts*.

Further information was gathered from the following groups.

Who We Spoke To	Tool Used
Focus Group at Borestone Primary School	<i>Spider Diagram</i>
Focus Group with Children Also Out of School Care	<i>Spider Diagram</i>
Parents at School Gate Hillview Nursery	<i>Maps and Continuum Line</i>
Young People at Compass For Life Project	<i>Maps</i>

Day 4

Analysis of Day 3 was also completed through the use of *Impact Implementation Charts*.

Engagement with 6 other groups took place.

Who We Spoke To	Tool Used
Cultenhove Opportunities Partnership Members	<i>Issues Tree</i>
Over 50's Focus Group	<i>Memory Line</i>
Clients of the Signpost Project	<i>Circle Diagrams and Maps</i>
Workers from a range of Local Services	<i>Circle Diagrams and Maps</i>
Young People at the YT Club	<i>Maps</i>
4 th Dimension Clients and Older People on the bus to the Local Fruit Market	<i>Maps</i>

The Project Team also prepared and presented to the Scottish Executive Health in Later Years Team and a delegation from the EU Healthy Ageing Project, Institute of Public Health, Stockholm, Sweden. This visit was arranged for 2 reasons. Firstly for visitors to experience first hand the Participatory Appraisal methods used with the Over 50's Focus Group and secondly to learn more about

the overall Get Talking in Cultenhove Project and it's relationship with the Stirling WHO Healthy Cities Healthy Ageing Programme.

Members of the Project Team presented: -

- The Aim of the Project
- Participatory Appraisal Theory
- Methods Used
- Results
- Analysis to Date

Day 5

The final day completed the analysis using *Impact Implementation Charts* and further enhanced using *Matrix Scoring* and *Diamond Ranking*.

A presentation of the full week's work was presented to the Short Life Planning Group and the lead for the Stirling WHO Healthy Cities Health Impact Assessment Agenda Dr Neil Hamlet, Public Health Department, NHS Forth Valley.

6.0 Results

6.1 Who the *Get Talking* Project Team engaged with

6.1.1 In less than 3 days of practical work the Project team spoke to 150 people from all age groups.

	Age (Years)						
	5-11	12-16	16-25	26-35	36-50	51-65	65+
Number of Respondees	11	8	30	42	31	23	4

6.1.2 The majority of participants (almost 2/3) were female.

Male	Female
38%	62%

6.1.3 The majority of participants lived in the Cultenhove area (64%).

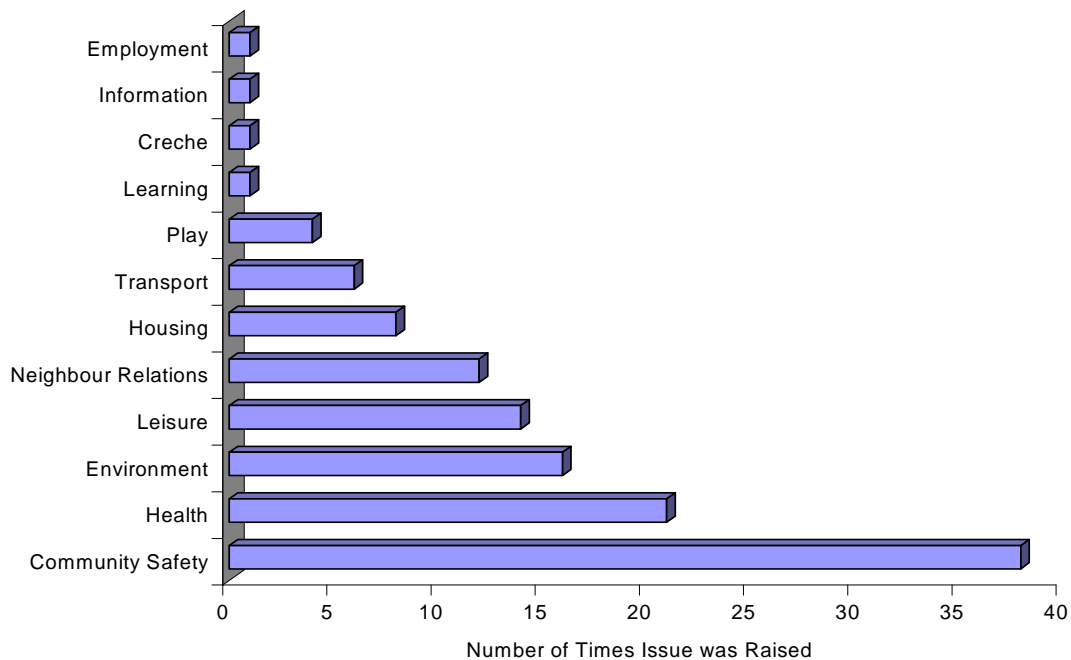
Years					Have recently moved out of Area
1-5	5-15	15-25	25-35	Over 35	
20%	22%	8%	7%	7%	36%

6.2 Issues Identified

6.2.1 15 individual groups of individuals participated.

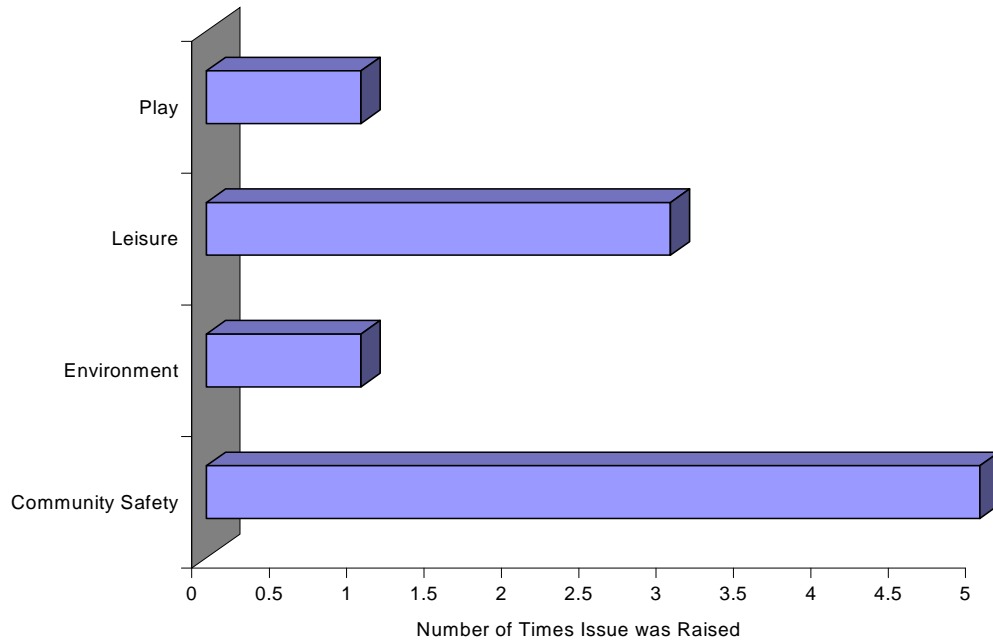
Group Type	Number of Individual Groups
Children	2
Young People	2
Adults	7
Over 50's	2
Local Workers	2
Total	15

6.2.2 The 15 Groups identified 143 separate issues. The frequency of issues raised by Issue Type is illustrated in the following chart: -

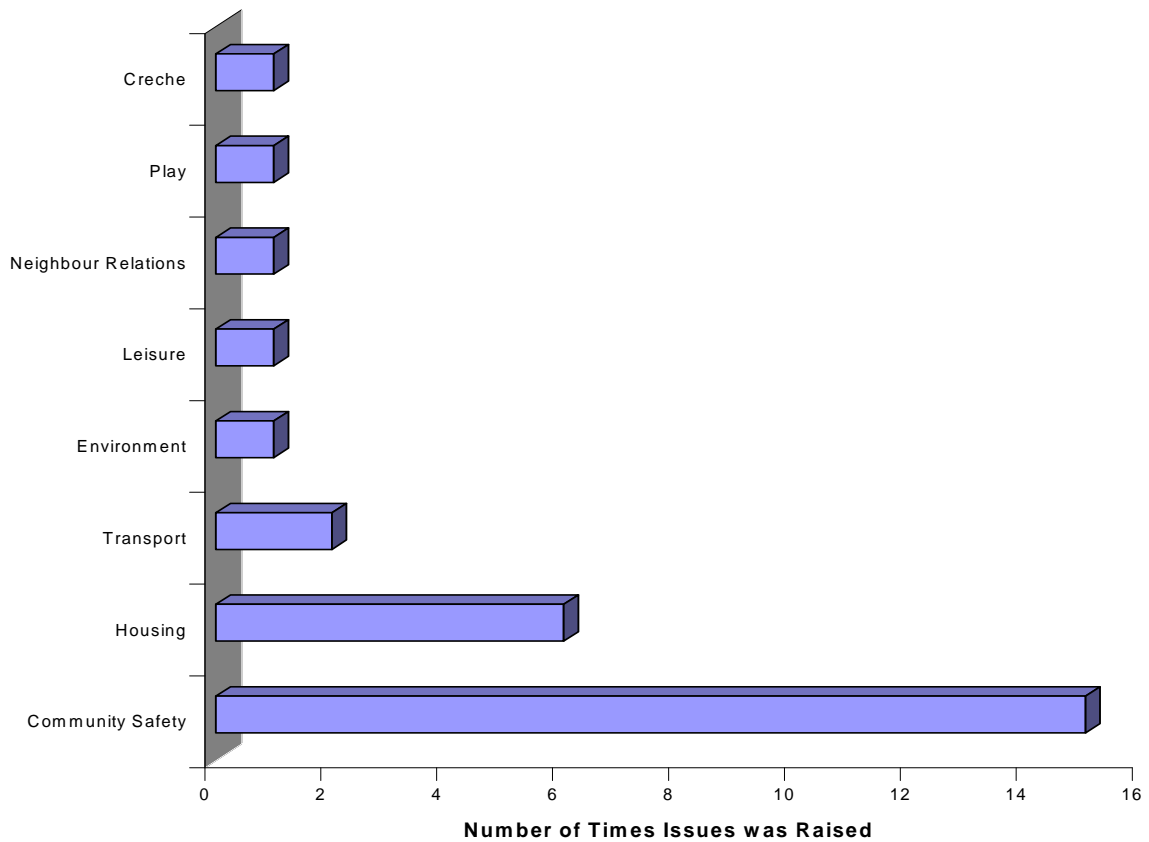


6.3 The following charts illustrate the Issue Types of most importance to the 5 Groups Types.

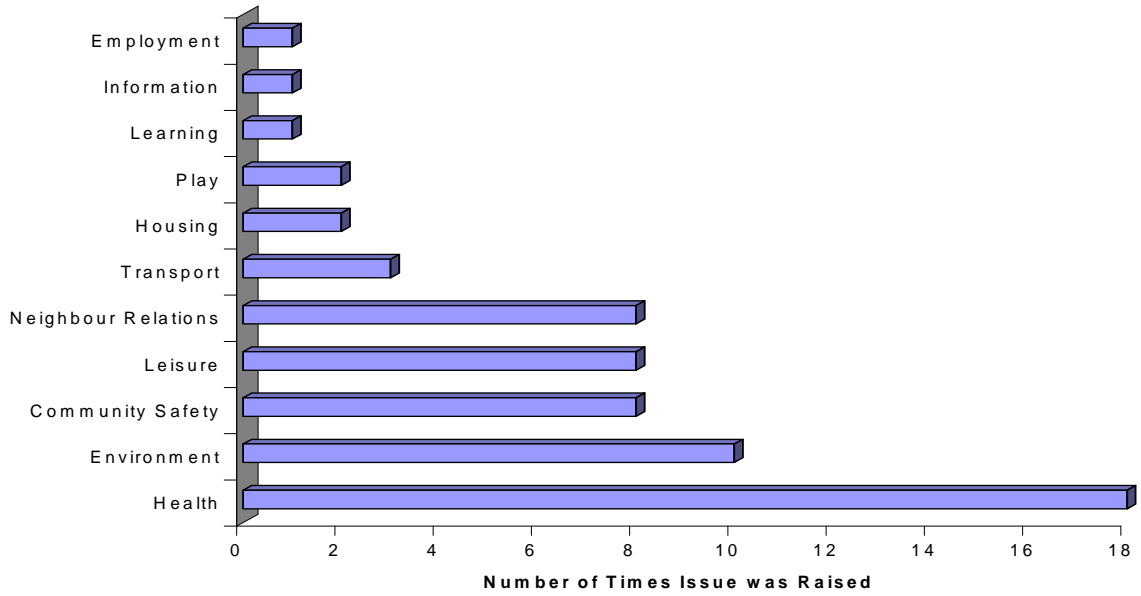
6.3.1 Children's Issues



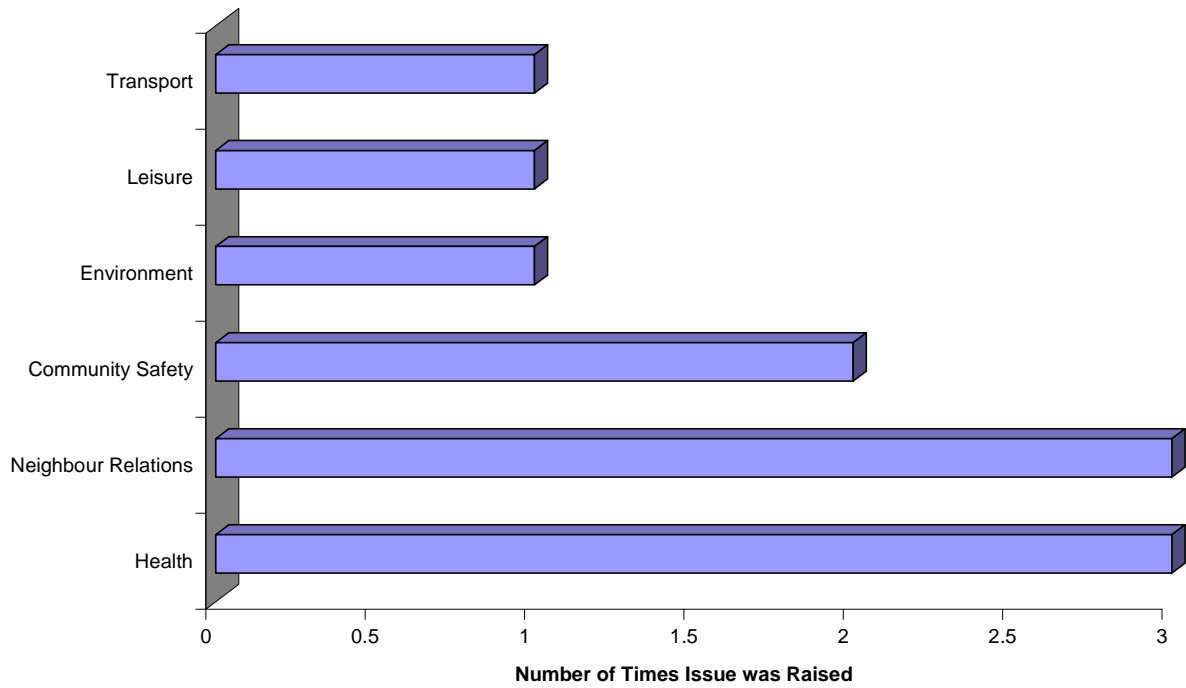
6.3.2 Young People



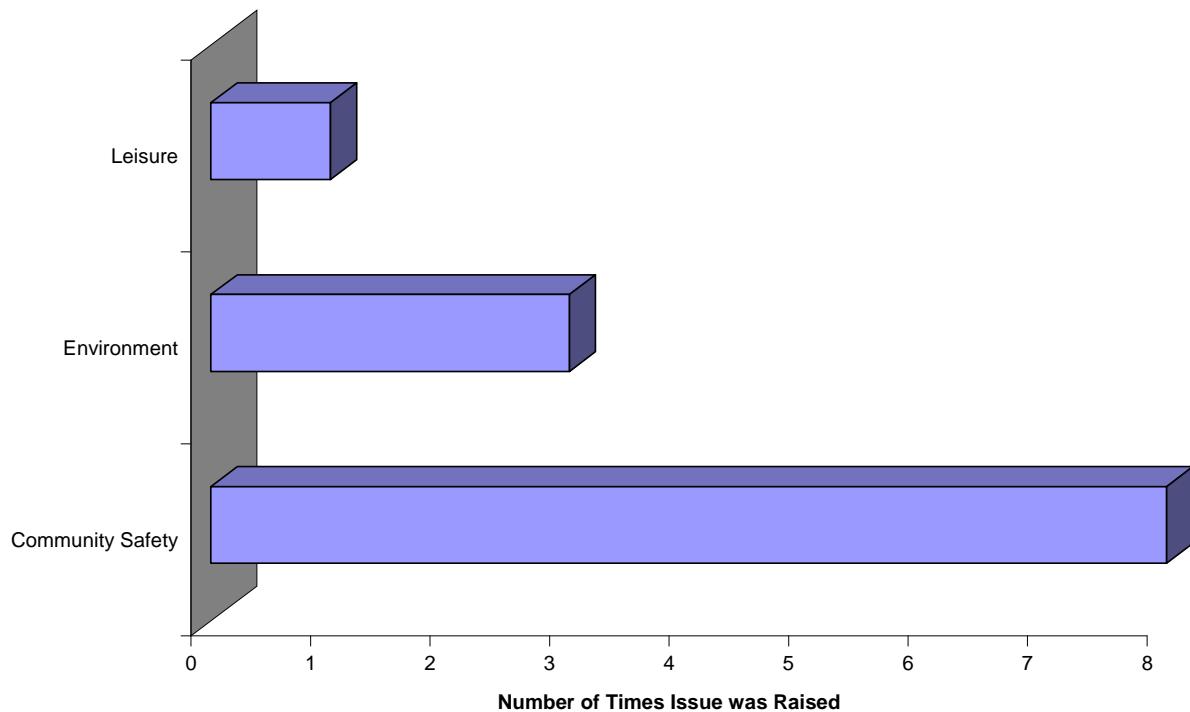
6.3.3 Adults



6.3.4 Over 50 Years



6.3.5 Local Services



6.4 Solutions

Issues identified in 6.2 were matched with a series of solutions. These solutions were categorised by level of impact on the local community and by urgency of need. This exercise was completed by Citizen Project Team Members and by Agency Staff Project Team Members.

6.4.1 Solutions Prioritised by Citizen Team Members

Short Term & HIGH Impact Actions

- a. Development of more Play Areas
- b. Increase in Community Warden Hours
- c. Upgrading of Street Lighting
- d. Reduction in Vandalism and Graffiti Removal

Short Term & MEDIUM Impact Actions

- a. More PA with other local residents carried out.
- b. Increased visibility of Estate Wardens.

Medium Term & HIGH Impact Actions

- a. More Targeted 20's Plenty Zones.

Medium Term & MEDIUM Impact Actions

- a. Installation of CCTV.

Longer Term & HIGH Impact Actions

- a. Ensure Regeneration Actions take cognisance of: -
 - The "upheaval" during redevelopment
 - Personal/Community Safety
 - Better Transport Links & Road Safety
 - Improved co-ordination of Services
 - Consultation on Personal and Community Needs
- b. Ensure Local Substance Abuse Actions focuses on: -
 - Alcohol Abuse – Behaviour and Attitude
 - Drugs Abuse
 - Poverty
 - Theft (including car theft) and Break-ins
- c. Ensure Community Safety is increased through: -
 - Better use of Community Centre
 - Creation of Space for Groups to meet
 - More Programmes of Activities for Children

6.4.2 Solutions Prioritised by Officer & Practitioner Team Members

Short Term & HIGH Impact Actions

- a. Translation of the results from *Get Talking* into improved living conditions.
- b. Site Safety during Regeneration Building programme
- c. Identification of Completion of Health Impact Assessment(s)
- d. More people trained in *Get Talking* techniques

Medium Term & HIGH Impact Actions

1. Child Safety

Longer Term & HIGH Impact

1. Increased Community Involvement.

Youth Training.

2. Making health a priority in everyone's life.
3. Increased Service Accessibility.

Longer Term & MEDIUM Impact Actions

1. Take Findings and Link Results with Health Promotion & Partnership Planning

7.0 Project Outcomes

7.1 On Day 5 the following outcomes were achieved: -

- All Project Team Members successfully completed an accredited PA Training Course. Full Accreditation pending assessment by the University of Staffordshire.
- The Project Team Members had spoken to over 150 people of all ages in less than 3 days.
- The Project Team Members had identified, prioritised and recorded all local issues and solutions identified.
- All Project Team Members presented their initial findings to NHS Health Scotland Health In Later Years and the EU Healthy Ageing Project, Institute of Public Health, Sweden who were keen to witness approaches of engagement with older people.
- Extremely positive feedback was received from the the Trainers who concluded it was one of the most successful projects they had supported.
- The citizen Project Team Members spoke in particular of the increase in self-confidence, a sense of increased purpose to their day and an overall improvement in well-being as a result of being involved in what seemed initially an extremely daunting prospect.
- Commitment from the Health Promotion Department to rollout the methodology across Forth Valley NHS Board area.

7.2 Additional Outcomes to Date

Since the completion of work in late November 2005 there have been a number of further achievements.

- Members of the planning group and the Project Team Members have met on 5 occasions to progress actions in response to solutions identified.
- Stirling Council will respond to footpaths and pavements where local people have identified as unsafe due to overgrown bushes and trees.
- Project Team Members have presented their findings to the Stirling Community Planning Partnership Health and Well-being Functional Group.
- All Project Team Members received highly commended marks from Staffordshire University. This accreditation equates to a Standard/Ordinary Grade and for some citizens this was a major achievement.

- The Cultenhove Opportunities Partnership Health Development Post has been extended to June 2006.

7.3 Future Actions & Plans

- Full report will be published in April 2006.
- A Community Arts Project will be commissioned to work with young people over the Easter Holiday period to tackle graffiti. This will include an additional investment from Stirling Healthy Cities and will witness a series of innovative designs that will get rid of and prevent further graffiti.
- Staffordshire University has invited the Trainees to present in the University's Stoke Campus. The University will meet all travel, expenses and accommodation costs.
- A further presentation will be made to senior representatives of the Stirling Community Planning Partnership, Local Politicians and Communities Scotland.
- The findings of this work will be fully integrated into the local Major Growth Area work plan.
- Consideration will be given to Training for Trainers course for certain trainees.
- A Big Lottery Application will be submitted to continue with the local co-ordination of this work
- Other Regeneration Areas in Stirling will be considered for the application of this methodology. The local area of Cornton has already expressed an interest.
- This approach will be discussed as a potential model for the development of local Health Improvement Teams.

APPENDIX A –GET TALKING PROJECT TEAM & PLANNING GROUP

Get Talking in Cultenhove Planning Group Project Team

Alex Black	Local Resident
Veronica Ross	Local Resident
Charles McNabb	Local Resident
Charlotte Hunter	Local Resident
Jacqueline Walsh	Culthenhove Opportunities Partnership
Joe Hamill	NHS Forth Valley Health Promotion Department
Rhona Denham	NHS Forth Valley Health Promotion Department
Christina MacCallum	NHS Forth Valley Primary Care
Robert Breslin	Stirling Council Housing
Theresa Elliot	Tenant Participatory Advisory Service

Get Talking in Cultenhove Planning Group

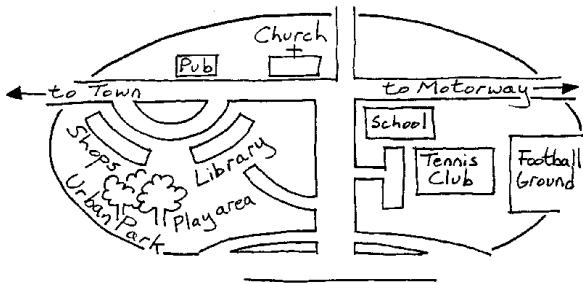
John Howie	Policy Officer – Health Improvement	Stirling Council Corporate Services
Joe Hamill	Senior Health Promotion Officer	NHS Forth Valley Health Promotion Department
Jacqueline Walsh	Health Development Worker	Culthenhove Opportunities Partnership
Lynne McKinley	Senior Community Worker	Stirling Council Community Teams
Anne Currie	Public Health Practitioner	NHS Forth Valley Primary Care

APPENDIX B - GET TALKING TOOLS

The following text represents a series of extracts taken from the Get Talking Resource Pack. Kate Gant. Solutions that Fit.

Mapping

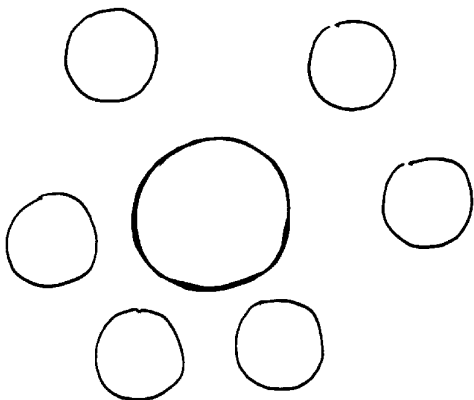
Maps are an important, non-verbal way of finding out how people view their area, and are often a good way of getting the community involved in the early stages of community-based work. They help team members to get an overview of the community area in which they are working, and maps will often suggest questions and discussion topics for use in semi-structured interviews.



Circle Diagrams

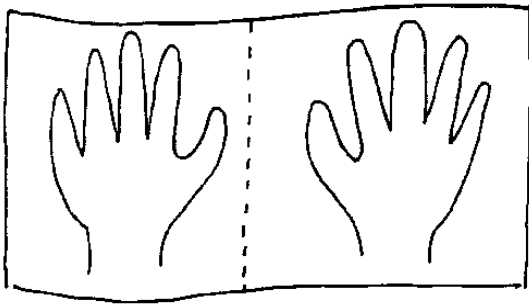
A circle diagram is a useful tool to analyse the links between community organisations

The distance you place the community group from the organisation circle represents the strength of the link between the community group and the organisation; for example, a *group of young mothers with strong links to an organisation would be placed close to that organisation's circle.*



On the One Hand....

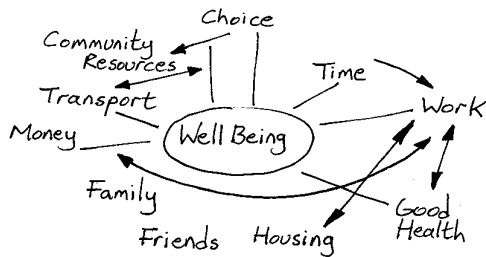
This is an exercise, which helps groups of people to share positive and negative reactions to a situation.



The exercise works well when people have been reluctant to talk or are only expressing positive or negative views.

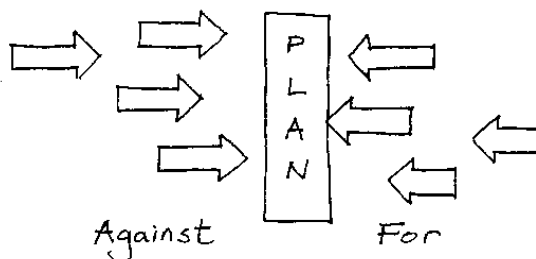
Spider Diagrams

Spider diagrams are a way of generating ideas with a group. They are a useful way of encouraging people to make connections between ideas.



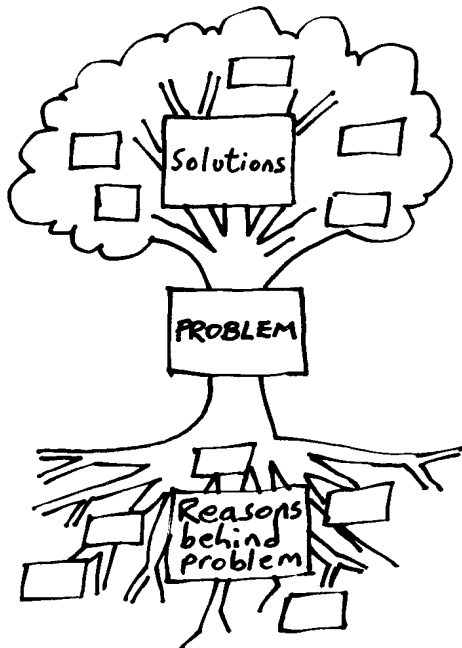
This exercise is one way of starting a debate within a group.

Push Pull Diagram



A push-pull diagram is a method used with groups to explore issues and to weigh-up the 'pros' and 'cons'.

Issues Tree



Impact/Implementation Charts

The impact/implementation chart will enable you to explore the feasibility of solutions with local people.

The diagram has vertical and horizontal axes.

The horizontal axis ranks the impact of the activity on the beneficiaries: High, Medium or Low.

The vertical axis explores how easy the activity is to implement: Easy, Medium or Low.

Implementation	Impact		
	High	Medium	Low
Easy			
Medium			
Difficult			

APPENDIX C - GET TALKING PROJECT PROGRAMME TRAINERS

Kate Gant

Kate is an experienced Trainer and Development worker. She was a Community Worker in Birmingham before establishing Walsall Community Arts Team and then working as a senior manager in a Local Authority. She now works with organisations to increase stakeholder involvement in decision-making and has worked across the UK including in Glasgow, Manchester, Birmingham and the Black Country. In 2004, she developed and ran the first PLA Training the Trainers programme for Oxfam UK Poverty Programme.

John Rowley

John started using PLA in community development work in Africa and has run training programmes in Ethiopia, Mali, Mauritania, Mozambique, Nigeria, Rwanda, Sudan and Tanzania. Since 1998 he has worked on community appraisal initiatives in the UK and has designed and run training for people working in Berkshire, Scotland, London, the East Midlands and Manchester. He has also provided short courses and workshops on participatory methods for agencies like People for Change, The Prince's Foundation and the Oxfam UK Poverty Programme.

John and Kate are members of a national network of Participatory Practitioners and worked together in 2004/5 on PLA several training programmes in Manchester and Slough.

APPENDIX D - COSTS AND FUNDING

The total cost of the project including all trainer fees, facilities and catering was £12,325.

NHS Forth Valley contributed £2,500 with the remaining £9,825 met from the City Vision Stirling Healthy Cities Budget.

Staff time was met in-kind by all organisations with considerable input from the Health Development Worker, Cultenhove Opportunities Partnership. Health Visiting cover was met from the local primary care budget.