

# Learning from the AHEAD Project in Ayrshire

## Annual Report

August 2015



*The behaviour  
change people.*

social  
marketing  
gateway

**smg**

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## 1. Background

- 1.1. The following report has been prepared by The Social Marketing Gateway (SMG). It covers the first year of learning in the Asset Based Community Development (ABCD) project being implemented in Ayrshire, Scotland.
- 1.2. The ABCD project (funded by the NHS Endowment Fund) commenced in May 2014 in the three Councils areas in Ayrshire and Arran. In North and South Ayrshire, Community Builders (CBs) were appointed (2 in the North and 3 in the South). The CBs focused on the communities of Fullarton and Harbourside in North Ayrshire and on Lochside, Wallacetown and Braehead (part of North Ayr) in South Ayrshire.
- 1.3. In East Ayrshire a different approach was adopted, with resources being used for training support for an existing programme of community action plans under the Council's Vibrant Communities programme. Here, training has been delivered to community activists and staff working on the development and implementation of community action plans.
- 1.4. SMG was appointed with a remit to cover all three Council areas, but to date has focused particularly on North and South Ayrshire. This is partly because over most of the first year, an honours student has been working on evaluation of the ABCD work in East Ayrshire and has been meeting the needs of the client team in that area over this period.
- 1.5. SMG reports to, and is supported by, an Evaluation Sub-group, made up of representatives of all three Council partners and NHS Ayrshire and Arran. The Sub-group reports to a Steering Group chaired by the NHS and comprising of representation from the wider partnership. The Steering Group provides strategic leadership to the project and intends to spread the learnings that emerge across the partners.
- 1.6. Another part of the overall governance of the project over the first year was been a Management Committee (now being changed). This comprised a representative from both North and South Ayrshire Councils and was chaired by a third sector body (Access to Employment) based in North Ayr that employs the CBs. The Management Committee met on a monthly basis and occasionally NHS staff who developed the ABCD proposal attended. The two Council staff are community development practitioners and are still responsible for line managing the CBs.
- 1.7. Some potentially important changes are currently taking place in local management. However, as yet, in neither area has a new local management structure replacing the above been fully bedded in.
- 1.8. An important player in the whole ABCD project is the organisation Nurture Development and its European Director, Cormac Russell. Cormac has been supporting ABCD projects in several localities in the UK and has been instrumental in the development of the project in Ayrshire and Arran. Indeed, he introduced ABCD to the CBs and other participants during a 2-day Training Session at the start of the project in June 2014 and has since provided further support in the form of two Learning Sessions (in February and May 2015) and online mentoring sessions for both the CBs and (separate sessions) for management stakeholders.

## 2. Learning Process - methodology

- 2.1. SMG's approach to the learning process over the first year has involved a range of elements:
- 2.2. **The development of a Learning Framework** - This has purposefully been labeled 'dynamic' in recognition that we feel it needs to be developed further in light of (currently unknown) directions that the project may take. The Learning Framework tries to balance both 'developmental' and 'summative' evaluation approaches and covers:
  - a revised goal (see section 5),
  - a set of objectives, anticipated activities and outputs,
  - outcome indicators covering social capital and connectedness, health and wellbeing, economic and enterprise and 'other' (e.g. services being designed or delivered in new ways and residents perceptions of them),
  - a mix of recommended data collection methods covering both quantitative and qualitative approaches,
  - a range of observations and questions that we feel it is important to table about the overall Learning Framework.
- 2.3. The Framework as it stands lacks input from local residents (i.e. the kind of people that are coming forward as a result of the work the CBs have been doing, and in particular Community Connectors). Although we have been able to have some limited discussion of what people would like to see from the project during conversations with a small number of residents. If it is agreed that the project is fundamentally about local residents producing better health and well being for themselves, then (arguably) residents who are coming forward to lead this process should also be contributing to the learning of the project.
- 2.4. **Baseline survey in North Ayr** (see Appendix) – A residents' survey was carried out in November 2014 to measure residents' sense of connectedness to their community and their mental and physical wellbeing. A total of 207 residents were surveyed, selected using a quota sampling method to achieve a sample that reflects the age and gender make-up of the local population. Structured face-to-face interviews were carried out and answers to the same social connectedness questions and SWEMWBS as in the SA1000 2014 Quality of Life survey were sought. The North Ayr area surveyed covers six data zones, four of which fall within the 15% most deprived in Scotland. There is a higher proportion of social rented residents living in this area compared with other areas of South Ayrshire. In addition, 50% of respondents (104 people) were aged below 45. The intention is to repeat this residents' survey in three years time.
- 2.5. **Regular conversations with Community Builders** – Over the year the SMG team have held regular sessions with the five CBs. These started as 'round the table' meetings, then changed to more informal engagement with the CBs when they were working in their local communities. The learning conversations were used to follow how their work was developing on the ground, how relationships with stakeholders were going and to alert SMG to opportunities to engage with local residents and activities that were taking place in the local communities.

- 2.6. **Engaging with local residents** – In parallel with the conversations with CBs, the SMG team has engaged with a range of community activities that have been set up by the CBs and with a number of residents that the CBs have been working with. Some of these activities and individuals are profiled later in this report. We were particularly interested in finding out how people got involved, what they felt they were getting involved in, what would represent success for them and what their involvement has meant for them so far.
- 2.7. **Consultation with stakeholders** – Engagement with stakeholders has taken place in a variety of ways, including the SMG-facilitated Jamboree in January 2015, in subsequent Learning Sessions, various 1-2-1 meetings and through a stakeholder consultation exercise carried out at a mid-point in the first year. The consultation sought to gather stakeholder views on how the project was moving, the work the CBs were doing and on partnership and management issues.

### 3. Annual Report

- 3.1. This Report has been assembled drawing on a range of information collected by SMG in the course of regular contact with CBs and other stakeholders, including a number of members of the local communities. In addition, we have invited specific input to the Annual Report from the CBs and the key partners. A feedback tool, posing questions linked to the main sections of the Report was prepared and circulated. Over half of those invited responded. The Report has also benefited from the proceedings of a recent 'Learning Session' in May, facilitated by Cormac Russell.
- 3.2. This Annual Report aims to 'look back and look forward', by providing an overview of:
  1. What participants understand the goal of the project to be.
  2. What the ABCD approach has involved.
  3. How SMG has approached its work.
  4. Activity that has taken place on the ground in local communities.
  5. Successes and high points over the first year.
  6. Challenges that have emerged.
  7. Questions and issues that confront the project going forward.

### 4. Asset Based Community Development

- 4.1. The vision of ABCD promoted by Nurture Development is central to how the project has been introduced to and progressed in North and South Ayrshire. This is what the five CBs were trained in and are being mentored to deliver.
- 4.2. There are several definitions of asset-based work in use in the health context, and it is helpful to try and clarify where ABCD both compares and differs. For example, a recent review of asset based approaches in health care and wellbeing published by The Health Foundation<sup>1</sup>, makes a distinction between a number of related strands of theory and practice. These include:

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<sup>1</sup> Hopkins T and Rippon S (2015), Head, hands and heart: asset based approaches in health care. London: The Health Foundation, pp 15-17.



- 4.2.1. **The concept of positive health and wellbeing** - emphasising the resilience, capabilities and strengths of individuals and communities need to be built on and the hazards and risks to which they are subjected need to be addressed.
- 4.2.2. **Salutogenic theory** – a model of working that highlights the resources and capacities that positively impact people’s health and wellbeing, particularly their mental wellbeing.
- 4.2.3. **Emerging principles and learning from existing asset-based approaches** – recognizing that health and care services have become too focused on treating illness, with not enough emphasis on promoting wellbeing.
- 4.2.4. **Asset-based community development (ABCD)** – a process of community building that starts by locating the assets, skills, and capacities of residents, citizens’ associations and local institutions. Once neighbourhood assets and capacities have been identified, ABCD seeks to connect those assets and to build strong relationships and reciprocal social networks. The ultimate aim is to mobilise local people to act on the things they care about and want to change.
- 4.3. While ABCD shares many principles and assumptions in common with these other strands, the report notes that ABCD was not specifically developed in the context of health improvement. Nevertheless, it has provided a solid foundation for the emergence of asset-based working to improve health and wellbeing (indeed its application in Ayrshire is an example of this).
- 4.4. Nurture Development points argues *that “ABCD is a perspective, not a model, and cannot therefore be tied down to one version of (so-called) best practice, or another. In fact, when it comes to ABCD, best practice is the enemy of better practice, and the inhibitor of next practice.” “The primary questions that ABCD posits are:*
- What is it that citizens are best placed to do together on their own terms?
  - *What are citizens best placed to do, but with help from outside agencies?*
  - *What are institutional systems including the state and not-for profits best placed to do? <sup>2</sup>*
- 4.5. As we will see, the emphasis over the first year has been on the first of these questions, with the CBs seeking to connect people who are not currently active in collective action to improve things for themselves and their community. This priority appears to be captured in the following quote from Cormac Russell of Nurture Development:

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<sup>2</sup> <http://blog.nurturedevelopment.org/2015/05/13/asset-based-community-development-focusing-on-what-matters-by-cormac-russell/>

*“Asset Based Community development is the focus on what exists within communities and within individuals that they can use to grow community life, that they can use to get the life that they want, a life of their choosing - that’s the basic principle. What it also recognises is that there are some barriers to people doing that, to focusing on what they have. Some of those barriers relate to the fact that probably over the last 30/40 years we’ve become very focused on what people don’t have and what they need to receive rather than what they can contribute. I think the other thing that’s worth saying is that ABCD is about building community, and we know that community is built on what people have, not what they don’t have. So we focus on people’s assets, and by that we mean people’s own personal gifts, their talents, gifts of the head, heart and hands, their skills. We also think that assets are really associational and they’re about how people come together to do stuff that people can’t do on their own, and at that local level how they used to build communities really, really matters.”<sup>3</sup>*

## 5. The Project goal

- 5.1. The goal of the project at the outset was to *‘improve the mental health and wellbeing of the local population by building the communities’ social capital and connectedness’*. Indeed, the expectation that improved mental health and wellbeing will flow directly as a result of communities becoming more connected is supported by a growing evidence base.
- 5.2. The vision is that local residents will build connections and relationships with others in their neighbourhood, coming together around shared interests and passions to form new associations where they can share their skills and capacities (their ‘gifts’) to improve the community. In this way, previously unrealised assets within the communities are brought to the fore as local people take a lead and start to do more for themselves without depending on established groups or services.
- 5.3. With this in mind, it is appropriate to revisit the original goal of the project (i.e. improving mental health and wellbeing). This realisation emerged at a Learning Session with Cormac Russell in February 2015. When we discussed the goal, it was suggested that an important dimension was lacking: i.e. that ABCD was about ‘local people becoming producers of their own health’. It was suggested that a more appropriate expression of the project goal was:

*‘To enable local people to produce better mental health and wellbeing outcomes for themselves through building connections and producing a culture of abundance’.*

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<sup>3</sup> Extract from ABCD Institute Video by Cormac Russell  
<https://www.youtube.com/watch?v=y6EkaMpAgdE>

## 6. ABCD – early practice in North and South Ayrshire

- 6.1. At the initial 2-day training session in June 2014, a broad approach and a range of key principles were introduced. The approach was not presented as a 'model', but as a perspective: a series of 'brush strokes' or 'moments in time', as opposed to a blueprint or process.
- 6.2. A key principle is 'organising abundance'; reflecting a belief that there is a great amount of talent and ability already existing within local communities to bring out. But it has to be brought out by people 'doing things for themselves', supported by the work of CBs and Community Connectors (CCs), as opposed to relying on service providers that traditionally have adopted a 'deficit model' where they identify and then try to fix what is broken in a community – an approach that, it is argued, simply reinforces dependence and maintains the status quo.
- 6.3. Nurture Development stresses that ABCD is about bringing people who were not previously participating in activities, groups or associations in their community into citizen-led action. A powerful message is that existing bodies and service providers should try and 'do no harm'; in short, to not do anything that will subvert citizen-led change.
- 6.4. Indeed, the above point could make ABCD potentially challenging and uncomfortable for existing bodies. This is captured in the following quote from Cormac Russell: *"There is a role for all stakeholders, but too often institutional interests have eclipsed the voices and actions of citizens. Since institutions will nearly always seek to preserve the problems to which they believe they are the solution, the challenges that ABCD presents will of course raise the hackles of those who are more concerned with their institutional or ideological agendas than with the communities and individuals they serve."*<sup>4</sup>
- 6.5. A potential question is, therefore, can organisations that wish to support ABCD set aside their own agendas long enough to create space for ABCD work to take place? ABCD is not 'just another interesting programme'. It calls for a recognition that communities 'can be health producing', although much of this activity is small scale and largely goes unnoticed. To date, in Ayrshire the project has been characterised by a strong commitment across the main partners to work together to explore the potential of ABCD. It remains to be seen if the warnings captured in the quote above will surface in the implementation of ABCD in Ayrshire, or if the public sector partners will fully get behind the very different approach represented by ABCD.
- 6.6. Figure 1 sets out a vision for how ABCD could potentially play out in Ayrshire. However, Cormac Russell has emphasised that we should not be looking on this as strictly linear or as a series of sequential steps, but rather possible 'points in time'.

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<sup>4</sup> <http://blog.nurturedevelopment.org/2015/05/13/asset-based-community-development-focusing-on-what-matters-by-cormac-russell/>



### 6.7. **Figure 1: ABCD – a vision of how it might work**

In brief, the approach that was laid out consists of the CBs getting to know their neighbourhoods, opening up conversations with local people, looking to identify and recruit a small number of Community Connectors (CCs) in each neighbourhood and encouraging these CCs to have a wider set of conversations with people they know in the community.

These conversations would gather information on what people cared about in the area and their skills and capacities that could be mobilised in associations with other residents to improve things in the community.

The recording and bringing together of people's interests and passions and their skills and capacities around shared interests is known as 'asset mapping'.

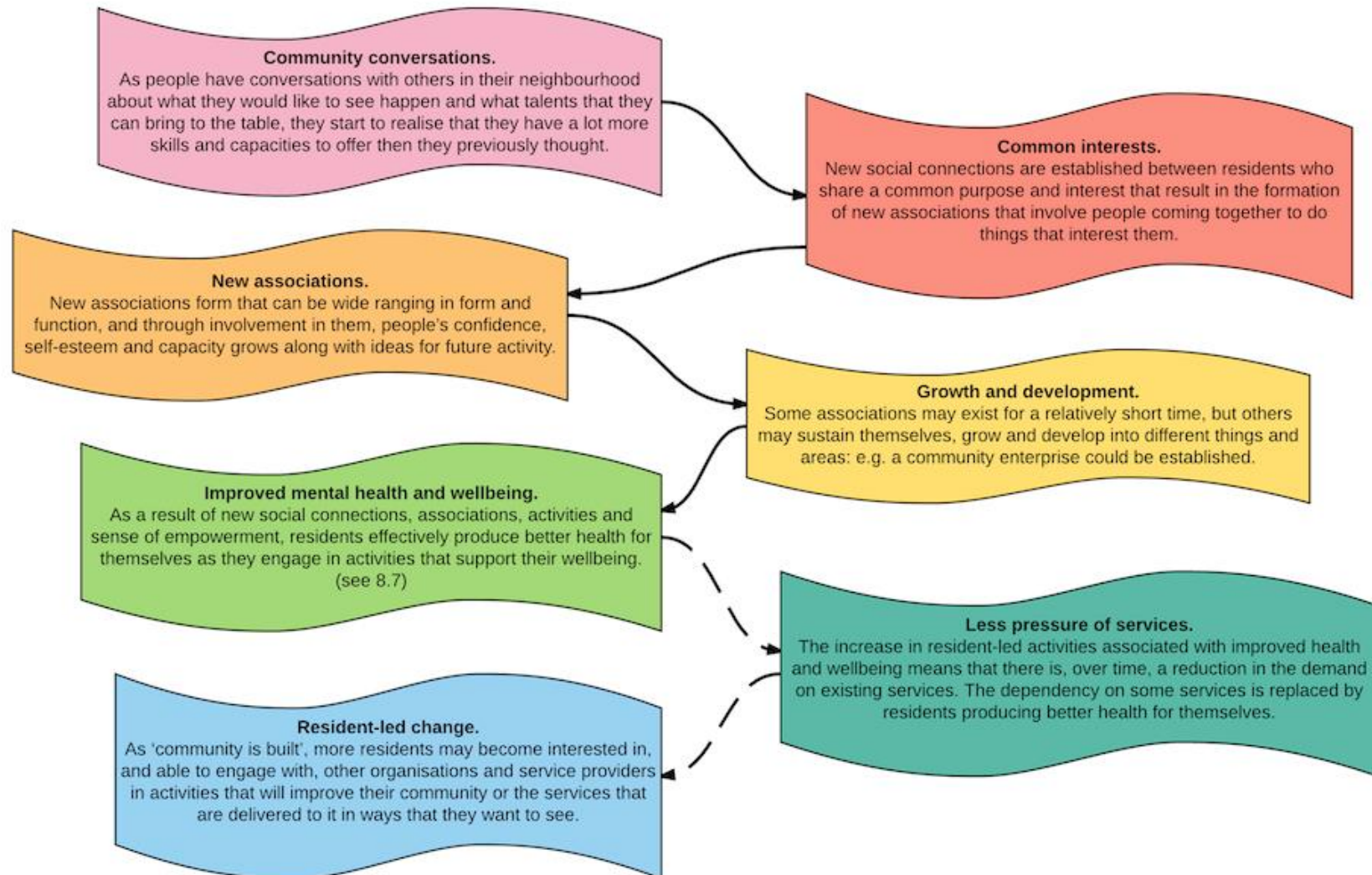
The CBs' role would be to support CCs to gather this information and build up a citizen-led agenda for change. This agenda for change could then be shared widely with the local residents.

Where desired changes required support from other bodies and services, then these bodies could be approached for help, but this would be on the basis of the local people having driven the change agenda for themselves, independent of the intervention of others.

### 6.8. **What is the theory of change?**

Wrapped up in this vision is a theory of change that offers an explanation of 'how' ABCD might result in local residents producing improvements to their own health and wellbeing. This theory of change comprises a number of potentially linked developments as community building and empowerment takes place.

## 6.9. Figure 2: A Theory of Change



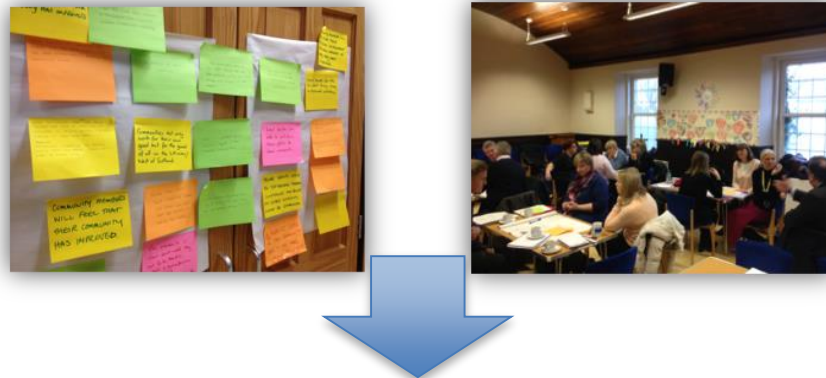
#### 6.10. What will represent success?

At the initial Training Session and the two subsequent Learning Sessions (in Feb and May 2015), a recurring message from Cormac has been to ask: 'is there a welcome in the neighborhood for ABCD?' He points out that there is a possibility that existing groups may not want new people coming into their circle if they are not people they have brought in themselves.

6.11. SMG ran a 'visioning session' for the CBs and partners (The Jamboree) in January 2015. One of purposes of the Jamboree was to explore roles and relationships within the partnership, and specifically around the local management, where it was realised a number of challenges were developing.

6.12. The visioning session sought to explore what participants understood the ABCD project to be about, by asking them to define what success would look like. Their responses were analysed and are summarised below as a series of 'success statements'. These 'success statements' were also shared with stakeholders as part of the research tool in preparation of this Report.

#### 6.13. Figure 2: Generating success statements, January 2015



##### **AHEAD WILL HAVE BEEN SUCCESSFUL IF....**

1. Local people feel more empowered, respected, and listened to by service delivery organisations.
2. There is more enthusiasm, understanding, confidence and belief in what the communities can do for themselves.
3. Service delivery organisations value and work with local people more in designing and delivering services.
4. People are more positive about where they live.
5. More people are coming together to make positive changes in their community.
6. People feel more a part of, and contribute within, their community.
7. We can evidence improved mental health and wellbeing in the communities.
8. Some positive physical changes are evident in the communities.
9. We can prove this works - for individuals, communities and agencies.
10. We want to do more of this.

- 6.14. While there was not a firm consensus on what would represent success, the feeling at the Jamboree was that people were probably pretty much on the same page, which suggests that there was broad understanding of the ABCD perspective promoted by Nurture Development.
- 6.15. Nevertheless, one point of difference may be worth mention. The CBs perceive success very strongly in terms of things being community-led, people coming together and sharing their gifts with one another to make the community happier, stronger and better, and change being owned by residents who lead and design change.
- 6.16. For the CBs it's not about better service delivery (see statements 3 and 1). As one CB put it: "We'll have been successful if there has been an increase in citizen-led activity and a culture of community has resulted." In the words of another: "Everyone (in the management structure) has a different understanding of ABCD. Everyone has different perspectives, for example, to design (better) services versus building community and transferring power from services to the local community."
- 6.17. Other stakeholders, including those involved in management, tended to be comfortable with the full set of success statements. They were relaxed to include mention of 'service improvement', possibly perceiving this to be a welcome 'downstream' outcome of more empowered communities choosing to get more involved in service improvement and development. This was also evident at the Learning Session in May, when a number of stakeholders talked about the project's potential in terms of improving services and opening up new possibilities in connection with what is happening around the integration of health and social care, Local Area Planning, community empowerment and other developments. The Public Sector organisations involved are seeking to implement an asset-based approach after the AHEAD project is finished. The more that asset-based approaches can be linked to existing structures, the more likely they are to be sustainable.
- 6.18. This said, differences in the perceptions of ABCD also within the local community, have been recognised by some stakeholders. One of the NHS participants highlighted the differences in understanding of ABCD within the project when asking: *"How pure are we being and how far will we bend the rules? People in [the local community] struggle to get on board with it [ABCD]. They thought the CBs were community workers instead of community builders which reflects more traditional thinking."*
- 6.19. The Learning Session in May concluded with the facilitator posing the following question: *"What can each of us do to help individuals and families be health producing?"* It was suggested that this is what the ABCD project is all about. Certainly, some of the 'success statements' outlined above are closer than others to this position. Further consideration and reflection on this question may help to bring about a tighter consensus around the project's goal.



## 7. Community Planning in East Ayrshire

- 7.1. In East Ayrshire, ABCD resources made available from the NHS Endowment Fund have been used to support an existing programme of asset-based work: Vibrant Communities. This programme has been up and running since April 2013 and its impact on local people and communities in that short period of time has been far reaching. Vibrant Communities works with all sectors of the community, including children and young people, adults and older people and the wider community to develop sustainable communities and reduce inequalities through prevention and early intervention services.
- 7.2. Vibrant communities works ‘with and for’ local communities, rather than ‘doing to’ them. The aim is to balance the relationship between those who design and deliver services and the people who ultimately use them. The programme has started to change culture and unlock the knowledge, skills and experience of local people and employees, to harness the enthusiasm, talent and the ‘can do’ spirit that exists across East Ayrshire.
- 7.3. Local communities are embarking on an exciting journey that will hopefully reap significant rewards and long lasting benefits for years to come. Vibrant communities has been successfully helping to make connections between communities and partner agencies which, over the last year, has been seeing a real transformation in how communities are developing and engaging with each other.
- 7.4. Vibrant Communities focuses on empowering and building the capacity of local people and communities and developing strong social networks. It does this through the deployment of dedicated Community Workers to: support communities to identify local assets and bring together local groups, associations and communities of interest; prioritise actions through local surveys and consultation; and develop a five year community led action plan.
- 7.5. Work is already under way to support the development of locally-led action plans in every one of East Ayrshire’s communities over the next three years. So far, 12 Community Led Action Plans have been launched. The following short account highlights the progress that has been made in one of these communities, New Cumnock:

*“New Cumnock was one of the first communities in East Ayrshire to produce such a Community Led Action Plan. In consultation with the local community and with support from the Great Steward of Scotland’s Dumfries House Trust (GSSDHT) and East Ayrshire Council, the village is now set to undergo major regeneration. New Cumnock Town Hall is being completely transformed and re-developed for community use, while a £3.2m community square project will see the site of the current library, games hall and community centre being redeveloped into a creative public space. A completely new frontage and new side entrance is proposed for New Cumnock’s outdoor swimming pool which will be transformed into a traditional style lido and a new community garden, heritage centre, community café and adventure play park also feature in the plans.”*

(Suzanne Brodie, Vibrant Communities Team, East Ayrshire Council).



- 7.6. The approach underpins the Council's aspiration to transform its relationship with the communities it serves, ensuring that communities are empowered to plan, prioritise and progress community-led regeneration in their area. Communities who have developed an action plan have been involved in a wide range of activities including: community events and festivals; village clean-ups; improved signage; and developing local brands, products for sale and websites and improving village appearances, path networks and traffic management.
- 7.7. The funding received through has been used for training for community representatives and staff to add value and support the embedded process taking place. Community representatives had the opportunity to attend the 'Inspiring, Investing, Invigorating' conference hosted at Dumfries House in August 2014. Delegates got to share their experiences, make connections with others and hear from an international speaker from the USA about community led regeneration, as well as national funders and the business sector about various funding and investment opportunities. Other bespoke training has taken place to support the community representatives who have also had the opportunity to attend national conferences where appropriate and local sessions with Cormac Russell from Nurture Development.

## 8. Activity overview

- 8.1. Immediately following the Training Session with Cormac Russell in June 2014, the five CBs began work within their local communities in North and South Ayrshire. To begin with, in each of the two project areas (Fullarton and Harbourside and North Ayr) they worked closely together as a team. Each team also had regular contact with the other team.
- 8.2. As things moved on, each of the three CBs in North Ayr began to concentrate on one of the three neighbourhoods in the project area. In Fullarton and Harbourside, the two CBs have tended to work jointly as opposed to having separate neighbourhood remits. In May 2015, one of the CBs in this area left his post, having found it difficult to meet the demands of evening and weekend involvement in the local community. This was followed closely by another CB in North Ayr leaving in July 2015
- 8.3. The focus of the work of the CBs over the first year, has been on making connections and opening up conversations with local residents (mainly face to face, but social media has also been used to cultivate relationships and make connections), finding out what interested them and assisting people come together around shared interests.
- 8.4. The CBs have been recording some basic information on these conversations on Survey Monkey (which links to Evernote on their mobile devices) as they have gone along. This information has periodically been fed into their progress reporting to management and the Steering Group.
- 8.5. To try and get as accurate a picture as possible for this Annual Report, the CBs were also asked to provide an overview of their activity over the first year of the project. This included asking them to estimate:
  - The number of people they had met and had conversations with.
  - How many of these people had emerged as 'definitely' or 'probably' CCs.
  - How many events or activities had happened.
  - How many new associations between local people have emerged and how many are still continuing.

They were also asked to try and estimate the proportion of people they'd engaged in conversations who were not already involved in other local groups.

**8.6. Contacting residents**

It is estimated that the CBs have engaged somewhere between 1,200 and 1,700 local residents in conversations over the year. As the CBs tend to record 'significant' conversations as opposed to very short chats that don't get into the issues of what people are interested in and so on, this is probably an underestimate of the total population that the CBs have 'touched' in some way.

- 8.7. Many, indeed probably the great majority, of the residents that the CBs have engaged with are not thought to have previously been active in other local groups or associations. Where the CBs are reaching people whose voices are not being heard and whose skills and capacities are underutilised, then this is an indicator that an important aim ('organising abundance') of the ABCD approach is being progressed.

### 8.8. Figure 3: Summary of local connections

	F&H	North Ayr	All
<b>Number of people engaged in conversations</b>	300	900 -1,400	1,200 -1,700
<b>Estimated number of CCs (poss + definite)</b>	5 - 9	16 - 27	21-36
<b>Number of events/ activities in area</b>	30	52	82
<b>Number of recipients of funding support</b>	11	28	39
<b>Number of new associations formed</b>	13	17	30
<b>Number of associations formed and continuing</b>	6	15	21

Source of funding info: Access to Employment

NB: Other figures should be treated as estimates and with some caution as what CBs have counted is to some degree subjective. Also, the rigour of the counting varies across the CBs, with the possibility of some double counting.

- 8.9. The three CBs in North Ayr, for example, estimate that between two-thirds and 9 in every 10 residents they have had conversations with were not previously involved in things in their local community. SMG has had a number of conversations with residents who have become involved in activities following engagement with the CBs. Although the numbers of people we have been able to meet so far has been small, the feedback supports what the CBs say. A few examples are given below (NB names have been changed).

### 8.10. Figure 4: Alala's story

**ALALA** is in her late 30s and lives in North Ayr. We met her at a Supporting Communities event organised by the CBs. She is originally from South Africa and now feels very isolated and very lonely because she is away from friends and family. She suffers depression and has developed a condition, which causes memory loss (resulting in her having to give up work).

**Involvement with Ahead:** She has a good relationship with the CBs, in particular one who she meets on a regular basis (can't remember where they first met). She thinks the guys are "brilliant" and "wants clones of them". She's been along to a couple of ABCD events – gala, games night and others.

She had previously tried to get involved in local groups, but found that a lot of these groups 'attract the wrong crowd', i.e. people with addiction problems and whom she doesn't want to mix with. The CBs help her find groups with like-minded people – people she "trusts and feels safe with". She is guided by the CBs' judgement. They've encouraged her to get out there and meet people and have also helped her join the gym – she wants to do this to meet people and feel better about herself.

Alala didn't want to come to the Supporting Communities event due to feeling depressed in the morning. But she was very glad she did (one of the CBs encouraged her) as she really enjoyed it.

She has still to identify what assets and skills she can contribute, but remains keen to stay involved. She continues to work with a CB on this. With a background in secretarial work, she is interested to see if this could support potential community/micro enterprise developments.

Drawing on her own background, she has an interesting perspective on the relevance of Ahead. In her native country the role of the state is far less developed, and the norm is for people to 'do things for themselves'. In a way she sees that this is what Ahead is trying to encourage.

**What does success look like?** She wants to get back into employment and wants her self-esteem and "life back".

### 8.11. Figure 5: Robert's story

**ROBERT** is in his late 50s and lives in Dalmling. We also met him at the Supporting Communities event. He is living with a significant disability - he is on crutches due to an accident. He has only lived in the area for three years and though he gets on well with his neighbours, he would much rather go back to living in a less populated area.

**Involvement with Ahead.** When he first met a CB and heard about Ahead, he felt disengaged when he realised that it was funded by the NHS (Robert had a bad experience with the NHS following his accident). Overtime, he heard more about Ahead through word of mouth and has since got involved.

Robert and one of his neighbours have been brought together by the CBs around their shared passion of DIY and gardening (they first met at Dominoes club). They now work together to make containers from old pieces of wood to plant fruit and veg. They are keen to help people in the community grow veg in their garden or home and would be willing to help others/give away plant containers for free.

He is sharing his gardening skills not only to give something back to the community, but to help the CBs – they've helped him get out and meet people and remind him of his passions. He plays table tennis with a CB at the Salvation Army like he used to do when he was younger. He is happy to help the CBs by sharing his passion and skills.

Robert attended the Supporting Communities event, but didn't want to stay because the NHS were presenting. He was glad he did following the encouragement from CBs. There's a lot of mutual trust and respect in his relationship with the CBs.

Robert is a great role model for Ahead. He is not only someone who is putting back his skills and passions to benefit the community. He is also demonstrating how someone with a significant disability can make a significant contribution. In this respect, his colleagues see him an inspiration to many others in the community – though Robert himself is keen to play this down.

**What does success look like?** In 3 years time, Robert would like to have shared his skills so that others in the community can grow fruit & veg and learn gardening skills. He would also like the groups that have been set up by the CBs (e.g. dominoes) to be self-sustaining as this they can be a stepping stone onto other things.

- 8.12. In the above example, it is interesting to note that the Dominoes group which was set up by the CBs in December 2014 has sparked a number of strong connections and the formation of new associations between residents. For example, the gardening/DIY initiative came about when Robert and Tim were discussing their skills and passions whilst playing dominoes. Incidentally, some of the produce now grown through this initiative will get donated to the Food Bank (note that the CBs also helped start up the Food Bank at the school by linking the church and the school together and providing some support). What is more, there is talk about forming a fishing group by some people who attend the Dominoes Group. It is possible that more associations like these are developing through other CB-led activities and this is sometime we would want the evaluation to be able to identify and follow.

### 8.13. Figure 6: Alison's Story

**ALISON** is from Lochside and has long been active in community affairs primarily through her work with the Salvation Army. Through one of the Community Learning Managers she was invited to attend one of the ABCD training sessions and the approach immediately 'struck a chord' in terms of moving things forward. Whilst from Lochside, Alison is keen to work across all the areas in North Ayr as she sometimes thinks they are unhelpfully viewed as separate: there is much they can and should do together. Even in Lochside, she was concerned people sometimes viewed this as individual streets rather than as a wider community.

**Involvement with AHEAD** – Alison is involved in a number of ways. For example, she is working with others to restore a Gala day for Lochside/Dalmilling. This stopped a number of years ago, and she feels restoring this would bring back a stronger overall sense of community. To start this a very well received Christmas party was held in December 2014 for local primary school children – such was the demand for this the Head-teachers wanted a summer party as well. At the time of this meeting, Alison and other residents were working towards a 'fun day' this summer – a sort of 'gala day lite'. She is determined this will happen and is roping in lots of other skills and commitments from local people to make sure this goes ahead. Another Christmas party will follow, and all of this will ideally build up to a full gala day in the summer of 2016. Thereafter, the aim is to restore this as an annual event.

Ally (the CB) was praised for opening doors, bringing people together and offering encouragement – but he was also clear that local people need to take this forward themselves. For Alison, the balance struck between support from the CB and doing it for themselves is about right.

**What does success look like?:** more of this, with others bringing talents and commitments to support the gala and other local developments.

### 8.14. Finding Community Connectors (CCs)

Identifying potential CCs from the many, many people they met was identified in the initial ABCD training as a very important objective for the CBs. CCs are ideally 'great conveners'; residents who are very familiar with their neighbourhood and know a large number of others that they can potentially talk with to assist the asset mapping. The CCs, therefore, appears to be a lynch pin in ABCD.

8.15. The CBs were initially optimistic about finding CCs, but gradually recognised that it was likely to take longer than expected. This reflects several things: the time it takes to develop trust within a community; the possibility of a CB being drawn into playing the role of a CC (which is the case with one of the CBs who already had strong local connections); and the fact that the task of a CC is not one that many people may be able to do.

8.16. One of the CBs, for example, reports that, having identified probably 10 and definitely 6 CCs, but when he set up a connector meeting, only 2 people turned up. He persevered and now has 6 people starting to operate as CCs (i.e. talking to others about their passions and skills and feeding that information back with a view to building an asset map). Another CB talks about having identified 3 or 4 people with strong CC credentials but who, possibly because of their existing relationships with an established community organisation, are likely to prove very difficult to recruit.



8.17. The CBs were asked to estimate the number of residents that they were involved with that could 'probably' or 'definitely' take on the role of a CC. In total, they feel they have sight of around 20, and possibly up to 36. Even allowing for a degree of over optimism, if the lower estimate is realised then this would probably give the project a sufficient number of CC to continue to move forward.

**8.18. Activities, events and associations**

In parallel with the search for CCs, the CBs have been involved in a large amount of activity within local neighbourhoods. This has centred around activities that allow the CBs to create conversations with residents, setting up local events and activities that unite residents with shared passions, supporting new activities led by residents, and helping bid for and secure small scale funding from the ABCD project to support these new activities.

8.19. Across both areas, the CBs point to over 80 events or activities engaging residents having taken place in the communities across the year, some of which they led and some of which were resident-led. The figure of 80 is probably an under estimate, as some of the activities were run more than once.

8.20. This rich mix of activities includes: conversation cafes, pop up cafes, street football, photo parties, tea, toast & treasure meetings, playgroup conversations, listening surveys, a health in the community day, meetings in a local school, bagpipe classes, dance, dominoes, a fishing trip, a walking group, gardening, rounders, girls' netball team, a craft group, a story group, a gala group, organising a school Christmas party, a beach clean up group, pop up rounders, IT refurbishment, and fence painting.

**8.21. Figure 7: Activities and events**



Note: Larger names in the word cloud indicate greater number/frequency



**Clockwise from top left:** CBs Richard and Brian hosting a pop up café; free tea and roll event; painting of the IT Suite; Fullarton Beach clean up; Reminiscing group

8.22. Access to Employment reports some 39 cases that received small scale funding up to May 2015. This funding breaks down between the two study areas as follows:

- North Ayrshire £3,695
- South Ayrshire £1,258.78
- Total £4,953.78.

The outcome of a further two bids in South Ayrshire was to be confirmed.

8.23. Examples of what funding is being used for includes: refreshments for events; a tent (for pop up street work); loomie bands; sport equipment; hall hire; computer instructor (for an older ladies group who wanted to learn how to use iPads/computers); tickets for residents to attend an ABCD training session; and a rowing boat (for Coast Watch to use for taking young people on trips).

8.24. The majority of these activities (around 30) have involved new associations forming around common interests. In addition to the dominoes group and the DIY/gardening group previously mentioned in some detail, other associations include a new parents' council, a tenants and residents association, a drug recovery group, dominoes group, gardening group, beach clean up group. Of the 30 new citizen-led associations, many were still continuing as of June 2015.

8.25. In addition to the gardening/DIY project previously mentioned, below are a couple of examples of associations that have formed and appear to have worked well. A key success factor may be that these associations have been initiated by the residents themselves. As one CB has put it, *“there’s a sense that they [residents] won’t break what they’ve created”*. This can be compared with other associations encouraged by the CBs that didn’t last as long, e.g. the photo party in North Ayrshire (at which residents gathered at the Community Centre on a couple of occasions to view and reminisce over old community photos).

#### 8.26. **Pop up rounders, Lochside**

This came about when some parents reminisced about how they used to play rounders in this space. They felt sorry for their kids as this does not happen anymore and because there’s very few outdoor play activities for children in Lochside.

The set up of pop up rounders was simple and easy. Ally brought some cones, a bat and ball, and some juice. Word had been put out about the session, and a number of people started to appear. Although the first session (November 2014) had bad weather, about 7 children and 3 parents took part and clearly enjoyed the game.

A couple more pop-up games have happened since, and it is likely that this is something that the community can take ownership of. Other pop up sporting activities, e.g. football and rugby, have also been happening across communities in North and South Ayrshire.

#### 8.27. **Beach clean up, Harbourside**

The CBs (along with other stakeholders) helped residents create a clean up group by providing funding and support, following the community’s concerns about litter on the beach.

The CBs took a back seat in organising the first clean up session – it was very much driven by residents. The CBs attended one of the meetings at which there was approximately 120 residents in attendance.

The first clean up was a great success, with one local artist filming it. There are likely to be more happening in due course given the passion and motivation that seems to unite residents around this issue.

#### 8.28. **Approach to ABCD and where things have got to**

The practice of the CBs has varied across the individuals and, in every case, has changed and evolved in light of experience. For example, one CB feels he has found himself playing a role close to that of a CC. Another CB has been giving more support to newly formed associations than one of his other colleagues who has been more inclined to encourage associations to stand on their own feet at an early stage. However, it is possibly too soon to say what the longer term effect of these differences in practice will be. Nevertheless, despite some differences in their approach, working hard to find places and spaces where the CBs can meet and talk to local people has been a feature of all their practice.

### 8.29. **Engaging with people**

Early efforts to attract people to approach the CBs and engage in conversations, like setting up a pop up tea party in a public place, have shifted over time to talking to people in ‘their’ space, like their garden or home – i.e. spaces that are welcoming and where it is easier for relationships and trust to be built.

8.30. Finding the right ‘space’ has not always been easy. One CB found that trying to use spaces with existing high footfall – like community organisations’ premises, local pubs and supermarkets – did not work as well as hoped. This is because on some occasions those who ‘controlled’ these spaces wanted to manage the process of how the CBs engaged with residents. There is a general consensus from the CBs that *“The attitude was ‘this is my space’ and they tried to manage what we were trying to do”*. The CBs are, therefore, continuously adapting and finding new spaces in different settings where they can engage with residents without these constraints.

8.31. One CB describes his approach as being to ‘burrow into the community like a mole’, taking time to listen to people and build up a network of connections. Another initially envisaged that he would be taking a more traditional community work approach, working with existing and emerging community bodies, but recognised that in order to work outside existing priorities and agendas a much more informal approach to engaging residents was needed.

8.32. For another CB, his experience has allowed him to distinguish two distinct elements to his practice: ‘community building’ (i.e. getting people connected with one another and able to build their confidence); and ‘supporting resident-led ideas’ (e.g. through Small Sparks funding) once people have the confidence to do something with their passion and skills.

### 8.33. **Asset mapping**

Similarly, with ‘asset mapping’, CBs’ practice has varied. One CB started to assemble written notes on what he found out during his conversations with people and drawing out and describing other local groups and bodies in his area. He has now shifted from ‘generating his own content’ to relying on a small group of young people who are starting to act as CCs and gathering asset mapping-type information. The hope is this will lead to a young citizen-led asset map that the CCs can develop and edit for themselves.

Figure 8 below shows one CB’s ‘physical asset map’ (for collating individual’s and groups’ assets, he uses postits on different pieces of paper).



**Figure 8: Physical Asset Map**

- 8.34. Another CB has taken some time to progress the asset mapping element of ABCD, but has now started to create a map of connections that exist between residents in very informal associations such as mums who meet on the street with their prams. He plans to extend this inventory of connections to other informal associations that have been identified within the neighbourhood.
- 8.35. It's probably fair to say that the CBs experience with asset mapping has not been as straightforward as they might have anticipated at the start of the project. As one CB has put it: *"We have gathered a mass of personal skills and passions, but have not been successful in linking people with similar cares and passions in the manner anticipated by the initial training."*
- 8.36. In all of the work the CBs have done on the ground, taking time and progressing at an appropriate pace has been essential. It has taken the CBs longer than they first expected to find ways of working that work and to build up relationships and trust with local people. This point has been reinforced by Cormac Russell as a lesson that's emerged from the wider body of ABCD practice: *"You can only go at the speed of trust, you can't go any faster."*



## 9. Successes

- 9.1. At the outset of the project and following the initial 2-day Training Session, the CBs were pretty much left to their own devices to decide on how to start to engage with people in the target communities. As noted above, a rich mix of engagement tactics then followed, some more successful than others, but with the CBs learning a lot from their practice as it developed.
- 9.2. Many professional participants in the project appear to be generally satisfied with what the CBs have been doing and how they have been going about their work. At the turn of the year, a short consultation programme<sup>5</sup> was carried out with stakeholders who were asked how they felt things were working out on the ground. The Chair of the Steering Group, for example, was very happy, and said that the CBs appear to be *“taking the model outlined by Cormac Russell and applying it by the book”* and *“what really matters is not what the CBs were doing, but how local people are feeling”*.
- 9.3. **Refreshing and innovative practice**  
The range of methods described above that have been used by the CBs to engage with communities are seen by most of those involved in the project as ‘refreshing and innovative’ (such as one CB purposefully walking the same route every day to build up recognition and relationships with local people). The CBs have taken advantage of the freedom their role gives them to work in creative ways without the restrictions and controls that might normally fix the boundaries for other service provider staff working with communities.
- 9.4. As one senior staff member has put it *“The CBs have brought a freshness to what’s required, and that’s needed – for example, ‘let’s not have a meeting, let’s have a party’ – and setting up social, more informal events, like photo parties. I’ve been impressed with the CBs and the quick wins that they’ve got. It gives people a buzz and builds motivation.”* For another colleague, *“It’s a refreshing approach and hopefully people (e.g. senior staff within services) who might currently be a bit cynical and adopting a ‘wait and see’ attitude will gradually come round to recognising its value”*.
- 9.5. When the CBs were asked about what they have done to contribute to the success of ABCD, a number of points were highlighted:
  - *Not ‘leading’ residents* – the importance of not being ‘agenda specific’ in the conversations with residents is seen as very important. *“It’s about encouraging people to come together to make positive changes that matter to them by contributing their gifts.”*
  - *Being able to react quickly* – i.e. to resident-led ideas where they need a little support, e.g. through accessing Small Sparks funding.
  - *Reaching the unengaged* – they’ve engaged with people who weren’t engaged and are helping them develop confidence and a sense of hope that they can help improve things. This, of course, is much more time consuming and difficult than engaging and working with residents who are already active in local groups and activities.

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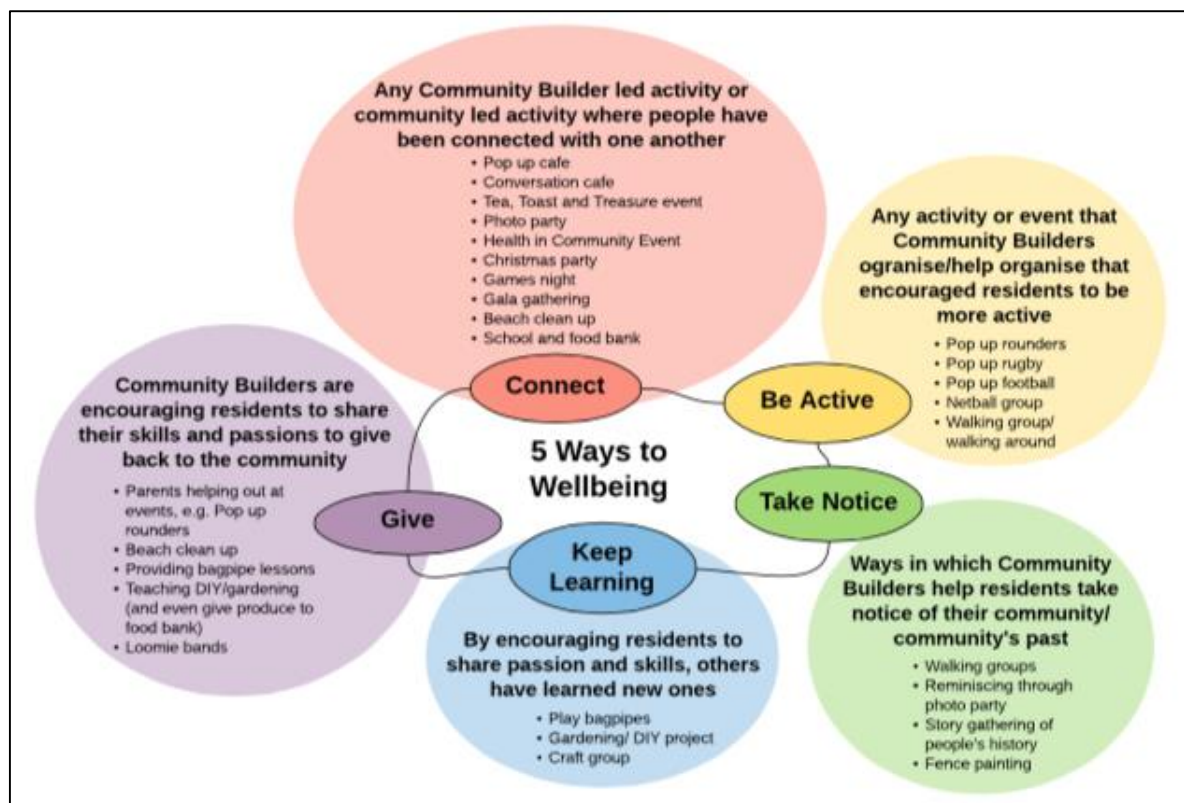
<sup>5</sup> AHEAD Stakeholder Consultations Report, January 2015, SMG

- *Helping groups of people to help each other* – helping to get small informal associations of local people up and running is important, but it is possibly not enough. There is also a community building job to be done by way of connecting these groups with one another.

### 9.6. Activities supporting wellbeing

An important observation about the kinds of new activities and associations involving residents that have been springing up as a result of the project's community building efforts is that they all (potentially) support people's wellbeing. As indicated in the various examples of residents who have engaged with the project, the activities that they have become involved in correspond very closely to the '5 Ways to Wellbeing', i.e.: connecting; taking notice, giving back to community; undertaking physical activity; and keeping learning. See Figure 8 below.

### 9.7. Figure 9: Ways to Wellbeing through Community Building



Source: SMG

## 10. Challenges and Key Learnings

### 10.1. Purpose and goals

There is probably still work to be done to establish a clear consensus around 'what the project is about' and how it 'fits with other things that are going on.' Progress has been made, particularly though the Learning Sessions facilitated by Nurture Development, where participants have been able to share and air their feelings about the project. These have contributed to a sense of 'team building'.

- 10.2. Nevertheless, not all stakeholders appear fully comfortable with (what they describe as) a ‘textbook’ approach to ABCD. Some want to see closer links between the CBs and other local groups and work that is going on within neighbourhoods, which (it is argued) represent existing assets that should be built on. This is captured by one NHS stakeholder who said: *“The CBs have followed ABCD to the letter – [but] they should be talking to people who have already got involved. [The CBs] could have optimised some of the relationships that were already established.”* Again, it’s worth asking, does this reflect a different understanding of ABCD, and possibly also difficulties or reluctance to change to accommodate it, or is it more about a difference of opinion about the ‘tactics of ABCD practice’ and how the approach is being implemented?
- 10.3. So far, neither residents who have emerged as a result of the CBs work, or existing community activists, have been part of the Learning Sessions. The absence of community bodies from both areas who hold a great deal of sway and have good connections with their local council and other services could be a weakness in so far as they, where they are not ‘on board’ with the ABCD vision, could present barriers to the CBs making progress on the ground.
- 10.4. Further Learning Sessions are planned and new local support structures or networks are being established to replace the former local management arrangements. Both of these developments may help build common purpose and consensus and understanding about what existing bodies should do, and not do, to fully support ABCD. But another outcome is also possible: one that sees the ABCD adapted to be closer to a more conventional community engagement/community development process that some bodies are more experienced in and may be more comfortable working with.
- 10.5. **Will a community ‘welcome’ an ABCD approach?**  
Nurture Development has noted that its particular approach to ABCD will not work in every community: CBs will find that some neighbourhoods offer more traction than others. There is, therefore, a question to be asked about how the communities for the ABCD project were originally selected and was enough was done to scope out whether or not they would be ‘welcoming communities’ that offered traction for this particular approach?
- 10.6. Certainly, there is evidence that key community bodies in both areas did not fully understand what this approach to ABCD would involve, what the CBs would be setting out to do, and what would be expected of them.
- 10.7. One of the CBs explained how challenges can quickly emerge that can create problems with existing groups: *“Expectations of what we were there to do was not delivered to communities and the people we are working with. We were expected to do things for other groups in the community. That’s not what I’ve done or what Cormac would say is our role. We’re not there to give power to those people. We’ve done the opposite by speaking to people who have no power and who are not engaged.”* From the perspective of key partners, they felt they had put considerable effort into explaining this new approach and project to the host communities, but given the experience of the CBs this does not appear to have been able to create as ‘welcoming’ a community as they would have liked.

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**Key Learning:** *Prior to the commencement of an ABCD approach in a community, there should be a scoping and indication exercise to explore the community's likely receptiveness and to warm up key local players to the idea of ABCD. This exercise could involve the intended CBs spending a few days testing out the approach, possibly accompanied by an experienced CB acting as a hands on mentor. It should also cover the main players; those leading existing community organisations, service delivery staff who know the area well, and other key groups and associations. Induction training would be locally delivered, making it easy for local bodies to attend, and cover both the principles of ABCD and the kind of challenges it is likely to present to bodies that already have developed agendas and are comfortable in how they engage with their local community.*

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#### **10.8. Supporting ABCD work on the ground**

The five CBs started community building work immediately after the initial training, without premises to work out of or experienced ABCD mentoring support to draw on. Although a management structure has been in place, and meetings with managers have taken place on a monthly basis, the stakeholders who have been most closely involved with the CBs are themselves relatively inexperienced in ABCD.

10.9. Things have improved, both for the CBs and management staff, in terms of experienced mentoring support being made available. Starting in October 2014, some 9 Skype mentoring sessions have been run for the CBs with Cormac Russell up to August 2015. Also, between November 2014 and August 2015, 4 Skype mentoring sessions were laid on for management. These Skype mentoring sessions were open to 10 management staff (including line managers).

10.10. While in an innovative project like this, reflecting and learning as you go is to be expected and welcomed, more should probably have been done to put in place support for all key people involved from an earlier stage. For example, with experienced mentoring support, the inexperienced CBs could have been able to connect and learn from the wider community of practice. This could have presented a very welcome sounding board for the CBs, particularly as there were many issues and challenges cropping up that it would have helped to share with more experienced ABCD practitioners. Similarly, stakeholders, even those experienced in community-based working, would have been able to more quickly grasp how ABCD differed from other community development and asset-based approaches and reflect on what involvement in ABCD meant for their own practice.

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**Key Learning:** *In planning an ABCD project like this, a support structure with regular mentoring support from an experienced ABCD practitioner should be planned in advance and made available to key people involved in the project. The mentoring package should include, at the very least, regular (e.g. monthly) Skype calls with an ABCD expert, but could also include on the ground shadowing of an experienced practitioner who, for example might spend small blocks of time early on in the project, working alongside the CBs in the project area.*

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#### **10.11. Governance and management**

An apparent strength of the whole project is the number of committed participants that have come together within the partnership and who, partly through large group working sessions (such as the Learning Sessions and the Jamboree), are still with the project a year on. Participating in these sessions has nurtured relationships and is gradually developing a better understanding



of what ABCD involves and what supporting this approach might mean for the various bodies involved.

- 10.12. Notwithstanding the above, the overall structure and management is seen by some as being 'over complex for a relatively small project'. Certainly, it has already been recognised that project governance at an Ayrshire-wide level was top heavy and (possibly) locally light, which some participants felt was perhaps the wrong balance. A reflection of this has been the decision to slim back the numbers of participants on the Steering Group and to look at ways of developing a more participatory support structure at the local level to replace the former management committee.
- 10.13. On the specific question of appropriate local governance, views differ. At the start of the project, the decision not to proceed with an original plan to have a local management group in each area that would include established community bodies as well as Council and NHS staff was supported by the CBs. The CBs were concerned that this arrangement would draw them into supporting existing community bodies and reduce their ability to do new community building directly.
- 10.14. The CBs' concern is also echoed by some others. One NHS participant commented: "While having a local (management) structure embedded at an earlier stage may have alleviated some of the disconnect between this approach and the expectations of some local activists, it might have pushed the programme in a direction of more traditional community activism."
- 10.15. However, the absence of a more participatory local support structure has probably made it more difficult for the CBs to build positive relationships with existing assets in the area and to generate a broader awareness and understanding of ABCD and their role. In other words, it possibly has made it more difficult to build a 'welcoming community' after the project started.
- 10.16. The local management arrangements that have been in place over the year have not proved satisfactory for anyone involved. For the CBs, things have at times proved confusing and frustrating, with numerous individuals from both Council and NHS being involved without the CBs having a clear understanding of their roles. Similarly, for some staff members involved, it has not really been clear what they are meant to be managing and, indeed, where normal management styles 'fit' with supporting ABCD.

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**Key Learning:** *The traditional idea of 'management' may not sit comfortably with ABCD and it can be difficult to find an arrangement that works for all participants. The principles of ABCD call for community building to be freed-up from the constraints of established organisational practice and agendas. However, when public sector bodies are involved in employing staff to be CBs, issues such as management, support, and accountability need to be carefully thought through.*

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**10.17. How to learn lessons from the AHEAD project**

While we have an overall Evaluative Framework in place, we need to retain a flexibility to adjust this as the project unfolds on the ground and as new people from the local communities come forward with ideas, aspirations and demands about what they would like to for themselves, their neighbours and their community. Looking forward, we can therefore expect the Learning Framework will need to respond to a stronger resident voice.



- 10.18. The contact that SMG has already had with residents suggests that impacts could be being made and as individuals get involved in new activities and associations. One of the examples given above showed how initial involvement in a social activity put together by the CBs (dominoes) resulted in a new contact being made that has led onto an ongoing 'grow your own veg and gardening initiative' that looks like it will reach many other residents.
- 10.19. Going forward, it will be important to continue to identify and bring to life what ABCD can mean for the people whose lives are being touched, and possibly changed in a major way, as a result. In our learning processes, we therefore need to develop ways of picking up and elevating these stories.
- 10.20. A proportion of the funding made available for the learning process was earmarked for assessing 'economic impact'. The Framework identifies a number of economic indicators that we could measure change across (e.g. number of new enterprising associations formed). However, as things stand, SMG would value further reflection and discussion about the economic aspect of the project.
- 10.21. To date we have not been able to find other evaluation evidence that focuses on a similar approach to ABCD. The review of asset-based approaches to health cited earlier<sup>6</sup> points to a project (HELP<sup>7</sup>) that is active in a number of localities in England and which (the report claims) uses a community development method very similar to ABCD. However, on closer inspection, the particular form of community development centres on establishing a long-term creative problem-solving partnership between residents and front-line services both from health and other agencies. This does not really reflect what we are currently seeing in Ayrshire. Perhaps a more fruitful source of comparative material is what is happening in the other sites where Nurture Development is active<sup>8</sup>.

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*Key Learning: A developed Learning Framework should not be expected early on in the ABCD project. Rather it is something that needs to evolve and develop as the project matures. The Evaluation Team also needs to be closely involved at the outset of the process and has a valuable role to play in helping participants address some difficult questions that surface when the question 'what it is we are wanting to look at?' is asked.*

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#### 10.22. Recording and reporting

The numerical information used above (e.g. in terms of numbers of people engaged, number of events etc.) is as reliable as we can get it for now. The CBs have been gathering information as they go, but have been mindful of how voluminous this can become. Related to this, there is a risk of important information on the local community being lost, should (as has happened) a CB leave the post.

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<sup>6</sup> Hopkins T and Rippon S (2015), Head, hands and heart: asset based approaches in health care. London: The Health Foundation, p 17.

<sup>7</sup> Chanan G (2011), Empowering Communities for Health: Business Case and Practice Framework. Produced by the Health Empowerment Leverage Project, a working party of the NHS Alliance, November.

<sup>8</sup> Nurture Development is in the process of producing an Information Pack on each of its sites. It is expected that this will be available to the evaluation team in due course.

- 10.23. The CBs have been using various methods to record information, but this has possibly not been done as consistently as it might have been. Partly this may reflect varying levels of confidence among the CBs to use digital forms of data recording. Going forward, there is probably scope to tighten up the recording of contact information by the CBs. To this end, the CBs and SMG have revised the contact recording template that CBs will use to input activity data on a (suggested) weekly basis.
- 10.24. Until very recently there has not been a standard format of reporting to the management committee that provides an up to date picture of what the CBs have been doing on the ground. Nor has management made clear what additional information they require from the CBs. That said, a good picture of what the CBs have been doing has been visible through their social media activity and the regular blogs that they have produced.
- 10.25. In North Ayrshire, the CBs have started to produce a short monthly report that has been well received by management. A similar approach could be followed by CBs in South Ayrshire.

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**Key Learning:** *At an early stage in the process, it would be helpful for local management to agree with the CBs what regular monitoring data should be collected and how this is to be reported. This should be information that the CBs can see as being of value to them in the community building work they are doing and to others looking to support ABCD.*

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## 11. Where to now?

- 11.1. In this final section we set out a number questions and suggestions that the partners might want to reflect on in light of the previous discussion. The questions strike SMG as potentially important ones to address at the end of what has been a first year rich in potential learning. The suggestions offer possible actions, depending on the position that is taken on the questions.
- 11.2. SMG hope that the ABCD partners can now consider this Report and, over the next month or so, respond to the questions and suggestions made and take the kind of decisions that seem to be called for.
- 11.3. Important initial questions that probably should be asked include:
- 11.3.1. Is everyone involved comfortable about what they could/should be doing to fully support ABCD and give the project every chance of success?
  - 11.3.2. Do, for example, stakeholders recognise that ABCD is about local communities becoming health producers? If so, what does that mean for their own practice?
  - 11.3.3. How does ABCD 'fit' or relate to other developments that are occupying the attention of key stakeholders, such as the new community empowerment legislation, the integration of health and social care, local area planning and co-production?

- 11.4. It is also probably worth considering whether to 'run with' or 'confront' internal differences within the project. Does it really matter if people don't agree? Arguably, the project could continue as things stand without everyone being on the same page. But does this miss a big opportunity to refocus the project and, possibly, 'design in' the potential for significant disruption at a later date. Alternatively, would 'accepting the differences' allow partners the time they need to get their heads around ABCD and their role in it and, gradually, move closer together.
- 11.5. Restating the project's goals and ambitions should be considered. It would seem very timely for the Steering Group to issue a restatement of what ABCD is about and what the partners commit to do to back it. This could be done as a 'soft re-launch', setting out further plans on the basis of the valuable learnings of the first year, and generating a new excitement and energy around ABCD.
- 11.6. Should this ABCD pilot continue to focus on the original target areas? Some difficulties have been experienced in progressing the community building work in neighbourhoods with established community development activity and momentum. Is it time to review the geographical focus of the project, possibly focusing on a more tightly defined set of neighbourhoods, or possibly scoping out the potential in a new locality?
- 11.7. Conduct a 'community review' if it is felt to be appropriate. In a community where there is felt to be issues – e.g. where the CBs are experiencing significant difficulties in their relationships with established groups and local workers – convene a session with all the local players involved to 'bottom out' whether or not there is sufficient support and traction for ABCD. If there is, this session could enable working relationships to be clarified, including what the other local participants are going to do practically in their own work to support community building. If not, then the CB/s could disengage and consider another locality.
- 11.8. Are the 'right' bodies and people involved, and in the 'right' way? This question relates to the partners and the staff they put forward to work on the project. Some people may have more difficulty than others supporting ABCD and making a break with the culture and practice of their service organisations. Can participants, other than the CBs, make ABCD part of their day job?' Is this something that should be expected of them and that they should be supported to do?
- 11.9. Should a wider group of local practitioners be 'doing' ABCD? To a large extent, the practice of ABCD has been left to the CBs. Yes, there has been support from stakeholders, but not much (if at all) in terms of 'doing' ABCD. If community building is something that should involve wider set of players, then it may be timely to introduce a plan and a tier of support to help bring this about.
- 11.10. Key partner review of the 'hosting' arrangements for ABCD. It could be timely to ask if the current 'hosting' arrangements for ABCD need to be changed. This could involve considering if there needs to be a greater 'distance' created between the CBs and the public sector partners, possibly by finding an appropriate 3<sup>rd</sup> sector body to host the initiative.

- 11.11. Decide the governance structure in each project area. While things seem to be moving, there is a need to clarify arrangements as soon as possible. While governance structures can still develop and evolve, CBs need to be clear on what and who they are being asked to work alongside, what they can expect from those involved, and on respective roles and expectations (including reporting).
- 11.12. Are we agreed on how to gain learning from ABCD? Again, clarity on project purpose and goals will assist the evaluation. This is important so that SMG and Evaluation Sub-group can focus on an appropriate work programme going forward. We suggest a number of focuses for the learning framework going forward below.
- 11.13. Focus learning in Year 2 on the following areas:
- **Ensuring that ‘people’s stories’ become an important part of the learning.** Being able to identify and follow how local residents are getting connected and involved in associations that allow them to share their skills and capacities with neighbours, and to explore how this links to residents producing better health for themselves, needs to feature strongly in the evaluation.
  - **Meeting and engaging with ‘potential’ Community Connectors** and develop a relationship with them. We have probably met a small number already, but with at least 20 people who might play this role now identified by the CBs, it is timely for us to engage with this important tier of community building support.
  - **Engaging with a selection of the small resident-led associations** that have been formed and with the individuals involved. Many of these are visible as they have received small scale funding. There is an opportunity to form a number of relationships with these associations and the residents in them and follow their experience.
  - **Looking at how roles and relationships develop** among and between the various partners and participants as this could tell us a lot about the potential for the established public and community bodies involved to embrace and support ABCD.
  - **Exploring how the role of the SMG team can be further developed** as a resource that is valued within the project, and that can help participants reflect and learn from their ABCD practice.

## **APPENDIX – Residents' Survey**

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### Household Survey of North Ayr including Lochside and Whitletts

A residents' survey was carried out in North Ayr by consultants, The Social Marketing Gateway, recruited by NHS Ayrshire & Arran, East Ayrshire, North Ayrshire and South Ayrshire Councils in November 2014 as part of the AHEAD Project. The aim of the survey was to measure residents' sense of connectedness to their community and their mental and physical wellbeing.

Residents were selected using a quota sampling method in which the sample was selected according to a quota-system based on age and sex to achieve a sample that reflects the make-up of the local population.

Structured face-to-face interviews with individuals were carried out and answers to the same social connectedness questions and Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) question as in the SA1000 2014 Quality of Life survey were sought. In total, Questions 1, 5, 7, 8, 10, 18, 19 and 21 of the 2014 Quality of Life survey were replicated.

The North Ayr area surveyed covers six data zones, four of which fall within the 15% most deprived in Scotland. There is a higher proportion of residents in social housing living in this area compared with other areas of South Ayrshire. In addition, 50% of respondents (104 people) were aged below 45. A total of 207 residents' in Ayr North responded to the residents' survey.

The intention is to repeat this residents' survey in three years time.

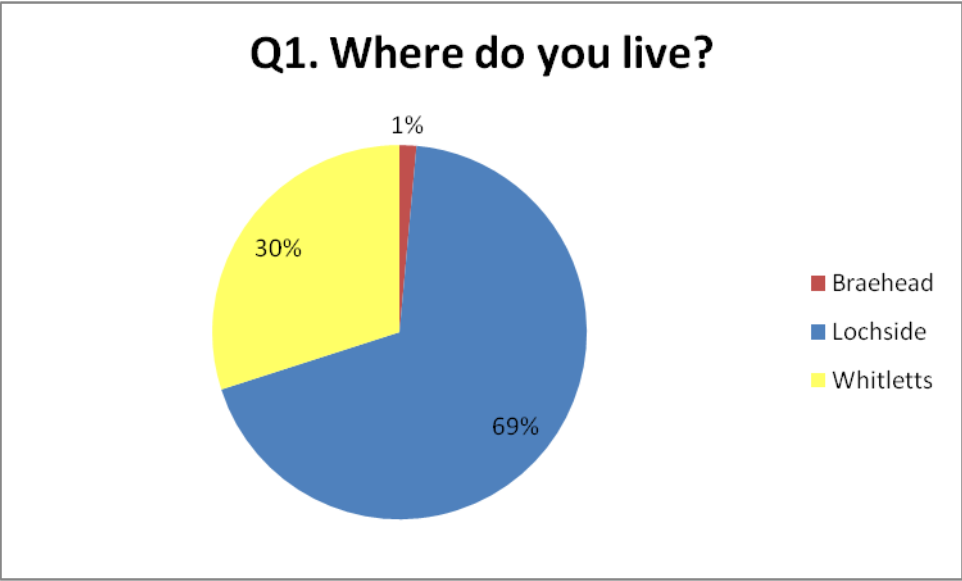
Age	Number	Percentage
16-24	35	17%
25-44	69	33%
45-64	62	30%
65+	41	20%

Gender	Number	Percentage
Male	98	47%
Female	109	53%
<b>Total</b>	<b>207</b>	<b>100%</b>

#### Q1. Where do you live?

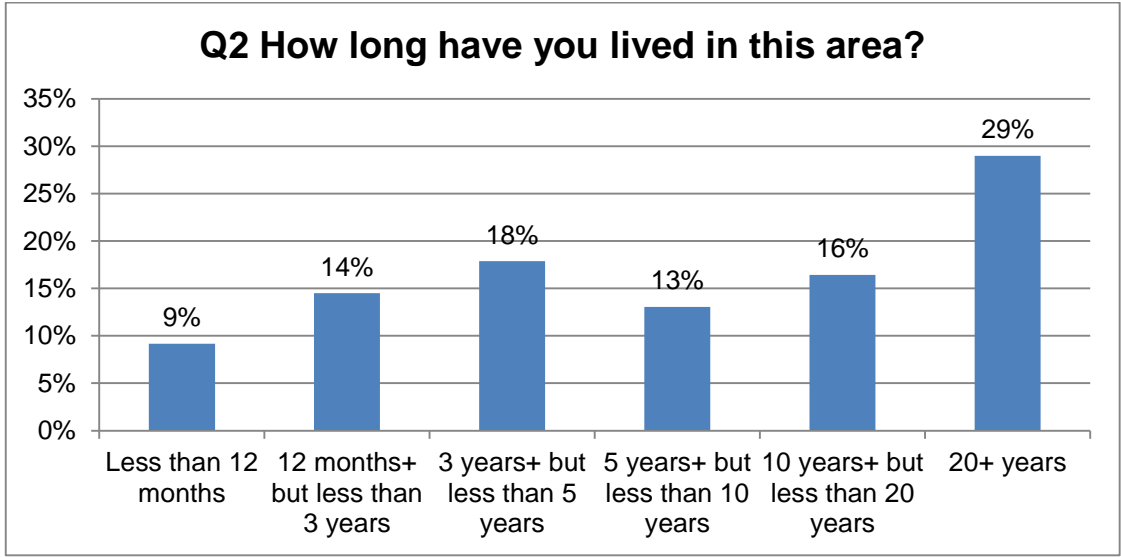
More than two thirds (69%) of respondents live in Lochside and 30% live in Whitletts. Only 1% (3 people) live in Braehead.





**Q2. How long have you lived in the North Ayr area?**

Twenty nine per cent of respondents have lived in the North Ayr area for more than 20 years. Four in ten people (41%) have lived in the North Ayr area for less than 5 years.



**Q3. Please tick the box that indicates how strongly you agree or disagree with each of the following statements.**

A sense of neighbourhood cohesion was assessed using eight items from the 18-item Neighbourhood Cohesion Scale that was developed to measure sense of community, attraction to neighbourhood and social interaction within it.<sup>9</sup> These eight items have previously been used in the British Household Panel Survey. An additional three items were included which covered whether the respondent

<sup>9</sup> Buckner, J.C., 1988. The development of an instrument to measure neighbourhood cohesion. American Journal of Community Psychology 16, 771-791. Kawachi, I., Kennedy, B.P., Lochner, K. 1997. Long live community: social capital as public health, The American Prospect, Nov/Dec., pp. 56 - 59.

considered other people pulled together in the area, whether people in the area can influence decisions and their overall view of the area as a place to live.

Table 1 below summarises the responses to the eleven statements around social connectedness. Respondents' responses were more positive than negative on all the statements.

In each instance high values reflect greater neighbourhood cohesion. There are evident differences between questions: taking everything into account, my area is a good place to live (item 10), for example, 80% agreed with this statement, while other people in the area pull together to improve my neighbourhood (item 6) and borrowing and exchanging favours (item 4) was much less common.

**Table 1: Social Connectedness statements (North Ayr Residents' Survey)**

Statement	Disagree/Strongly disagree	Neither/nor	Agree/Strongly agree	Response Rate (n)
I feel like I belong to this neighbourhood	13%	10%	77%	207
The friendships and connections I have with other people in my neighbourhood mean a lot to me	17%	17%	66%	207
If I needed advice about something, I could go to someone in my neighbourhood	22%	14%	64%	207
I borrow things and exchange favours with my neighbours	39%	16%	45%	207
I would be willing to work together with others on something to improve my neighbourhood	8%	24%	68%	207
Other people in the area pull together to improve my neighbourhood	18%	45%	37%	207
I plan to remain a resident of this neighbourhood for a number of years	14%	13%	73%	207
I like to think of myself as similar to people who live in this neighbourhood	12%	15%	73%	207
I regularly stop and talk with people in my neighbourhood	12%	13%	75%	207
Taking everything into account, my area is a good place to live	9%	11%	80%	207
By working together, people in my neighbourhood can influence decisions that affect the neighbourhood	9%	30%	61%	207

As there was a high degree of inter item reliability, the scores for each question were added together to make a scale of social cohesion/connectedness. This enabled comparison between groups to be made. The overall mean score for social connectedness was 39.9. Table 2 shows how people tend to feel more connected to their area the older they are:

**Table 2: Social Cohesion Scale by Age Group**

Age Group	Mean Score on Social Connectedness Scale
16-24	38.6
25-44	38.4
45-64	41.2
65+	41.5

Table 3 shows how the feeling of being connected to ones' community increases with the length of time the person has lived there but it is likely that older people will have lived longer in the area.

**Table 3: Social Connectedness scale by Length of Time lived in area**

Length of Time lived in North Ayr	Mean Score on Social Connectedness scale
Less than 12 months	36
More than 1 but less than 3 years	39.5
More than 3 but less than 5 years	37.4
More than 5 but less than 10 years	39.4
More than 10 but less than 20 years	41.1
More than 20 years	42.4

There was no difference between men and women as to their sense of social connectedness. When a regression is run on the possible predictors of social connectedness it is found that whilst being older (over 45 years) and having lived longer in the area (over 5 years) are predictors, the biggest predictor of social connectedness is if the person does some form of voluntary work. Gender and perceived health status do not affect people's sense of connectedness when these other factors are taken into account.

**Table 4: Regression of Factors which predict Social Connectedness**

Factors Affecting Social Connectedness	Coefficient
Describes health as good	1.2
Does voluntary work	4.5*
Lives in Whittleys	-0.6
Age above 45	2.8*
Lived over 5 years in area	2.9*
Male	1.4

\*Represents significant  $p < 0.05$

$R^2 = 0.10$

**Q4. In the last 12 months, have you given any unpaid (voluntary) help to any of these types of groups or organisations?**

14.5% of people had done some form of voluntary work in the last 12 months. Table 5 shows the different types of voluntary activity they undertook.

**Table 5: Types of Voluntary Activity Undertaken by People**

Type of volunteering	Number	% of 30 people who volunteer
School children	12	40
Youth groups	5	16.7
Sports coaching/organising	1	3.3
Religious groups	2	6.7
Political groups	1	3.3
Elderly groups	3	10
Health, disability or social welfare	6	20
Environmental protection	1	3.3
Local community groups	1	3.3
Hobbies/recreation/arts/social clubs	3	10
Other (2 people helped neighbours and 1 helped in a charity shop)	3	10

NB The percentages add up to more than 100% because people could do more than one type of volunteering.

No one said they had been involved in working in Education for Adults, First Aid, Justice/Human rights, TUC activities or wildlife or domestic animal protection.

Sixty three percent of those who volunteer are under 45 years with 37% being over 45.

**Q5. What, if anything, might encourage you to undertake work or activities on an unpaid (voluntary) basis in the future?**

Respondents were asked what might encourage them to take up unpaid or voluntary work. Ninety-nine people gave a response with the remainder either volunteering already or not sure/ not prepared to volunteer.

**Table 6: Factors which would encourage volunteering**

Statement	% of 99 people who indicated they would volunteer
If I was certain it wouldn't affect my benefits	2
If someone I knew would volunteer with me	7.1
If I knew more about the opportunities available	9.1
If I thought I could help others	17.2
If it would improve my skills	9.1
If it helped me gain qualifications	7.1
If it fitted with my interest and skills	12.1
If I could volunteer when I felt like it	7.1
Easy to get to/nearby	4
If I was sure I wouldn't be out of pocket	2
If there were more people like me volunteering	10.1
If I had more confidence	4
If someone asked me to do something	8.1
If it would improve my career/job prospects	3
If it was good fun	3
If it involved family/local issue	7.1
If I had more time	47.5
If my health improved	11.1

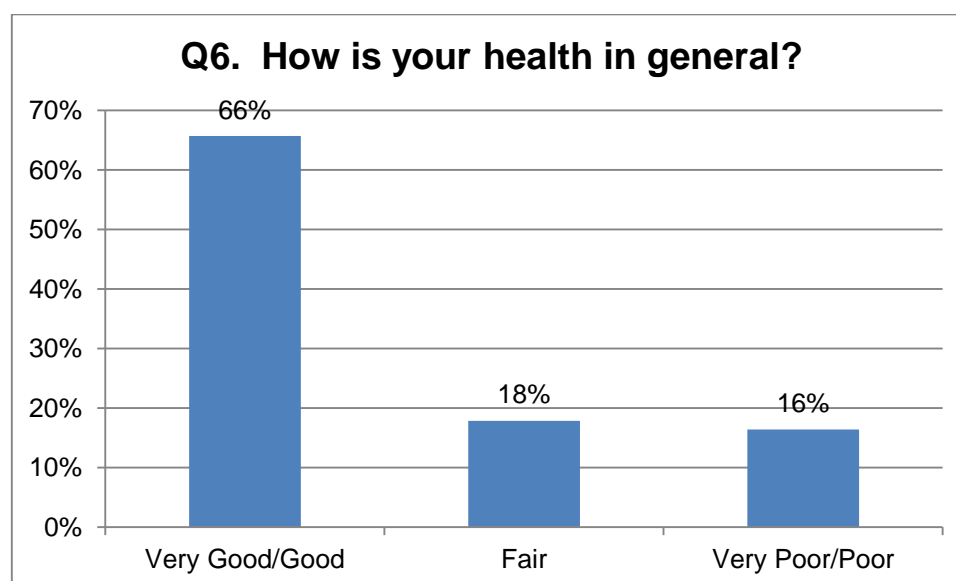
NB The percentages add up to more than 100% because people could agree with more than one statement

Overall 99 people said that they would be prepared to volunteer if one of the above statements was met. The remaining 108 people in the sample either said they already volunteered (7), that they didn't know what might encourage them to undertake voluntary work (13) or that nothing would persuade them to (88).

#### **Q6. How is your health in general?**

Respondents were asked how they rated their health. Although the question was left open it is likely that this question was interpreted to mean physical health.

Two thirds of respondents rated their health as being either good or very good.



**Q7. Please tick the box that best describes your experience of each of the emotions/feelings over the last two weeks.**

The respondents were asked to answer seven questions about their emotional wellbeing known as the Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS). The overall score for the North Ayr sample was 25 (35 being the highest possible score and 7 the lowest). There was no difference between the sexes in terms of mental wellbeing but those who were under 45 years had better mental health than those over 45 years (Mean 25.8 cf 24.3). The results of a regression showed that the significant drivers of good mental health was to be physically healthy, live in Whittleys (as opposed to Lochside), feel connected to the community and feel you have a good quality of life. Although age appeared to be a factor, when general health was included in the model, age no longer was significant suggesting that people’s perception of good health is more important than their physical age when predicting mental wellbeing.

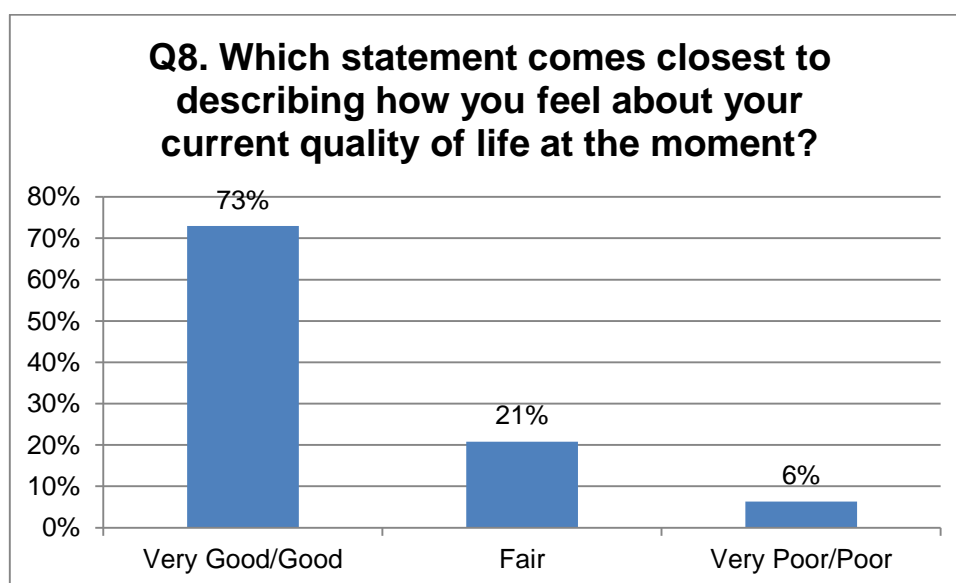
**Table 7: Regression of Factors which predict SWEMWBS scores.**

Factors Affecting Mental Wellbeing	Coefficient
Male	0.9
More than 5 years in area	0.2
Social Connectedness	0.1*
Age above 45	-0.8
Lives in Whittleys	2.5*
Does voluntary work	0.2
Describes health as good	2.7*
Has good Quality of Life	3.5*

\*Represents significant  $p < 0.05$   
 $R^2 = 0.30$

**Q8. Which statement comes closest to describing how you feel about your current quality of life at the moment?**

Almost three quarters of respondents (73%) rate their quality of life as either good or very good.



**Conclusion**

- Many of the respondents in this survey feel positive about their area but do not always feel people pull together to improve the neighbourhood or exchange favours with neighbours.



- Older people tend to feel more connected to their neighbourhoods than younger ones and the longer the respondent has lived in an area the more connected they feel. Doing some voluntary work is a very strong predictor as to how connected people feel to an area.
- Very few people in North Ayr engage in volunteering activity. Of those that do the majority work with children or young people.
- Feeling socially connected to one's area, having good physical health, feeling one's quality of life is good and how an area is perceived all contribute to increased mental wellbeing. Even if areas appear to be broadly similar how the residents perceive that area appears to be a critical factor – just measuring areas by SIMD may not give the whole story.
- Most people felt their health was good or very good.
- The majority of respondents in North Ayr felt they had a good quality of life.

This analysis shows how voluntary or unpaid work links people to an area and makes them feel connected to that area. If people have lived in a place for over 5 years and are over 45 years they also feel connected to the area. Feeling connected to an area, along with perceived good health and good quality of life and a perception that the area one lives in is good, contributes to good mental health.

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