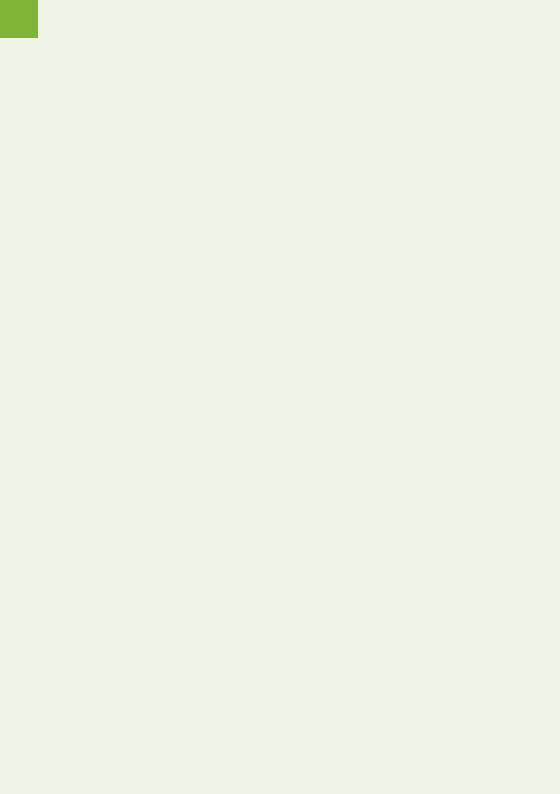
Positively Local C2 a model for community change

John Gillespie, with Susanne Hughes

Editors: Simon Duffy, Jon Glasby and Catherine Needham







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About this series

Joint policy document series

In the summer of 2010 The University of Birmingham's Health Service Management Centre hosted a two day think-tank to explore whether recent innovations in health and social care might be the key to a more radical redesign of the whole welfare state.

As part of the think tank papers were produced which proposed significant policy developments. These papers were then subject to debate and criticism. The papers were then further developed for publication.

Each paper in the series has been produced by a leading practitioner and social innovator. The papers combine evidence and ideas for policy reform which are rooted in the real experience of bringing about change from the 'bottom-up'.

www.centreforwelfarereform.org

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Preface

In the early twenty-first century, elements of the welfare state are in the middle of a 'transformation' process based on the concepts of personalisation and self-directed support. Beginning in adult social care, these approaches seek to recast users of state welfare away from being passive recipients of pre-purchased services towards a situation where they are active citizens with a right to control and shape their own support. Variously described as a form of 'co-production' or in terms of individuals becoming the 'micro-commissioners' of their own support, this has been seen as a shift away from a 'professional gift model' towards a citizenshipbased approach, arguably more in keeping with other aspects of our lives (Figure 1).

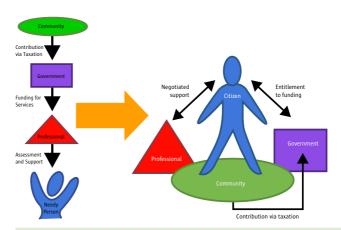


Figure 1. From Professional Gift to Citizenship Model

Central to this agenda to date has been the concept of direct payments (pioneered by disabled people's organisations and developing in the UK from the mid-1980s onwards) and individual budgets (developed from 2003 onwards by In Control). Beginning with 60 people in six local authority pilots in late 2003, there are now possibly 100,000 people receiving an individual budget and the government has stated that all adult social care will be delivered by this mechanism in future.

Although starting in adult social care, this approach is now being piloted in children's services and in healthcare, with several leading think tanks and commentators interested in its possible extension to other areas of state welfare (such as the tax and benefits system, housing, education, rehabilitation for ex-offenders, substance misuse services and support for young people not in education, employment or training). If privatisation was the key focus of the 1980s, it has been claimed, then personalisation could be the key focus of the early twenty-first century. Unsurprisingly, such issues have acquired even greater relevance in the current financial and political context, with debates about reduced state expenditure and potential government shrinkage.

Despite recent progress, much more remains to be done, including:

- Fully embedding personalisation in the training of social workers and other public service practitioners and managers.
- Exploring the implications of self-directed support for broader areas of state welfare.
- Understanding key levers for embedding change in policy and practice.
- Understanding more fully the implications for costeffective use of scarce resources in a challenging economic climate.
- Developing more explicit theoretical and conceptual frameworks around citizenship, ethics and social justice.

Against this background, this series of papers was first presented and discussed at a national 'think tank' funded by the University of Birmingham's Advanced Social Sciences Collaborative (ASSC).

We invited real experts to explore the changes they think could bring about positive change in:

- Local government and civil society
- Services for children and families
- Our health and social care systems
- The criminal justice system
- The tax-benefit system

In turn these ideas were challenged and reviewed by an audience of leading policy makers, managers, practitioners, policy analysts and researchers. We are publishing these papers in their revised form.

Underpinning many current policy debates is a sense that the ethos, law and structures that underpin the current welfare state is dominated by 1940s thinking and assumptions – and that some of the concepts inherent in debates about personalisation and self-directed support could help to shape future welfare reform. The Beveridge Report is widely credited with establishing the thinking behind the post-war welfare state. It is time to engage in the same depth of thinking about the relationship between the state and the individual in the twenty-first century. We hope that these papers contribute some fresh thinking.

Prof. Jon Glasby, Director, Health Services Management Centre (HSMC), University of Birmingham

Dr. Simon Duffy, The Centre for Welfare Reform

Dr. Catherine Needham, Queen Mary, University of London, Honorary Fellow, HSMC

Summary: Positively Loca

Summary

Too many places are damaged by the negative way they are seen by public services. As such, 'imposed solutions' can make things worse rather than better. Perceptions about what is wrong with a place drown out the voices of local people who would like to make things better.

This paper is about turning this around - it offers local agencies and residents a way to harness the energy of local people and make places better in partnership with local service providers. It focuses on what is happening in a few neighbourhoods around the country where residents are taking action in response to issues that are important to them.

The work is based on the successful model called Connected Communities (C2) pioneered by Hazel Stuteley OBE and more recently championed by the Health Empowerment Leverage Project (HELP). In areas touched by these projects people are developing pride in their local community and escaping from negative labels such as 'fractured community' or 'no go area'.

One of the areas that has seen this type of intervention is Balsall Heath in Birmingham, the inspiration for the Prime Minister's Big Society agenda. Supporting the fabric of local communities is one of the most important challenges facing local governments. This paper argues that developing positive relationships with residents is the best way to effect real and lasting neighbourhood change. Though it is an intensive form of intervention the benefits available to neighbourhoods far outweigh the effort involved. This paper aims to share what is (in essence) a simple method and shape recommendations for what needs to happen for more neighbourhoods to harness these benefits. There is no claim that this is a unique solution. The reason that this approach works and leads to sustained change is that it is based on harnessing and strengthening the existing assets within a local place.

The paper begins by describing what the model is and its genesis and gives examples of how it has supported groups of residents to set up partnerships and what these have gone on to do. It demonstrates the value and capacity of citizens to share in decision

making with agencies and offers a way for residents groups to amplify their agendas through positive partnership.

It goes on to show how agencies have benefited as a result of developing more trusting relationships with local people and gaining better knowledge of their needs by being able to deliver better services. We look at the model as a way of supporting 'effective' service delivery and at its role in improving efficiency (for instance in health or policing) by helping to tackle the causes of problems rather than by just dealing with their symptoms. Finally the paper makes recommendations for what national and local government and community organisations can do to share in these benefits and contribute to this change.

Introduction

This section introduces the Connecting Communities (C2) model and focuses on the stages that a community goes through in moving towards self-management. C2 codifies this into a series of seven steps. These are introduced with examples from the sites that have been involved in the HELP initiative during 2010. The 7 steps show 'what to do' in order to achieve similar benefits. A strength of the C2 model is that it also describes in theoretical terms 'why these steps work' drawing on insights from complexity theory.

The C2 model is a process of neighbourhood development that supports people in disadvantaged areas to champion their own agendas in partnership with agencies. The model was developed by Hazel Stuteley, originally a Community Nurse, working in Cornwall. Hazel realised that the significant challenges faced by local people could not be met by the normal responses of public services. The only way that these problems could be addressed was if solutions came from residents; and to this end Hazel and a colleague sought to locate a critical number (initially 5) residents who were prepared to have a go at making a difference.

There are many other stories of approaches that build upon a community's own assets. For example, Dick Atkinson supported the development of the Balsall Heath project in Birmingham often cited by the current Prime Minister (Chadwick, 2010) and the development of the Bromley-by-Bow Centre in East London (see www.bbbc.org.uk). And there are many more approaches that are improving lives for individuals, communities, local places and local services.

However the story of C2 is particularly interesting and empowering because, whilst it was invented in one place, it has also been shared and is spreading to many other places. This is the story of how five local people reclaimed their capacity to act and have gone on to inspire many others with a vision of what can be achieved by local action. What we have learned about this process of change is recorded in this paper.

The changes on the Beacon estate began a cycle of virtuous change that saw the estate transformed and the Beacon Estate went on to win awards for the success of its transformation. Hazel went on to replicate the same process on two other estates - in Redruth and Cambourne – both very deprived areas. Much the same outcomes and results were achieved for these neighbourhoods.

The work came to the attention of academics at the Peninsula School of Medicine and Dentistry in Exeter. The Health Complexity Group was set up at Exeter University to help understand this processes of process of community change and the group were instrumental in helping Hazel to codify her learning into the C2 model and the seven steps.

More recently Hazel's work has come to the attention of the Health Empowerment Leverage Project (HELP) an initiative supported by the Department of Health, with aspirations to see greater prominence afforded to this and other models of community development within the NHS. HELP initiated a series of new pilots including the case study example of Townstal, Devon described later.

It may seem strange to focus on a community development model within a series that is about personalisation. Some people have seen the concepts of 'community' and 'personalisation' as opposed. According to this thinking efforts to deliver greater personalisation have a tendency to see people as isolated consumers rather than as members of a community. But this is mistaken insofar as it fails to give an accurate representation of the aspirations driving many disabled and older people to call for increasing personalisation of their support. In contrast to previous ways of delivering support personal budgets have enabled many people to live more active self-determined lives. Thus in many

cases personalisation has contributed towards more community participation and hence strengthened communities.

But it makes little sense to load ideological significance onto the term personalisation since personal budgets are only a tool. The main lesson from personalisation relevant to this paper is that by placing the people who rely on them at their heart, services are most likely to deliver outcomes that people want. The same is true where the service user is an individual just as it is where many people are impacted by local decisions. The logic of extending the lessons from personalisation to a community model is therefore that by working in a way that is in tune with what people want and need, rather than the other way around, services are more likely to achieve their targets of providing good outcomes at the least cost.

The Seven Step Model

The reality of applying any model is always more complex and less predictable than a description. What we go on to describe – the C2 Model – is a slightly simplified version that focuses on the logic of what happens and simplifies the chronology.

The C2 model is based on insights from complexity theory which suggest that the key to transforming neighbourhoods lies in the co-creation (between residents and agencies) of a receptive context in which change can happen. The seven steps to this process are explained below.

This model certainly goes further than what most practioners are already doing. However as with other innovations it is difficult to capture the essence of the difference, without opening the way for other agencies to claim that 'we are already doing it'.

The best way of describing the difference is perhaps to look at the approach 'as a whole', see Figure 2. Although components of the model will no doubt be mirrored in other examples, a key to whether agencies are actually doing this will be found by looking at the 'process' and the difference that it is making.

Good markers as to whether an approach shares much with C2 will lie in answers to questions such as *Do residents feel that they own the process?* and *What is the working relationship between residents and agencies like?*

A consultation process, but one where residents did not feel that they are in control will not achieve the same outcomes. Nor will an approach where local agencies support a group of local residents, but did not change their own accountability and their own practice.

The key is not the activity so much as the nature of the relationship, and the intentions behind it. Good indicators will be found in the language that residents use to describe what they are doing. It will be 'their' partnership, it won't belong to the council or the PCT. There will be excitement and divisions such as 'them and us' will begin to lose their power.

Service professionals in these places will not start with the mindset that they are 'doing it already'. They will read this

paper with openness and see what they might learn from others pursuing similar aspirations.

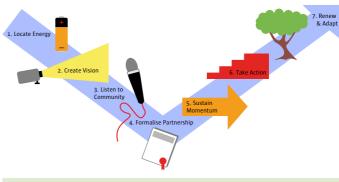


Figure 2. The C2 Model

1. Locate Energy for change

The first stage is to identify a neighbourhood where change is in some way necessary and desirable. For the prospect of real change to occur there has to be a number of 'leverage factors' present. Robin Durie at Exeter University who helped to develop the theory underpinning the model talks about a coalition of the 'fed up and brave'. In practice neighbourhood improvement can happen if both of these two conditions are fulfilled:

Finding Key Residents

That is, a number of 'key' residents who are committed to seeing change come about and who can supply the energy. These are not usually existing community activists. Existing activists often don't represent their neighbours and can even become obstacles to change.

The key is to identify and nurture the 'unsung heroes' - people who may not know that they have it within them but who go on

to find a voice for themselves and their neighbours through this process.

Locating stakeholders from key agencies

From the outset a partnership has to include representatives from health, education, police and the local authority as a minimum for it to gather momentum.

For example, on the Putney Vale estate in Wandsworth there was an existing vibrant residents' committee. The committee was led by a very effective chair, but had struggled to register the estate's priorities highly amongst those of the local agencies. Cut off geographically from much of its parent ward, and on the edge of the borough, residents felt themselves excluded from services and forgotten about.

Since the advent of the Putney Vale Partnership residents are working alongside agencies to make a difference. They feel that people in the local agencies have begun to sit up and take note. The Partnership has just secured a promise to grant access to a significant community building back to the local community.

Useful first-step actions to locate key residents and begin the formation of a coalition with agencies might include:

- Neighbourhood walkabouts helping to 'take the temperature' of a neighbourhood, locate key individuals and amenities, and identify if an area is likely to be ripe for change.
- An initial 'connecting' workshop bringing together residents with key agency representatives to establish a common interest in bringing about improvement in a defined area

2. Create Vision

So often when neighbourhoods have stagnated it is hard to see beyond the day to day problems. Initiatives set out not to do too much, so as not to raise people's hopes. Residents may be reluctant to engage because it feels like an uphill struggle and they have been disappointed before.

The C2 process is very different because it actively strives to raise ambition. On the Beacon Estate the initial vision that propelled change was Hazel's. Today with the benefit of a number of sites having done this, new sites can benefit from exchange visits and mentoring. What is often missing is the appetite for change that can only come if change is seen as a distinct possibility and people know what it looks like. Link ups between sites allows for people to see what is possible.

Useful second-step actions include:

- A workshop bringing together key residents with agencies that aims to inspire by sharing true stories and case studies with guest speakers drawn from transformed sites.
- Exchange visits for both residents and agencies to places where similar change has already happened.

Underpinning both of these elements is the importance of building trustful relationships between residents and agencies, amongst residents themselves and between the different agencies.

Capacity Release - creating an environment for change

Initiatives that see deprived communities as lacking in capacity often begin by trying to 'build' community capacity. Paradoxically this only entrenches the disempowering assumption that people do not have capacity to deliver the change for themselves

Working in this way is not a genuine reaching out to residents - it is arrogant and it fails to acknowledge the powerful negative impact that services can have on local communities.

The opposite approach is to seek 'capacity release'. We have learned that agencies often need to change the way that they are engaging with communities in order to unleash the capacity they want to see. The key is for agencies to really listen.

3. Listening to Communities

Early on in the process of change, agencies and service providers host 'Listening Events' for residents. These are held in community venues such as schools or public halls. The listening event in Putney Vale was held in a marquee because it did not have any community space.

The Listening Event turns the usual agency-residents dynamic on its head with the residents being comfortable voicing their concerns and the agencies just listening and recording – leaving their institutional remit at the door.

Considerable effort is invested in getting a representative sample of people to come to the listening event. The only way to achieve a good turn out of between 50 and 100 is by knocking on doors and issuing a personal invite. Usually service providers and key residents share responsibility for doing this.

The Listening Events are based on principles of 'appreciative enquiry'. Two questions are asked: "What is good about living here?" and "What is not so good?". All responses are captured and prioritised by the residents to create a list of the top five.

Communities that have been consulted with before often suffer from fatigue, so a report detailing outcomes of the listening event is produced and fed back to residents quickly. A follow up event is held about ten days after the listening event to formally do this. This is extremely important as it shows the residents very quickly that all views have been heard. The intention then is that the partnership will be set up to initially tackle these identified priority issues.

A key aim of Listening Events is to help agencies internalize the lived experience of the residents of all ages. It helps agencies and residents to understand what its like living here when you're young, middle aged and old.

Last year in Solihull HELP worked alongside a large-scale neighbourhood regeneration process using this process. Previous consultations with residents were perceived as inadequate and had left residents feeling a lot of anger. Today, the new local partnership is now the principle route through which the regeneration agency engages with local people, and better relationships are making it easier for the agency to communicate difficult decisions. Residents in turn get a better deal, because there's more at stake for the agency in ensuring that residents are happy.

4. Formalise the Partnership

In the sites that have gone through the C2 process, partnerships led by residents have been the key vehicles for taking forward a long term process of improvement. On the Beacon Estate a partnership was set up to manage a £2.2 million grant of Government Capital Challenge Funding to improve the condition of housing on the estate (Stuteley and Parish, 2009). The housing provider, Carrick Housing agreed that the partnership would manage allocation of this grant whilst they would approve decisions.

Partnerships typically start without any money. Having a constituted partnership allows the neighbourhood to apply for funding. Smiths Wood Area Neighbourhood Network (SWANN) for instance has been extremely successful in raising £4k in its first year to cover admin and office costs.

Important features of these partnerships include:

- Residents and agency staff self-select to be on partnerships.
- Partnerships are formally constituted.
- A chair, deputy chair, treasurer and secretary are elected and they are always residents.

An important organising principle is that there are always more residents than there are representatives of agencies on the partnership board. This is to signify that the partnerships belong to the residents.

In practice residents think of the partnerships as their own - SWANN for instance clearly belongs to the residents of Smiths Wood. They are responsible for the bulk of organising of meetings, but are able to draw on the support of service providers.

In Solihull the Neighbourhood Management team were key to getting SWANN set up. Initially they knew of lots of residents but didn't have great relationships. The chair of SWANN and the manager of the Neighbourhood Development Team are now the main drivers behind the process. According to Alison Lush, the Neighbourhood Management Coordinator, having the partnership in place has contributed to making her job both more rewarding and easier.

5. Sustain Momentum

Immediately after the establishment of the partnership it is crucial to consolidate the emergent forces into something capable of bringing about widespread and long-standing change. This stage can be achieved within six months of beginning the new initiative. This is a time when relationships in the partnership are still kindling. As partnership members gain more experience in working together, differences will always emerge. Working through these is a key step in partnership growth and strengthening.

This is also a time when 'ripples' start spreading out into the wider community. Service providers are actively seen to be doing something positive and any residents who have thus far been negative reassess their attitude to the partnership, and an environment of greater positivity ensues.

For agency staff this is the point where interdependence kicks in, where service providers suddenly realise that residents are the solution to their problem, not the problem, and their jobs are getting easier.

Hazel Stuteley

Useful actions to sustain momentum include:

- Monthly partnership meetings to provide feedback to residents
- Celebrating visible wins e.g. successful application to funding streams which support community priorities
- Estate walkabouts
- Sending Partnership newsletters
- Generating positive media coverage

6. Taking Action

The early stages are also critical for building momentum to the point when the partnership can really take off. Step 6 is where the actions that will underline the partnership's effectiveness in the long-term begin to take form.

At this stage groups and activities catering for different age ranges are set up. Services change, becoming more responsive, more local and better tailored to resident's needs. The connections between different agencies interests may see the police running

football sessions, as happened in Townstal, or schools participating in health promotion activity, as in Solihull.

The new partnerships in Solihull and Townstal have reached this stage within the past year. In Smiths Wood the local partnership SWANN has been gifted a building by the council from which it plans to run a knitting circle, dancing classes, an art project and a cycle repair workshop, where young people will repair bikes donated by the police. Services are also changing. Local people would like to see health interventions delivered from the community hub and the PCT has plans to do this. In Townstal, Devon the partnership helped to win additional funding for a play-park.

The partnership has been influential in having a dentist come one day a week to work on the estate. It runs bingo nights and is currently setting up a hub to deliver a number of services such as legal advice clinics.

This is the stage where evidence of community strengthening and self-organising begins to surface.

7. Continued Trajectory of Improvement

Circumstances change and a partnership needs durability if the initial changes and improved relationships are to continue. Similarly the partnership will need to adapt and renew itself to new circumstances.

We would suggest that it is not desirable to 'sustain' change as this implies a static concept, rather we would suggest that regeneration should be about creating the conditions for change such that the locality remains responsive and adaptive to the changing environment

Wyatt, Durie and Duquemin, 2005

Signs of greater maturity include:

- Partnerships finding their own venues
- Partnerships developing new sources of funding
- Employing staff
- Two or three residents being employed and funded to coordinate activities
- Community action plans being developed with measurable outcomes.

Redruth partnership in Cornwall employed its first partnership co-ordinator via Big Lottery funding in 2006. It received a further significant boost last year with a further three years funding from the Big Lottery. Beacon was joint funded by European Objective One Funding and some money from the local authority.

Why C2 Works

The initial projects in Falmouth, Camborne and Redruth were evaluated by members of the Health Complexity Group at the Peninsula School of Medicine in Exeter (Wyatt and Durie, 2004). The evaluators sought to get behind what Hazel had done instinctively in order to explore in theoretical terms why the model had worked.

They discovered that the approach embodied a number of ideas from complexity theory. What held these together was the insight that: the change process isn't linear. It comes about through fracturing and reforming of a system containing thousands of complex connections.

With this level of complexity the exact outcome can't be predicted, but it is possible to put in place the conditions that bring about this transformation.

The seven steps embody a number of different insights into change processes. I would like to thank Robin Durie for the following insights.

- 1. Aim High Don't just aim for the next level up. Don Berwick formerly of the Institute for Health Improvement (see www.ihi.org) has said that you are very unlikely to achieve significant change if you only aim for the next level up. His point is that transformational change is far more likely to come about if you try to do something fundamentally different. So, for example, instead of trying to cut hospital waiting times from 30 to 29 days, what would happen if you were to cut them down to six hours? What then are the consequences of that for the reorganised system?
- 2. Create the Conditions for Change It isn't possible or desirable to predict in advance what the outcomes of a complex change process will be. For instance when Hazel

Stuteley ran a neighbourhood development workshop in Camborne it turned out that the young people wanted to dance. A world champion break dancer offered to coach the young people for free. Seven years on the community Dance team (called TR14ers) has brought about large scale behavioural change for over 1,000 young people via dance, which has impacted on ASB, educational attainment, community safety and health. There is no reason to suppose that dancing would work for another area, because what works is specific to a particular local context. The aim is to create the conditions that will allow similar exciting projects to emerge in other areas and people who are involved in them to take ownership. So the question becomes: What can you do to create the conditions for positive change?

- 3. Challenge 'Locked-in Thinking' Connecting events and workshops held at the beginning of the process provide the opportunity for glimpsing new ways of doing things. The Listening Event helps agency staff and service providers to 'internalize the lived experience' of the residents and help them get a sense of some of the resources that could be mobilised to transform the neighbourhood.
- 4. Make the Tipping Point Inevitable Robin Durie from Exeter University describes the need for intervention in terms of the overwhelming sense that some communities have of stagnating: It tends to be the case that these communities are very fragmented and as a consequence there is often exacerbation of local negative practices. For example one of the first insights from Beacon was how drug dealing became an embedded local practice, and there was no way anybody could do anything about it because they were afraid of being on the receiving end of violence. So one of the first things that needs to happen in the course of change is to move from fragmented isolation to a situation where the relations are in place to allow for movement of ideas, concepts, and relationships.
- **5. Support the Weak Connectors** In communities these are the people who are very good at bringing people together

but are probably not our most intimate acquaintances. Strong Connectors tend to share many of the same connections we do. Weak Connectors by contrast have many more connections so if you approach them about something, they will probably be able to give you the name of somebody else who is doing it. Weak Connectors can be found within communities - a shop keeper for example - and they can be found within agencies for example, a community development worker who is known to lots of people. Weak connectors have the capacity to make connections, so are able to bring people together and have a good local knowledge of the local community so they know where to look. According to network theory Weak Connectors are the people who make a network strong and viable, but they are also the weak points - if you take them out the network will fragment. The idea is that in order to create the receptive context - what Durie calls 'the rich relations that will knit communities together' - the people to approach are the weak connectors. Listening Events as a way of engaging with the community are crucial for locating weak connectors. Hazel Stuteley says: We felt that the best way of facilitating this was to allow a process of selfidentification. These guys will be out there and they won't know it themselves, and we want them to come to us and say 'this is me' yes I want to do this. These are the guys who are 'both fed up and brave'.

- 6. From 'weak connector' to 'Super transformer' The focus of support in new areas is directed towards people who are or who could potentially become the weak connectors. The kind of support they need is very 'hands on,' visceral, and intensive in terms of enabling agency staff and residents to do things. How to organise community meetings for instance, but also how to build on the qualities that they have in order that they function as weak connectors within the network.
- 7. Remember the vision The power of positive assumptions is a key factor, as Robin Durie says: We always felt that the main barrier to this work being

successful and these guys fulfilling their potential, was that you can only see what's in front of you - the remorseless negativity of the day to day experience which is so hard to get beyond. Very early on we had a series of events where the value of exchange visits was brought home to us very strongly, because what these exchange visits allow for in complexity jargon is 'they create new spaces of possibility', they offer up new 'imaginaries' and 'they give a sense of what can be done'... and one of the great problems with these communities that are stagnating was there was never a sense of what could be different. The exchange visits create that vista of opportunity, they open up new horizons, they frame a sense of possibility. And the process of coming back to their own communities stimulates possibilities of what can be done here. The 'super transformers' can always expand the sense of what can be done. These guys can see possibilities but they can also see how this relates to their own situation.

A Case Study

One Community in change, Dartmouth Townstal

by Susanne Hughes

Townstal is an estate of about 4,000 people on the edge of Dartmouth, at the top of a long hill which isolates it from the main town. The 2009 Joint Strategic Needs Assessment for the area shows that whilst much of Dartmouth is prosperous, Townstal has a higher proportion of children with Special Educational Needs than the Devon average and GCSE performance is also well below the Devon average. This picture is backed up by other deprivation indices.

The Townstal C2 intervention was initiated in 2009, via consultation with NHS Devon and through contact with a Police Inspector who had seen the effects of the Beacon project in Falmouth, and believed that local problems of poor health, crime and anti-social behaviour could only be solved by a similar multiagency approach. This is how the process unfolded – how we implemented the 7 step model in practice.

Gathering the Learning Set

The C2 process started in Townstal with scoping visits to local PACT (Police and Communities Together) and town council meetings. Here key residents were identified and further scoping visits were made using their local knowledge of community

groups to listen and to understand what could be built on in the area and what service provision was already available. Residents and agencies were brought together for an initial connecting workshop.

Connecting Workshop

The workshop was held at the local Children's Centre and was attended by 18 representatives from Education, Police, Peninsula Medical School, NHS Health Trainers, Devon PCT, Housing, South Hams District Council, local Councillors and the Children's Centre and 3 key residents. The day was a real success with agencies and the residents networking and making many new connections. A local councillor added to the momentum by offering to match fund the already pledged £1,500 as start up money for the partnership. As an outcome of the workshop a *Listening to Townstal* event was planned for 4th April.

Embedding the Vision, Exchange Visits

Unusually for C2 the facilitator organised site visits to the Cornish sites *before* the initial workshop as it was felt that this would embed the 'vision' of what a neighbourhood partnership looks like and what it can achieve. This proved to be an accelerator in the process provoking the comment 'If they can do it, so can we!'

The dramatic changes made in the estates which we visited were impressive. They were brought about by residents leading the dialogue. The residents in Townstal deserve the same opportunity and I sincerely hope they will be convinced that being part of Townstal Community Partnership will not only greatly improve the estate but perhaps become a flagship for Devon.

Iris Pritchard, former Dartmouth Mayor and town councillor for Townstal

Listening to Townstal - The Consultation process (4th April 2009)

After the workshop, a planning group was set up to organise the listening event. Invitation to the event was by postcard entitled

So what's it like to live in Townstal?. The C2 facilitators took a lead role in organising the event and delegated tasks to a mix of residents and agencies who subsequently worked together to make it all happen.

The consultation was introduced by the C2 facilitator, who highlighted the importance of everybody's views being heard. The agency representatives introduced themselves and hosted a table each and were on hand to ensure all views were noted, and to help those who had difficulty writing.

Well over 50 residents attended and the event was facilitated by 18 local service providers. The facilitation not only included speaking with and helping residents if required but was also 'hands on' in making drinks for the residents, and really breaking the 'them and us' division that can happen when service provision is not visible in a neighbourhood.

It was agreed that the top five priorities for the Partnership in Townstal to tackle were:

- Local access to NHS Dentist & Doctor
- Issues around binge drinking & drugs
- Anti-social behaviour
- Parking and transport
- Young peoples' issues

Setting up the Townstal Community Partnership (April to July 2009)

The first Partnership meeting was in early June and there was a full turnout from the agencies involved and from residents. To assist the residents in facilitating the meeting and to lead and mentor the agencies, the C2 facilitator asked the police inspector, who had originally identified the need for the partnership, to open up the meeting.

Nominations were made and seconded and the constitution was signed. The partnership now had a resident chairman and a resident vice-chair who was also a town councillor. A date was set for the inaugural public meeting in July 2009

Townstal Community Partnership (TCP) (July 2009 to December 2010)

The TCP was operational as a fully constituted, resident-led, multi-agency partnership from its first meeting held in the community hall in July 2009. They now hold monthly public meetings at the local community hall and have an executive committee who meet bi-monthly or more if necessary.

The partners include:

- Devon County Council from Children's Trust to Highways
- South Hams District Council especially Community development, Youth safety, landscape, and South Hams Connect Service
- Housing Associations Tor Homes and Guinness Trust
- Devon and Cornwall Police
- Head Teachers from local schools and New Academy
- local Councillors Town, District and County levels
- NHS Health Trainers, including school nurse
- Devon PCT Public Health Directorate
- Devon Youth Services
- local solicitor
- Fire service
- Local Barnados Children's Centre
- South Hams CVS
- Other local community organisations and groups
- Local businesses both independent and large supermarket chains

The initial meeting highlighted how angry residents were feeling and flagged up a number of issues that were seen as priorities for action, such as the lack of a road sweeper on the estate, speeding problems and the danger posed by a derelict piece of land.

Initially the multi-agency response was led by the police. The inspector made the first move instigating the multi-partnership approach by stating what the police could offer and encouraging the other relevant agencies to be involved. Most of the issues had some level of police involvement.

Once the public meetings started and word had spread, more residents began to attend the meetings to tell the services – 'this is happening' and 'this is not good enough what are you going to do about it?'. Once they saw changes even on small issues like litter bins, resident support for the TCP started to grow and residents and agencies understood that they had a forum within which they could make change happen. When it snowed in early 2010 residents came to the meeting to complain that there was no provision for grit bins. The Highways' representative was contacted and it was agreed very quickly that Townstal would receive more grit bins. Residents were being listened to and could see quickly actioned results.

Measuring Success

This section describes the changes that have come about as a result of the C2 process. It shows how agencies have benefited by being able to deliver better services as a result of developing more trusting relationships with local people and gaining better knowledge of their needs. It looks at the model as a way of supporting 'effective' service delivery and at its role in improving efficiency (for instance in health or policing) by helping to tackle the causes of problems rather than just deal with their symptoms.

We have looked at the C2 process overall and given an example of what it looks like in its early stages. This section follows the process through and describes how it goes on, over a period of several years, to deliver improved outcomes for an area.

In the longer-term (3-5 years) C2 delivers the kind of benefits that show up in local agency outcome measures. For example the Beacon Estate, originally one of the most disadvantaged in the country, saw the following improvements in health, environment and educational outcomes between 1995 and 2000 (see Table 1).

The first measurable indicator to change is typically crime outcomes, particularly related to property crime and anti-social behaviour. Crime on the Townstal estate in Devon fell within the first year of the partnership, and the police have attributed this partly to the improved relationships between police and residents. The Redruth Estate in Cornwall made national and international headlines for pioneering a voluntary curfew as part of its drive to reduce anti-social behaviour and help people feel safer on the estate (Bushill, 2008).

Health and Education measures typically take longer to change. However health activities and improved health awareness and behaviours are visible more quickly.

Health Outcomes	Environmental Outcomes	Educational Outcomes
Increased breast feeding rates by 50%	£2.2 million generated by tenants and residents	On site training for tenants and residents
Postnatal depression rates down by 77%	Gas central heating to 318 properties	After School Clubs
Childhood accident rate down by 50%	Loft insulation in 349: cavity wall in 199; external cladding to 700	Life Skills courses
Incidence of asthma reduced by 50%	Fuel saving estimated at £180,306	Parent and Toddler Group
Reduced fear of crime	£160,000 traffic calming measures	100% improvement in boys SATS results
Beacon Care Centre providing on site health advice	Provision of safe play areas	IT skills
Sexual health service for young people	Recycling and dog waste bins	Crèche supervisor training
Teenage pregnancy dropped to zero in 2004	Skateboard Park	
Unemployment dropped by 71%		

Table 1. Positive Outcomes

These kind of improvements and the results noted in Table 1 come about as a result of the changed and mutually reinforcing relationships between service delivery and community activity.

The links between these and outcomes are complex and nonlinear. They have been described in terms of:

forms of activity, and resulting achievement of local improvements, that invisibly spread a feel-good factor throughout a local population.

Chanan and Gillespie, 2010

HELP is currently developing a framework to capture the individual components of change which contribute to longer-term outcomes, and measure these as **intermediate outcomes**:

- 1. Changes to services and service delivery
- Increase in community organisation, networks and social capital
- **3.** Activities and initiatives organised by residents

In turn these intermediate outcomes give rise to the **longer-term**:

4. Outcomes framework

1. Changes to services and service delivery

Changes can be seen at the level of new and better services, changed ways of working leading to a better service, and increased agency job satisfaction.

In Townstal for example service changes have included:

 The refurbishment of Collingwood Park: residents helped secure an additional £45k toward the refurbishment and involved the school and local children in redesigning the park.

- A local school offering children Personal Social and Health
 Education lessons about 'community' for one week to all
 year groups. The lessons were about a sense of community
 in Townstal with the children taking part in a mini listening
 event about what they thought was good and not so good for
 them living in Townstal.
- The continuation of the Connexions service offering provision of counselling, advice on housing etc. to young people. The service had come under threat.
- Tor Homes, the local RSL, installed new security entrances as they felt that they had built a new relationship with their tenants – they felt that they would not be vandalised and were willing to Introduce litter pick days with help from the community. They also employed 2 caretakers to be on site to help with maintenance to keep the momentum of responsiveness going – realising that the small issues were the things that eventually led to residents neglecting property.
- An NHS dentist located on the estate for the first time, one day a week.

As part of its own evaluation of the three 2010 pilots, HELP asked representatives from different agencies in Solihull to reflect on their experiences of how services have changed in Smiths Wood as compared with other areas. Most of the agencies were able to reflect favourably.

For the health agency (the Solihull Care Trust) the biggest impact to date of SWANN has been in terms of service planning. Sangeeta Leahy of the PCT describes the change as one from 'saying we work with communities' to now actually 'knowing what the community wants'. There is a practical change anticipated as a result of opening this new communication channel - the Care Trust is in discussions with SWANN about using the shop that the local council has gifted to the partnership as a base to deliver health interventions.

For Alison Lush who manages the neighbourhood development team at Solihull council the chief difference working in Smiths Wood is that she now feels fairly certain that when she engages with the partnership, she is dealing with a group of residents who have the trust of their local community.

Sergeant James Wallace puts the positive difference down to working in a partnership that represents all of the different agencies.

This point is highlighted by Inspector Paul Morgan who initiated the change in Townstal:

The most successful 'policing' of a neighbourhood is achieved where all service providers are identified and committed to solving the problems that arise. When one combines this with local volunteers and active residents, there is the chance of longer-term confidence in the relationships that can be constructed. The C2 approach provided a method of identifying and examining the "needs" of the estate in a much broader environment than was being demanded of me as a police officer.

The changed relationships between agencies and residents is also reflected in the level of job satisfaction. For example:

I feel like I actually know what my job's about doing this sort of project - you know not just going in from the outside. There isn't a them and us - we're all us. And it just makes you feel that you're part of a bigger thing really, rather than you're coming in from the outside to work with some people that you don't really know.

Alison Lush, Neighbourhood Management Co-ordinator, Solihull

There's nothing better really than having the community coming back to you at a meeting like that and say 'thank you' you're doing exactly what we want you to do. It's getting feedback like that, that really makes your job worthwhile.

Sqt James Wallace, Solihull

2. Increase in community organisation, networks and social capital

These measures are harder to capture without surveying the local community. HELP piloted a small survey in Townstal last year:

- 18 out of 25 people said they felt as if they belonged to a local community, and a similar number said they took part in local activities.
- 16 our of 25 people said that they felt that they could influence decisions affecting their area

And, in Putney Vale 150 people were involved in activities organised by the Putney Vale Partnership in its first six months.

3. Activities and initiatives organised by residents

Change can also be assessed by looking very practically at the number and type of new activities laid on by the partnerships, often sponsored or supported by one or more agencies.

Townstal has introduced community bingo and a legal outreach service, run by a local solicitor.

SWANN has been gifted a building by the council from which it plans to run a knitting circle, dancing classes, an art project and a cycle repair workshop where young people will repair bikes donated by the police.

4. Outcomes framework

In the longer-term it is anticipated that these changes will filter through to outcomes that agencies already measure, as happened in Beacon.

HELP is currently developing a framework that combines a range of local indicators that are likely to be impacted in a typical place and this will enable assessment of C2 as an invest to save measure against its ability to deliver savings.

This model will be based on:

- the indicators that are susceptible to change
- measurable data that is currently gathered or could easily be collected
- what outcomes are correlated with significant cost savings for the participating agency

The ability to track outcomes will depend on agencies being able to measure outcomes at a local i.e. 'sub-ward' level. Most of these indicators are available sub-ward (often down to the postcode level) but are not always presented and analysed at such level. Table 2 shows the range of health and non-health indicators to be tracked by HELP.

Health Indicators	Non Health Indicators
Directly costable: 1. Visits to A&E (crude figure) 2. Alcohol related Emergency Admissions (crude figure) 3. Admissions for cardiovascular/circulatory disease	Strongly Health Correlated: 1. ASB (measured by no of incidents and police call outs & RSL data) 2. Crime figures - criminal damage, burglary, vehicle crime, drug offences, domestic violence 3. Fire service call outs (arson
Costable and strong environmental causality: 1. Teenage conception 2. Post-natal depression 3. Visits to GP for anxiety/ depression 4. Asthma levels 5. Diabetes levels 6. Vaccination uptake	and false alarm) School absenteeism and exclusion Factors which may trigger health and non-health costs: 1. New individuals entering CJ system 2. Child protection referrals
Other indicators: 1. Breast feeding at 6 weeks 2. Prevalence within general population of: (a) Smoking (b) Obesity (childhood obesity measured through schools)	Other indicators of neighbourhood change: 1. Educational attainment 2. Eligibility for free school meals 3. Unemployment/benefit claimant numbers 4. Parent attendance at school events

 Table 2. Indicators of Health and Other Improvements

Next Steps and Recommendations

Many disadvantaged neighbourhoods risk losing out disproportionately as a result of cutbacks of dedicated community development capacity. However C2 does not require huge investment in a new capacity because it works by deploying existing resources more effectively and working with local residents. In this section we look at practical measures that different stakeholders residents, representatives of local and national government - can do to make things better.

There are many neighbourhoods around the country that have been failed by previous regeneration strategies and that could benefit from a C2 approach. These are likely to be hit hardest by the consequences of the withdrawal of local authority and other agency support. The current economic difficulties are also making it harder for community and voluntary organisations struggling to support these areas.

Three out of the four inner London boroughs contacted for this paper are phasing out existing forms of community engagement such as Neighbourhood Management. Their place is being taken by other forms of engagement - often a type of partnership - but agencies are struggling to make these forums work with little capacity to invest time or money.

Tower Hamlets is replacing phased out neighbourhood management with eight Local Area Partnerships across the borough. Partnerships will prioritise issues and these will then be traffic lighted by service providers with an intention to form subcommittees to deliver on particular issues. Issues highlighted on

the Boundary estate in Tower Hamlets include anti-social behaviour, physical space, recycling and youth and community.

C2-type approaches aren't replacements for good quality community engagement and development, which continue to be urgently needed. However such approaches may offer ways of amplifying some of the various engagement approaches being trialed by local authorities. They may for instance help agencies see the difference that can be made by deploying their 'main-stream' resources differently - that is by finding an alternative way of engaging with residents.

It is my strong view that efforts to bring about 'community change' are held back by a belief that doing so requires specialist skills of the type possessed by community development workers. This belief acts as a barrier to ordinary local officers realising their power to bring about change through identifying their resources and bringing them to bear on local problems working with residents through concerted action. It imposes a false ceiling on what is possible for poorer neighbourhoods notwithstanding the current conditions of austerity.

To engage in the way described in this paper does not require an expensive outlay. The real changes that have come about in places like Beacon, and more recently in the HELP pilot sites, have been initiated by changes in the way that agencies go about their jobs and deploy their resources. All of these changes are potentially available to agencies that think creatively about how to consolidate 'mainstream' energy around the needs of more disadvantaged places. C2 is not a magical solution but it offers a vision of the changes that can come about when mainstream services use their local resources to engage and leverage community capacity.

As such these approaches have much to say in the context of the Big Society about how to bring forward people's contribution, but they omit some of the dangers of Big Society such as the suggestion that local people's contribution comes about at the expense of state activity. The processes described in this paper are about harnessing the best of state and resident contribution to co-create improved outcomes together.

This paper offers a distinctive approach and practical experience has shown that these approaches work. Although the C2 model is not a short cut to change, it is in essence a simple approach showing that change is possible, with few resources and by a strong focus on transforming relationships. The benefits don't cost much money and are available to people in communities across the country.

For example the Grove Hill district in Middlesbrough is one place that might benefit from a HELP intervention. Grove Hill is about to undergo its third regeneration in thirty years. It suffers the long-term problems of industrial decline and has life expectancy ten years below that for more prosperous neighbouring areas. Educational attainment falls off between primary and secondary school and, common to other areas of Middlesbrough, Grove Hill has one of the poorest records of dental health in the UK.

Instead of, or alongside, a further expensive investment in physical regeneration the application of the C2 model to Grove Hill would hand local residents the tools to transform their community once and for all.

In order to take forward approaches of this sort:

- Local residents interested in making their community better can bring these new C2-type approaches to the attention of local elected members, service providers and local forums that might offer a way for developing plans for an area.
- Residents groups, local community organisations and advocacy organisations can use C2-type processes as a way of amplifying their agenda and working in less adversarial ways towards mutually beneficial ends.
- Local agencies such as health, police, local authorities, housing, regeneration can look to C2-type engagement approaches as a way of making their new structures work and committing their front-line service presence to working alongside local people.
- Local multi-agency structures such as Health and

- Wellbeing Boards, LSPs etc can look to C2-type approaches as a way of fostering multi-agency working at a neighbourhood level.
- National government can advocate C2-type approaches as a way of marshalling scarcer resources for local places, and by harnessing the contribution of local people in ways that don't negate the state's own role and responsibilities.

Conclusion

The C2 model sets neighbourhoods high horizons. It is transformative, but it also works in the long-term to deliver sustainable partnerships, capable of supporting the local people to adapt to future needs and challenges. The model support residents to reclaim their capacity to direct change for themselves.

The model works and has shown consistently positive outcomes. It is underpinned by a theory of change that is based on 'complexity theory' and developed by academics at Exeter University.

C2 is based on a series of seven steps that any community can follow. It does not impose a simplistic blueprint, because the needs of every neighbourhood are different. However the steps create a receptive context within which a community can find the solutions that work for it.

A belief on the part of local services that efforts to strengthen communities require extensive new investment has had the damaging consequence of lowering expectations for everyone. The C2 approach, by contrast, regenerates poorer neighbourhoods by using mainstream resources differently. Even when cutbacks are being made positive change may be possible. Indeed, the fact of austerity removes any excuse for further neglecting the needs of these estates.

The greatest investment required is to give local communities the opportunity to discover that the central resources for transformative change already exist - within each of us.

Bibliography

- BUSHILL, A (2008) **Redruth Curfew two weeks on**. Available from: http://news.bbc.co.uk/ [Accessed July 2011]
- CHADWICK, E (2010) How David Cameron's 'Big Society' Began in Birmingham's Balsall Heath. Available from: http://www.birminghampost.net/news/west-midlands-news/2010/07/30/how-david-camerson-s-big-society-began-in-birmingham-s-balsall-health-65233-26967084/ [Accessed July 2011]
- GILLESPIE, J and CHANAN, C (2010) Making the business case for community development in health: establishing the statistical framework. Health Empowerment Leverage Project. Available from: http://www.healthempowermentgroup.org.uk/project_papers [Accessed July 2011]
- STUTELEY, H and PARISH, R (2009) The Emergence of the H.E.L.P Practice Model:

 'From apathy to anger to positive energy'. Health Empowerment Leverage Project.

 Available from: http://www.healthempowermentgroup.org.uk/ project_
 papers [Accessed July 2011]
- WYATT, C, DURIE, R and DUQUEMIN, A (2005) Community Regeneration Final summary report by the Health Complexity Group Available from: http://www.healthcomplexity.net [Accessed July 2011]
- WYATT, C, DURIE, R (2004) **Report from the Health Complexity Group on the Falmouth Beacon Partnership.** Available from: http://www.healthcomplexity.net
 [Accessed July 2011]

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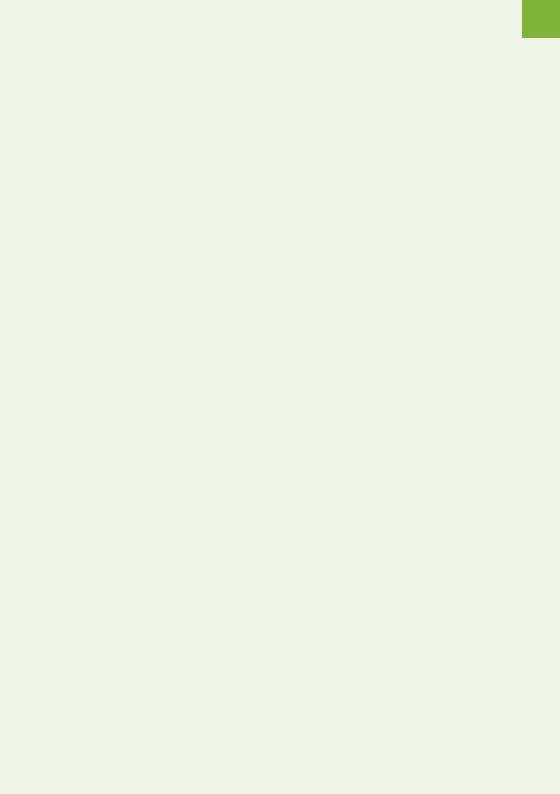
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