



Duneane

A co-production pilot

DUNEANE
COMMUNITY
COLLECTIVE

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FOREWORD

Forewords are rather strange things. Given centre stage, blocking the reader's route to the really interesting bit, and generally written by someone who has not played any useful part in the initiative they are discussing. I often wonder what the point of them is. So why did I agree to write this one? If you turn these pages the answer will leap out at you. The Duneane Co-production project is extraordinary; the invitation was irresistible.

The project is being co-produced by community members, the TIDAL community group, Council officers and other partners, all facilitated by the Community Development & Health Network. Despite plentiful evidence of the positive impact of co-production, whole community, cross-sector examples such as this one are relatively few, no doubt due to the difficulties inherent in the approach. Co-production is hugely rewarding but also hugely challenging. It requires professionals and the communities they serve to establish relationships of equality and trust, to value, nurture and build on the assets of all participants and to share power and responsibility. In this context individuals and communities flourish, confidence grows, networks blossom and people find their voice, with a direct and powerful impact on health and wellbeing.

This honest and insightful report provides an inspirational overview of Duneane's co-production journey. Participants have overcome a lack of trust, understandable cynicism, changes to personnel, and inflexible and risk-averse systems. They have had to learn to work in new ways, to support each other and to manage fears and apprehensions. Traditional hierarchies have been set aside in favour of shared leadership and collective decision-making.

The journey is still underway and final evaluations have yet to be completed. But what is evident is that a previously atomised, occasionally antagonistic, group of individuals has developed into a true collaborative with everyone contributing to the common good. In the words of one of the participants 'I am no longer a resident. We are part of the community. I feel now that my voice counts.'

This is an exceptional project, based on and demonstrating Nye Bevan's vision of empowerment as 'collective action to transform society and so lift all of us together'.

Thank you for the inspiration.

Ruth Dineen

Co-production Wales



ACKNOWLEDGEMENTS

The Duneane Community Collective report has been written to illustrate the process of co-production within a community setting. In writing this report I have sought to demonstrate where I have seen the process working but also highlighted the challenges. It has been an exciting and informative area of work for all those who have been involved.

A number of people have contributed to the writing of the report and I am grateful for their input and advice - Joanne Morgan, Sinead Baillie, Kathy Martin and Alison Briggs. Throughout this process Antrim and Newtownabbey Borough Council has pioneered co-production within local government in Northern Ireland. Clifford Todd and Wendy Brolly have been instrumental in bringing the work in Duneane to life through the Environmental Health Service.

I would also like to acknowledge the funding received from the Public Health Agency and the commitment made by the members of Antrim and Newtownabbey Joint Working Cluster to the co-production approach.

Duneane Community Champions and Alison Briggs, Principal Environmental Health Officer (Health and Wellbeing), Antrim and Newtownabbey Borough Council must be further acknowledged and commended for the commitment, time and effort that this process has required. Collectively they see a new way of working, of addressing old problems differently, using their combined assets and skills to seek new solutions. The way is uncharted but they have talents and assets which they recognise as skills to co-produce improved health and wellbeing in Duneane. They have taken risks, trusted each other and their own intuition to seek a better way and they have!

It has been a pleasure to work with them.

Jenny Hanna
CDHN Facilitator



Friday 10th February



INTRODUCTION

The Duneane co-production project is a socially innovative pilot project based in Toomebridge.

At the heart of co-production is a new kind of partnership between public services workers and those who are intended to benefit. That partnership is equal and reciprocal. It combines the strengths of different kinds of knowledge and skill. It aims to build capacity for people to help themselves and each other. That goes for public services workers too: building their capacity to get better outcomes even when service budgets are shrinking. The ultimate goal is to improve wellbeing for all (Boyle et al 2010a).

A collaborative initiative between a local community and Antrim and Newtownabbey Borough Council, this report reflects on their journey, highlighting the challenges and opportunities met along the way.

Since October 2015 Antrim and Newtownabbey Borough Council (the Council) through its Joint Working Arrangements Steering Group (JWA) with the Northern Area Public Health Agency (PHA), the Northern Health and Social Care Trust (NHSCT), the Northern Health and Social Care Board (NHSCB) have invested in co-production principals for this project. Developed over a two year period by the Council's Health and Wellbeing team, they worked closely with the Community Development and Health Network (CDHN) to develop and evaluate each stage of the process.

The Council approached the Community Development and Health Network to help facilitate the project, based on their 20 years expertise and wealth of knowledge of co-production. The Council had an established relationship with them, having previously worked together through their 'Pathways to Health' training programme.

Due to the introduction of the Community Planning Process in Northern Ireland, a geographical community was chosen for the project instead of a special interest community.

It was initially hoped that local communities would become aware of the project and approach the Council for consideration, but due to funding timeframes, Toomebridge was selected as the geographical area for the project.

It was agreed that a community partner was needed to assist in the development and delivery of the project, providing local community based leadership. TIDAL was identified as the community partner and have hosted the project since October 2015.

TIDAL is a charity with 8 directors and 8 committee members representing local community groups. All are volunteers, working together to enhance the village of Toomebridge for the community. The group owns the community building, Toome House, based in the village and have worked in the area for 20 years.



GEOGRAPHICAL AREA

Toomebridge, usually shortened to Toome, is a Super Output Area and ranked 416 of 582 on the Multiple Deprivation Measure (2010). Serviced by the Council and situated at the edge of the borough boundary, neighbouring Mid Ulster Council, the town is 11 miles from Antrim and off the main road to Londonderry/Derry. A bypass was opened in 2004. The area is within the Northern Health and Social Care Trust.

Duneane is a parish situated in South Antrim with a population of 3000. The area covers 28 townlands stretching from Drumraymond to Creggan and includes the village of Toome.



Duneane Parish townlands

Aghacarnaghan (north part)	Ballynamullan (east part)	Drumboe	Moneyglass
Aghacarnaghan (south part)	Ballynamullan (west part)	Drumcullen	Moneynick
Annaghmore Townland	Brecart	Drumderg	Moneyrod
Artlone	Brockish (part of Cargin)	Drumraymond	Muckrim
Ballycloghan	Cargin	Duneane Parish	Mullaghgaun
Ballydonnelly	Carlane	Gallagh	Ranaghan
Ballydugeanan	Carmorn	Garriffgeery	Staffordstown
Ballylenuilly	Cloghogue	Gortgarn	Tamnaderry
Ballylurgan	Creeve	Gortgill	Tamnaghmore
Ballymatoskertey	Creggan	Greenan	Toome
Ballynacoooley	Derrygowan	Killyfast	Tullaghbeg
Ballynafey	Derryhollagh	Lismacloskey	



CO-PRODUCTION

The aim of the project, set by the Joint Working Arrangements Steering Group, was to explore more effective ways for the Council to engage with local communities, to design and deliver better services.

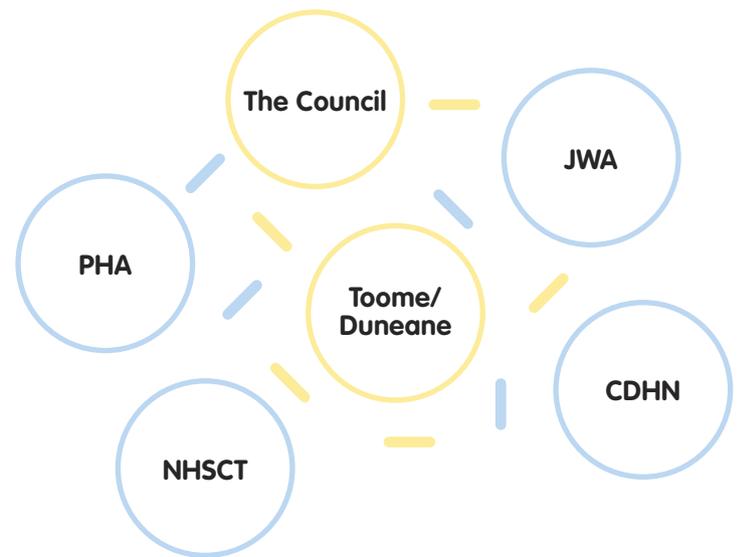
Communities are ever changing and the factors which contribute to health and wellbeing complex and overlapping. Co-production provides a way in which many of these complexities can be understood and worked through.

The work undertaken used the following principles of co-production.

- Recognising people as assets
- Building on people's existing capabilities
- Promoting mutuality and reciprocity
- Developing peer networks
- Breaking down barriers between professionals and recipients
- Facilitating rather than delivering (Boyle et al 2010, b)

As the project developed it became clear that the process had to be reflective of the local community involved. This was particularly important in the early stages of the project, when building the co-production team. It was also vital to engage with anyone who might be affected by change or could contribute to the project. The focus of the project was less about changing an actual service, but more about testing the co-production approach.

The factors which contribute to health and wellbeing of communities are often complex and overlapping. Co-production provides a way in which many of these issues can be worked through at a grass roots level. The manager at TIDAL had a clear understanding of the social determinants of health model and the health issues



affecting the local community, but more individuals had to be involved for change to occur within the community in a sustainable way.

The work that has happened and the change observed rely on the principles of co-production, rather than a timeline or a progression of events. What is clear from both research and experience is that there can be no exact guidance, toolkits or how to manuals for co-production (Boyle et al 2010 b). It requires a shift in mind-set about current ways of working from both statutory bodies and communities. Statutory staff often need to use a greater range of interpersonal, relational, facilitative skills rather than a delivery focus being predominant (Nesta 2012). Co-production however does tap into the knowledge and experience held within statutory services and finds ways in which the public move from being passive recipients of service delivery to being active participants (TUC 2013).

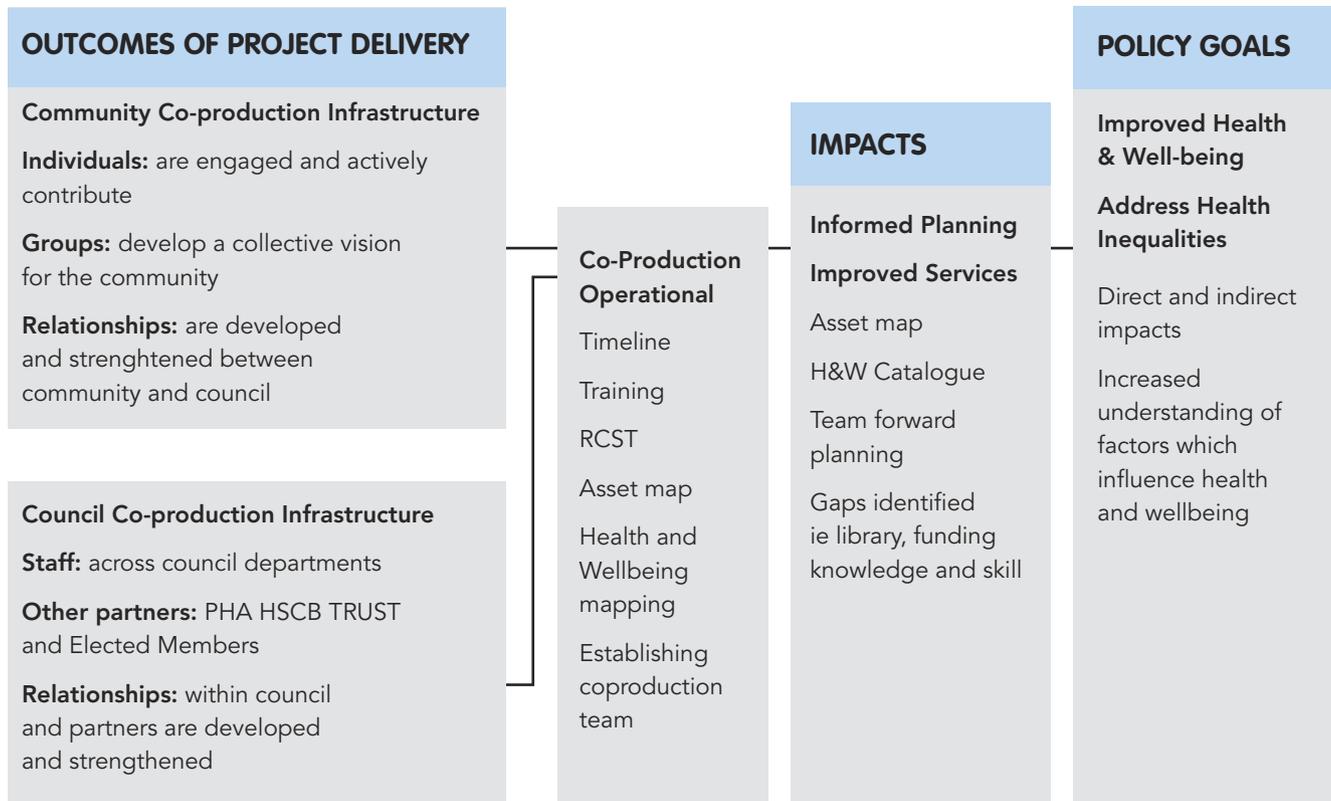
Co-production provides a different way for public services to think about participation. It is challenging but creates space to allow things to be done differently (Hashagen et al., 2011).

The work undertaken in Duneane gives practical insight into how this can be achieved.

OUTCOMES FRAMEWORK

Following work by the Council and Community Development and Health Network with Community Evaluation Northern Ireland (CENI), an outcomes framework was developed. This framework demonstrates the outcomes and impact of any work to date and informs the next phase of the process, outlining the project's long term goals. It indicates that this project operates within two infrastructures; the community, and the Council and other partners. The project has two phases. Phase 1 reflects the work to date which has concentrated on building capacity within the community, with the Council carrying out preparatory work in the early stages. Phase 2 will see further work with other statutory partners.

Figure 1



At an operational level the co-production principles are fixed core components. The guidelines, protocols and resources will vary within the communities and partners involved.

The table below outlines the outcomes observed to date. They have been broken into three categories: individual, group and relationships (between the Council and the community)

The framework highlights the role other stakeholders can play. While the Council has been the main statutory body throughout this project, it is clear that other statutory groups should also be involved, for the project to benefit from their expertise and connections.

This will inform Phase 2 of the process, which will develop a programme of support for the ongoing work in Duneane and any future work using the co-production model.

COMMUNITY	OUTCOMES – PHASE ONE
<p>Individuals</p> 	<ul style="list-style-type: none"> Increased engagement Increased awareness of assets Increased personal capacity
<p>Groups</p> 	<ul style="list-style-type: none"> Increased engagement Increased awareness of assets Increased group capacity
<p>Relationships</p> 	<ul style="list-style-type: none"> Forming a bond between individuals so they feel better connected within their community Helping diverse groups to work together and support each other Building relationships between the community group and a range of statutory and Council staff

RESOURCE DEVELOPMENT

A number of resources have been developed for use by either the community or strategic partners. The community has tools that they can use to support and direct their work and the strategic partners have practical examples and tools to demonstrate how co-production can work.



29 Community Health Champions – trained



Reflective Case stories
CDHN, Duneane Community Champions, Antrim and Newtownabbey Principal Environmental Health Officer (appendices 1-4)



Asset map of Duneane



Catalogue for Health and Wellbeing for Duneane



Outcomes Evaluation Framework



Audio visual presentations



Duneane Collective Logo and Vision Statement



Time-bank working group



Facebook group



Timeline



Reading list



"Knowing Where You are From" a book written by one of the Duneane Community Champions

REFLECTIVE CASE STORIES

The detail of this project has been captured through a series of personal reflective case stories. The Community Development and Health Network developed a template for recording their work and based on this, four case stories have been developed, each helping to bring the project to life. The case stories reflect perspectives, learning and change for the different organisations and people involved, portraying some of the more intangible elements of the project.

The case stories have been included as appendices and are referred to throughout this report as a way of reinforcing the process, the learning and some of the outcomes.

Appendix 1: The Council and Parish of Duneane - Stage 1

(Written by Community Development and Health Network – documents initial planning stages)

Appendix 2: The Council and Parish of Duneane - Stage 2

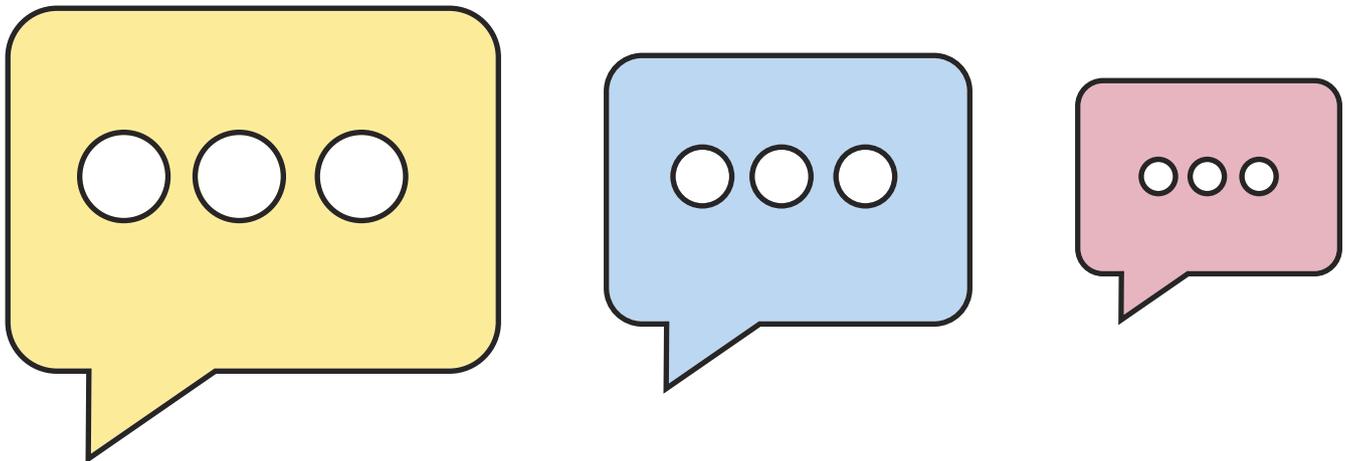
(Written by Community Development and Health Network)

Appendix 3: Duneane Community Collective November 2015 – May 2016

(Written by Community Development and Health Network along with Community Health Champions)

Appendix 4: Antrim and Newtownabbey Borough Council case story

(Written by Council Principal Environmental Health Officer, Health and Wellbeing)



COMMUNITY HEALTH CHAMPIONS (CHC)

Following research into co-production and best practice examples, it was agreed that members would be recruited through the Community Development and Health Network accredited training programme 'Community Health Champions'.

This programme has similarities to the 'Altogether Better' model for Community Health Champions, which was successful in England. It is based on an empowerment approach... and is concerned with individuals increasing control over their lives and their health and also communities becoming more organised and ultimately taking action to make positive changes in their lives is based on sound understanding of the value of the life experience and the support systems that can exist within neighbourhoods (South et al 2010).

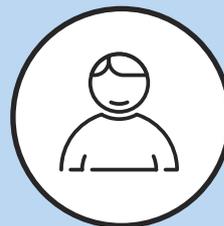
Initially 15 local people were recruited through TIDAL and following their training, they felt that more local people should become involved. The Joint Working Arrangements Steering Group agreed to further invest in resources and an additional 15 members were recruited. Included were a number of staff from the Council's Health and Wellbeing and Community Development departments.

Not wanting to be perceived as representing only one side of the community, the team decided upon the name 'Duneane Community Champions' (DCCs). As Duneane is a townland/parish which stretches beyond Toome, they felt this title would be inclusive and not reliant on traditional geographical boundaries. Later in the process, the group established themselves as a collective and became known as the Duneane Community Collective.

The training programme allowed the group to focus on assets, apparent in two key pieces of work; the Community Spirit Day and the development of the asset map. A key moment was when they began to view themselves as assets within their local community. This was something they validated by signing the asset map, which listed local people identified as influential within their community.

Often people view themselves as having nothing or little to offer and through the training their personal knowledge, experience and skill is exposed and celebrated. This was explored through personal reflection, discussion, formal and informal group activities. The DCCs personally signed the asset map and agreed to have their names included in a book written during the course of the project. While the asset map is ongoing work, it has moved them from a position of need, to a realisation that there was more to avail of in their community than they had previously considered. previously considered.

"BECAUSE IT'S ALL AB



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ASSETS AND ASSET WORKING

Assets are any resource skill or knowledge which enables the ability of individuals, families and neighbours to sustain their health and wellbeing (I&DeA 2010).

This innovative project recognises and values the assets within the local community, which first and foremost were local people. Throughout the project, the willingness and need to build stronger connections was integral to how the Duneane Community Champions (DCCs) started to view their role and community.

This was reflected in the design of a logo, which was based on local folklore about an elk. Traditionally images of the elk portrayed two birds perched on its antlers, facing outwards. In the logo however, the birds face inwards, connected by a piece of twine, reflected by the quote below.

An assets approach does not replace investment in improving services or tackling the structural causes of inequality. The aim is to achieve a better balance between service delivery and community building (Foot 2012).

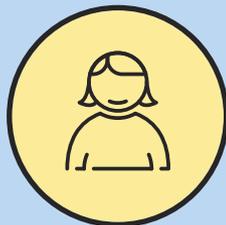
It was vital that DCCs could recognise their individual and community assets, shifting from passive recipients of service delivery, to active participants in service production.

It was important to give space and time for social relationships to develop, with the group regularly meeting to have dinner together before training. There was also the opportunity for informal chat and 'craic' during tea or smoke breaks. This is similar to findings of a study in Govan in Scotland, where "the banter" women experienced, was found as a key factor as to why they attended. (Feeney & Collins 2015).

This project has demonstrated that very often assets held at individual and community levels are dismissed as unimportant. Priority has been given to the appreciation of assets, personally or collectively. The traditional approach for both the community and statutory services has been one of a deficit approach or that there is a needs focus with a reliance and deference to professional opinion rather than an understanding that often the communities have the assets already.

Co-production combined with asset based working values the elements which make up a community, the people, the social and physical connections and support the development of them (I&DeA 2010).

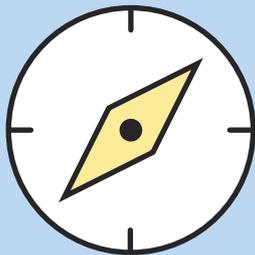
OUT CONNECTIONS"



ASSET MAPPING

Asset mapping creates an understanding of the area by those who live there; it identifies key individuals, resources, networks and groups (NHS Wales, 2013).

Beginning to realise what they had as a community, the group developed their skills in asset mapping, exploring people, place, local economy, statutory services, community and voluntary groups. Asset mapping was a collective exercise with both groups, which led to the organisation of the "Spirit of Duneane Day", a day to celebrate community assets, held in March 2016. The asset map is a live tool which the DCCs continue to build. It is not a static document and its worth will be realised when the assets are nurtured and extended (NHS Wales, 2013).

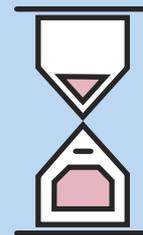


TIME-BANKING

Aware of the work of Edgar Cahn and the concept of 'time-banking', the DCCs were keen to explore this further. Volunteer Now, who were proactively encouraging and supporting the establishment of time-banks across Northern Ireland, were invited to co-facilitate a session on this.

Time-banking is a way for people to come together to help others and help themselves.

The session helped to reinforce that individual assets could be used within the community and are now included in the asset map. Work is ongoing with Volunteer Now to establish a Time-bank Working Group.



PARTICIPATORY BUDGETING

Participatory budgeting directly involves local people in making decisions over how public money is spent in their community. (PB Partners and PB Network 2015)

The Duneane Community Champions are exploring the potential of participatory budgeting within their community, a new concept for the group. It is in keeping with the ethos of the work that has been undertaken as it reinforces further decision making between the state and citizens (CFNI, 2011).



HEALTH AND WELLBEING

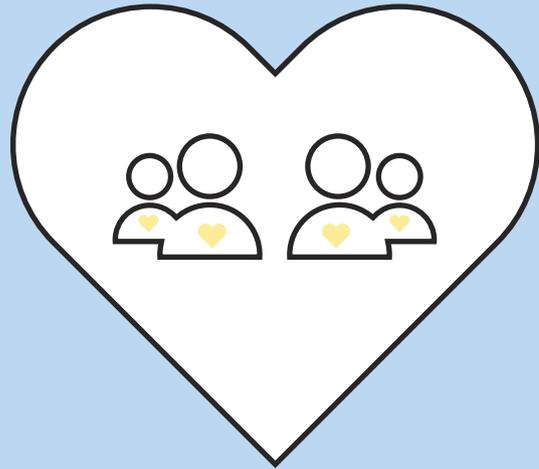
The aim of the project was to look at Council service delivery within the community to improve health and wellbeing. Exploring the DCCs understanding of health and wellbeing was central to this, with them identifying that community, connections, happiness, physical and mental elements all contributed to health.

There is much evidence which supports connected and empowered communities are healthy and there is a growing pressure to engage local people and to be more involved in influencing the decisions which affect their health (WHO, 2013). Central to the work in Duneane is the belief that local people can play a bigger role. However there is a long history that this way of working has been poorly understood and outside mainstream ways of working (PHE 2015).

Exploring what contributes to health and wellbeing in their local community, the group highlighted both positive and negative influences. Documenting their findings, this formed the basis of a catalogue for health and wellbeing, which details the factors necessary for health and wellbeing to flourish and those which are detrimental. In keeping with the asset focus, it was important to recognise what currently existed within the community to protect health and wellbeing. This is known as salutogenesis – those factors which keep individuals from moving towards the disease end of the health and illness spectrum. (Lindstrom and Eriksson, 2006).

Factors which influence Health and Wellbeing were discussed and debated by both groups – this formed the basis for the catalogue for Health and Wellbeing.

They began to identify factors that protect and sustain health in their community



POLICY AND PRACTICE

Making Life Better

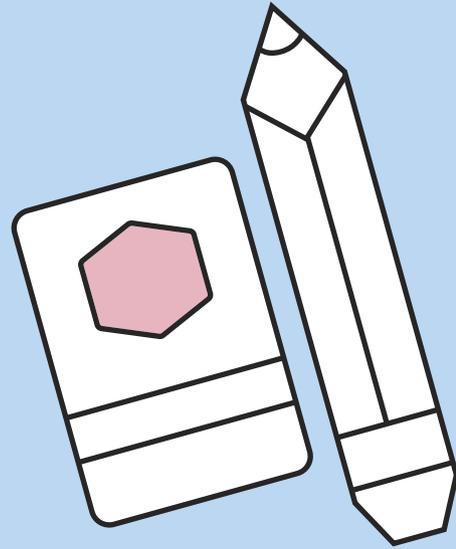
'Making Life Better', the strategic framework for Public Health in Northern Ireland outlines engagement and empowerment as two of the underpinning values. The framework states that individuals and communities should be fully involved in decision making on matters relating to health, and empowered to protect and improve their own health making the best use of assets. Within the framework it is recognised that building social capital and community capacity will be vital to making progress (DHSSPS, 2014).

The DCCs demonstrated their ability to identify both the issues within their community affecting health and solutions to address these issues. This was generated at community level, as opposed to a health or other statutory agencies defining or deciding what the issues are. This demonstrates the movement of statutory partners from their traditional role of problem solving, to providing support to facilitate change.

Fair Society, Healthy Lives

As highlighted in 'Fair Society Healthy Lives', people should be empowered through citizen participation and community engagement in order that locally driven community solutions are developed to address health inequalities. Power structures should be changed in order that barriers which prevent people from participating in the decisions which affect their lives are removed (Marmot Review, 2010).

Distribution of power between statutory bodies and community was given consideration and during the training, the DCCs identified health and wellbeing issues for their community. They also identified local assets through an asset mapping exercise, which has been the driving force to



the work embraced by the group. The use of co-production principles can lead to the discovery of tacit and street knowledge often missed by statutory or professional services.

There has to be recognition within these services that culturally communities are not organised or structured in the way that public institutions are and therefore practice should be amended accordingly (Chanan and Millar, 2013).

Working in partnership

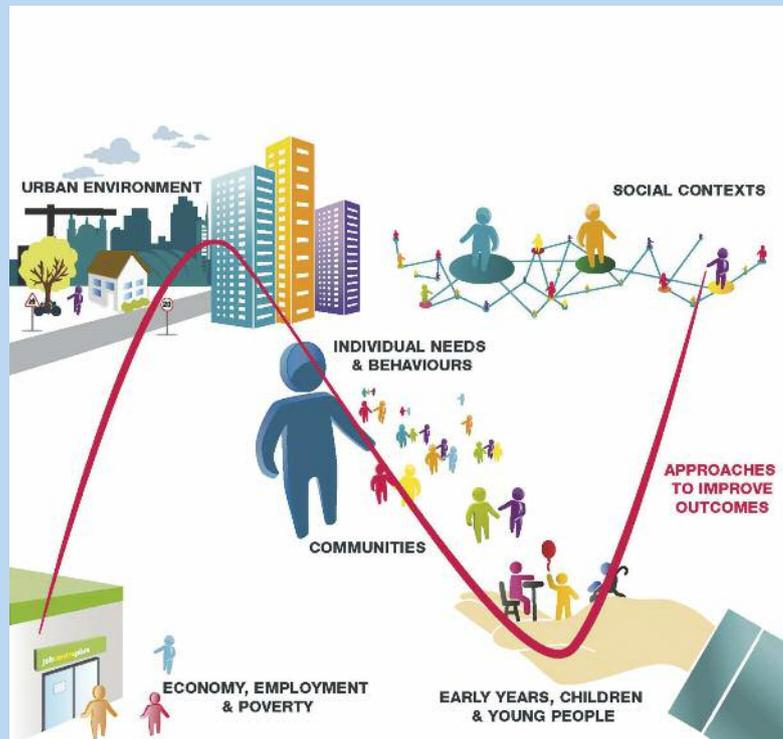
Working in Partnership, Northern Ireland's community development strategy, links community development as the process which involves local people in the design and delivery of better services for those communities adversely affected by health inequalities. *Co-production is a direct outcome of undertaking community development work* (Hashagen et al., 2011). The strategy recognises that when practitioners begin to focus on what communities have, as opposed to what they need, a community's ability to address its own need increases, as does the ability to access external support (HSCB & PHA 2012).

SOCIAL CONTEXT AND HEALTH

Social contexts can be understood as the relationships and networks of support that people experience, the interconnections within communities, and the involvement of people and communities in decisions that affect their lives. The social context regarding the health and wellbeing of the local community needs to be understood and explored. The outcomes framework depicts a linear process, but communities do not operate like this, with many factors influencing health and wellbeing (GCPH & SCDC, 2015). It is clear that from the work undertaken in Duneane that social context needs to be explored and understood in relation to health and wellbeing.

The diagram below Influences on Health shows that the needs of individuals and communities have to be placed at the core, and that actions need to be taken across a wide range of areas to support improvements in health (Dodds, 2016).

Through the work between the DCCs and the Council, a better understanding of how social factors affect and influence each other has been established. This understanding has been developed through the building of trust and personal relationships at individual, community and statutory levels (see outcomes framework). Initially the DCCs felt that living in Toome at the edge of the Borough, made them feel forgotten, ignored, undervalued or unimportant. Throughout this project the group have been listened to, acknowledged and celebrated by the Council which has had a positive impact.



Dodds S. Social contexts and health: a GCPH synthesis. Glasgow: GCPH; 2016.

COUNCIL AND KEY STAKEHOLDERS

In 2015, Antrim Borough Council and Newtownabbey Borough Council merged to become Antrim and Newtownabbey Borough Council. Within Environmental Services, the Council has a unique Health and Wellbeing team.

The Council is part of a steering group called the Joint Working Arrangements Steering Group, consisting of representatives from the Public Health Agency (Northern Office), Northern Health and Social Care Board and Northern Health and Social Care Trust. Established in 2009 by the then Health Minister, Michael McGimpsey, the purpose of the Joint Working Arrangements group (JWA) was to test partnership working between statutory bodies, improving the health and wellbeing of those living within the Borough.

Availing of Public Health Agency funding, the Joint Working Arrangements Steering group worked for a number of years on general public health improvement initiatives. Focus then turned to community based projects, such as the establishment of a community run allotment and Community Oil Clubs.

Following the success of these projects, consideration was then given to ways the Council and health agencies could deliver health and wellbeing programmes. The learning from previous projects provided the confidence that communities could develop and deliver effective community based health and wellbeing programmes that would meet their needs rather than deliver a programme that was predetermined for them.

As Local Government reform took place, Antrim and Newtownabbey Borough Council took on the function of community planning. This is public services working together with communities to deliver real improvements for local people. It was agreed by the Joint Working Arrangements Steering Group that a co-production approach would be piloted within a community, which would inform future community planning initiatives.

With training completed and the Duneane Spirit Day being a huge success, the Council and the Joint Working Arrangements Steering Group hosted a celebratory event at Mossley Mill, the civic centre in Newtownabbey, in recognition of the work achieved by the Duneane Community Champions.

Members of the group were individually recognised with Open College Network certificates for their Community Health Champion Training, while collectively they were acknowledged for their ongoing work within their local community. They enjoyed a civic reception and tour of the Council offices, as well as meeting and networking with the local Member of Parliament, Mayor, local Council representatives, Head of Community Wellbeing (Northern Trust) and other invited guests.

Members from the Duneane Community Collective and statutory partners spoke on the evening, with an audio visual presentation bringing the project to life. This helped validate the project, leading to a number of subsequent meetings with Trust staff and other Council officials, keen to explore how they could get involved.

FACILITATION



Community Development
& Health Network

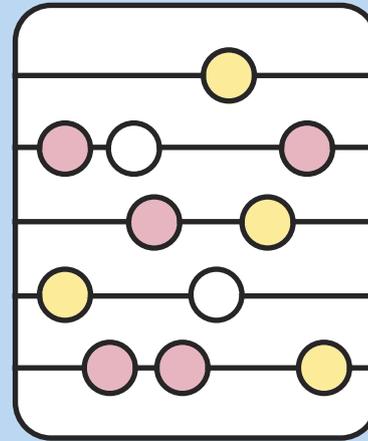
The process was facilitated by the Community Development and Health Network (CDHN) and their experience in dealing with complex diverse community groups, helped create a safe place for members to flourish, share opinions and make suggestions. CDHN's strong lead as an independent third party, not employed by the Council, was important so that the DCCs did not feel steered in a particular direction. This experience was vital for the DCCs as they began to realise the potential for change within themselves and the fear of doing something new and unknown. Facilitation provided the opportunity to ask questions, envisage challenges and outcomes which helped build group confidence.

Managing risk

The role of facilitation within this project was to recognise and embrace the fact that risk was integral to the process and to mediate the fear that this produced. This fear was evident in both the community and within the Council.

1. The community members were fearful of being involved in something new and being introduced to new people and ways of working.
2. The Council were challenged with new ways of working and releasing some of the power that they traditionally held.

As facilitators it was fundamental for Community Development and Health Network to acknowledge and find ways to address this. This was a lengthy process, recognising the risks involved, teasing out risk awareness as opposed to risk aversion.



For the community it was important to facilitate their feeling around two particular risks.

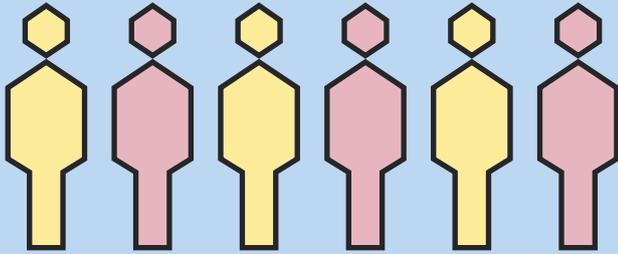
1. *The risk of engagement*
2. *The risk of being visible in their community*

(Allen et al., 2014)

Both risks were spoken about openly within the group and time was given to exploring apprehensions and fears. Questions arose like

- Who am I to be doing this?
- What will people think of me?
- I'm not from here
- I don't know anything?
- Are you (the Community Development and Health Network & the Council) going to leave us?

Time was given to express concern, ask questions about real and perceived fears, while reflecting on how this fear could be managed. The Champions began to acknowledge each other's fears and reassure one another.



Support

Face to face conversation and visibility was important with both CDHN and the Council. The DCCs often clarified their own thinking and planning by asking for comment, reassurance or guidance. This was particularly apparent when discussion turned to working as a collective, rather than the traditional hierarchical arrangement. Affirming their actions was an important role in facilitating this project.

The facilitator gave the group time to express their fears and apprehensions, asking them to look at ways they could address those fears. This led to increased confidence, as they started thinking about solutions and demonstrated a willingness to work together. Known as “hold your nerve moments”, it was absolutely vital that all fears were heard and openly discussed by the group. This activity demonstrated problem solving, teambuilding and relationship building and was in keeping with an asset approach to addressing health and wellbeing. An asset way of working emphasises the value of social relationships and the efficacy of communities.

Embracing an asset approach builds community assets and strengths through creating the conditions to engage with, and empower, citizen led action and participation (GCPH & SCDC 2015).



Leadership

The leadership provided by the Council and TIDAL was key to the success of the project, with the Principal Environmental Health Officer (Health and Wellbeing) and the TIDAL manager pivotal in establishing a strong relationship and related well to each other. Previous working relationships were important and this was built on throughout, through cups of tea, emails, phone calls and texts. There was a strong emphasis and respect for each other’s knowledge and experience, with ANBC being very vocal at every opportunity to reinforce the idea that they were keen to shift from a “doing unto” culture to “doing with” (Hashagen et al 2011).

This gave the Manager of TIDAL the confidence to encourage local people to become involved and see the potential to build both social and individual capital within the community. This has been rewarded with the commitment of the DCCs to the project but also in the emergence of new leaders who are taking on new roles and responsibilities within the community.

The detail of the facilitation is included in Appendix 2.

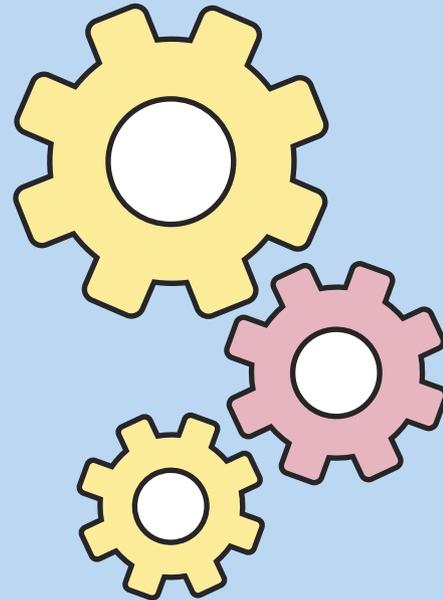
COLLECTIVE WORKING

The group has established itself as a collective and are now known as Duneane Community Collective. They have written their own vision statement and use their newly designed logo.

Duneane Community Collective

Duneane Community Champions are a proactive, enthusiastic collective committed to promoting health and wellbeing and creating a strong and connected community.

Collective working is new concept for the group and it signals a further move from traditional ways of working. This is not without its challenges but as the process has evolved the group has become adept at collective decision making and dialogue. This means that duties and responsibilities can be rotated among members and changed as necessary. This horizontal structure is a dynamic and vital way to constantly increase member-empowerment. A formal committee structure could jeopardise this and the new leaders who are emerging may find this daunting. The group has formulated a vision statement which has clarified for itself and others within their community what they see as their role (Community Development and Health Network 2016).



PRINCIPLES OF CO-PRODUCTION

Through the work that has been undertaken in Duneane it has been possible to link what has been observed happening within the group to the principles of co-production. This has helped to reinforce the importance of the process of co-production and what needs to be adhered to in order for the process to be effective. Co-production requires active involvement and has more emphasis on “relational” rather than transactional approaches to delivery of a service or care (Nesta, 2014).

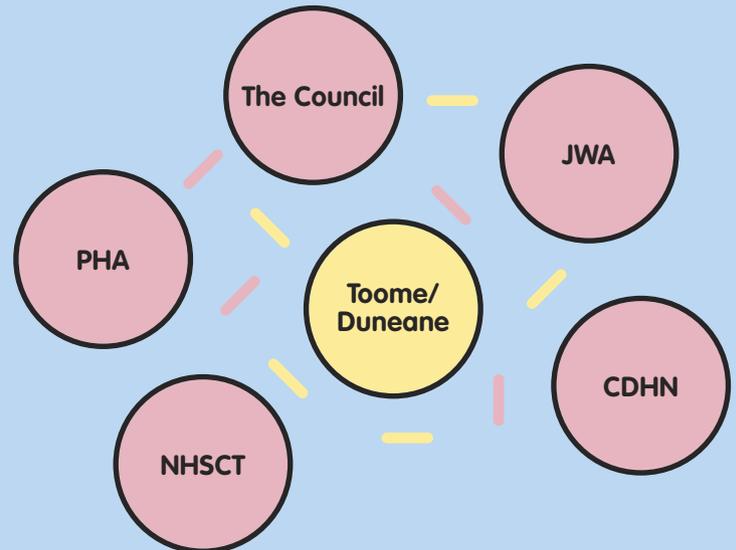
There are key principles of co-production which have been adhered to throughout life of the project to date.

- Recognising people as assets
- Building on people’s existing capabilities
- Promoting mutuality and reciprocity
- Developing peer networks
- Breaking down barriers between professionals and recipients
- Facilitating rather than delivering

(Boyle et al 2010., b)

It has been the experience of those involved in this project that if these principles are not complied with the challenge of change is more fraught. These principles provide the support system that the process relies on when the complexities of addressing difficult issues arise.

Each of the six principles will be explained and linked to where this has been observed in action within the project. These examples reinforce that co-production reaches those groups that have more difficulty accessing and benefiting from current delivery methods of service.



People who most rely on public services tend to be those who are most disempowered by the current model. Transforming services by applying the key features of co-production of the prospect of substantially improving outcomes for them.

(Boyle et al., 2010 a)



Sharon and Rosie



Teatime with a smile



Certificate presentations at Mossley Mill



Duneane Community Spirit Day



"Morrowing"



Celebration Event at Mossley Mill

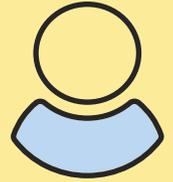


Sharing knowledge



Building relationships

RECOGNISING PEOPLE AS ASSETS



The process as mentioned starts by working with local people. It moves people from being passive recipients of a service and burdens on the system into one where they are equal partners in designing and delivering services (Boyle et al., 2010 b).

Observed in action

The Community Champion Training is a way to get know people, to find out their stories and motivations, providing the basis for the group to start work. It validates the person who is contributing or participating and shifts people from a passive position to a more active one.

Observed in action

During the second training session the group recognised that more people in their community could contribute to the process and wanted to “reach out” to them in a way which would connect with them. They decided to produce publicity leaflets promoting their work, with a group of both Council staff and community members worked on this. The community group was very clear how they wanted to communicate their message, using an informal tone rather than the more formal language of the Council.

This process saw the Council having to step away from their traditional way of working and recognise the group’s ability to reach out to their own people. This small step allowed the DCCs to see that the Council was willing to share power and make decisions with them.

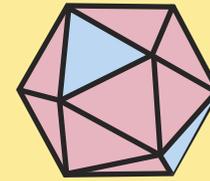
Observed in action

In the asset mapping exercise the group identified people within the local community who they saw as an asset. The DCCs saw themselves within this role, recognising their skills, knowledge and experience that could be shared within their community. The group started to share their own skills and knowledge with each other. Evidence suggests that the better connected people are within their local community and with each other and locally based activities, the better their health and wellbeing (Grady 2012).

Observed in action

The DCCs wanted to find a way to showcase the assets they had identified within their community, through the asset mapping exercises. This led to the Duneane Community Spirit Day, where local people and groups were invited to network. The group were now aware of what assets were available locally and wanted to find ways that would make these resources accessible to the whole community.

BUILDING ON PEOPLE'S EXISTING CAPABILITIES



Co-production is an asset based approach where the person and their life experience, knowledge and skills are exposed and where possible used within the process. The process provides opportunities to recognise and grow people's capabilities and actively support them to put these to use with individuals and communities (Boyle et al., 2010 b).

Observed in action

For some members of the DCCs, issues with mental health, addiction, caring responsibility, loneliness, bereavement, family breakdown, stigma or physical ill health are a daily reality, acting as barriers to participation in community life and activity. Through this process they have openly discussed these deeply personal issues making them less taboo, allowing them to feel safe within the group environment.

Observed in action

As training concluded, one participant felt she didn't have anything to contribute to the Spirit Day and that her chronic health problems limited her ability to be involved. Despite encouragement she withdrew from the asset mapping and planning for the Spirit Day. However, she was delighted to have been part of the initial group and has subsequently started a crochet class for local women, meeting on a weekly basis.

Observed in action

One member had extremely low levels of self-confidence and spoke about having to get her mother to phone her doctor's surgery to make appointments or to phone TIDAL to enquire about events happening locally. Now she is a vocal group member and takes on the responsibility of contacting other members about events and meetings.

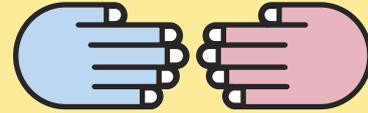
Observed in action

One of the participants completed the Community Health Champion training and received a certificate, has low numeracy and literacy skills, yet her smile and pride as she received her certificate demonstrated that the knowledge she had was valuable and important. Her comment that night was "I don't have many certificates!"

Observed in action

As the asset map of the area was evolving people began to recognise their own assets and the concept of Time-banking has been introduced. This has led to the setting up of a steering group to explore this and will be discussed in more detail later in the report.

PROMOTING MUTUALITY AND RECIPROCITY



This offers participants a range of incentives which enable people to work in a reciprocal relationship with professionals and with each other, where they enjoy mutual responsibilities and expectation (Boyle et al., 2010 b).

Observed in action

Initially 15 local people were recruited, but following their training they felt that more people from local community should become involved. The Joint Working Steering Group agreed to further invest in resources and an additional 15 members were recruited.

Observed in action

This project demonstrates change in the Council's behaviour and attitude, but also a willingness from the Duneane Community Champions to cooperate with Council procedures, for example the completion of risk assessments for the Community Spirit Day. Also on the Spirit Day, a local resident who attended found out about the community garden. He later donated bags of compost for the project through his business contacts showing a willingness to give back to the community.

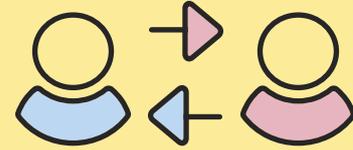
Observed in action

The Council reciprocated the hospitality shown by the group by hosting a civic dinner at Mossley Mill in Newtownabbey. With the merge of Councils through Review of Public Administration, this was an opportunity for the Duneane Community Champions based in the Antrim area, to visit the premises for the first time, reinforcing the view that the Council was accessible and welcoming.

Observed in action

When the group discussed the positive things about their community, they used a local term "morrowing" which means "you help me today and I'll help you th'morrow". They recounted stories of local farmers who relied on this way of working to bring in the harvest.

BREAKING DOWN BARRIERS BETWEEN PROFESSIONALS AND RECIPIENTS



This is also referred to as blurring the distinction between the professional and recipients, and between producers and consumers of services, by reconfiguring the way services are developed and delivered (Boyle et al ., 2010b).

Observed in action

“I feel that Alison’s (Principal Environmental Health Officer, (Health and Wellbeing)) attitude of equality is different..... they have opened their door, Council have come here to meet us. ”

Observed in action

Funding for the project was transferred to the DCCs , with the Council handing over complete budgetary control, without any preconditions on what money should be spent on. Requiring the Council and the Joint Working Arrangements Steering Group to relinquish their power and control, this is a testament to the trust built between the statutory organisations involved and the community.

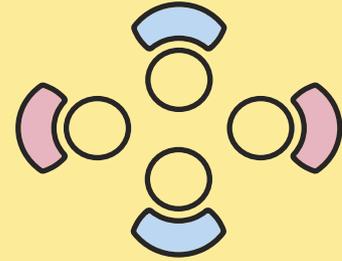
Observed in action

The group are looking at ways they can move forward with their new skills, learning and connections and have agreed to work as a collective. Recognising the equality that operates between them, not only have reciprocal relationships developed between the Council and community, but across the community as a whole.

Observed in action

As the project progressed, trust was built, issues discussed and personal information shared. This gave an insight into the difficulties faced by some participants, which was encountered first hand by those involved, either at a community, Council of facilitator level. Professional relationships do not usually develop like this and as statutory services look at delivering services in a more engaging way, with participation from local communities, this element of co-production needs careful consideration. Understanding the context and conditions of the lives of people is paramount if co-production is to be successful.

FACILITATING RATHER THAN DELIVERING



Enabling public service agencies to become catalyst and facilitators of change rather than central providers of services themselves (Boyle et al., 2010b).

Observed in action

The DCCs would meet on a regular basis to have dinner together before training, providing the opportunity to informally build relationships with everyone contributing, helping to clear up or serve. This demonstrated that the Council acknowledged the contribution made by community members, but also showed that Council staff were prepared to give up their evenings and travel home late in order to accommodate the Champions.

Observed in action

The DCCs were keen to showcase the assets the community had available locally and did this through the Community Spirit Day. The Council helped to facilitate this process by identifying contacts they had which was identified in the asset map.

Observed in action

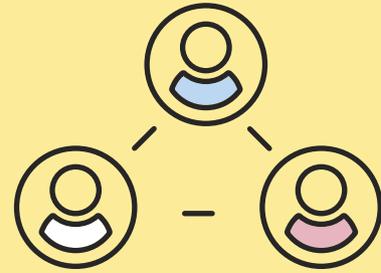
In the initial stages, a number of plans were made to engage and encourage people to be part of the process. The Council were keen to run a photography course, inviting participants to document the good and the bad of their local area. Although DCC appreciated the gesture, they did not take up the offer.

Central to this element of the process is that statutory bodies or service delivery agents help people develop personal and community networks to enable practical responses to their needs and aspirations, and they help people to contribute and share their skills, assets and strengths through these networks. (Boyle et al., 2010a). Through the asset based approach the project demonstrates what collectively the group had to work with and where there were gaps in services or provision.

This reinforces the concept that personal relationships must be nurtured, allowing time for them to mature. The more information and understanding that can be obtained from integrating with the community and understanding their perspective, the better the outcome. At the heart of co-production is a new kind of partnership, which builds on the strengths and skills of all involved.

PEER SUPPORT NETWORKS

Engaging peer and personal networks alongside professional is the best way of transferring knowledge and supporting change (Boyle et al., 2010b)



Observed in action

One of the DCCs was involved in setting up a Men's Shed and he admitted they had difficulty with funding, finding application forms difficult and having a lack of knowledge about funding sources as he had never had to carry out the process previously. Other members with experience and skills in this area and have offered to help.

Observed in action

When the project has been discussed within the Council, the DCCs were encouraged to take part and have attended meetings with Council officials and other partners. This has opened up further contacts and connections.

Observed in action

As part of the asset mapping activity, the group have explored the concept of Time-banking and how it could be of benefit. A working group has been established with Volunteer Now to develop this. The DCCs recognised that they could use their personal skills to better connect with others in the community and each other. This also demonstrated the way in which statutory and voluntary organisations can work in partnership.

Observed in action

Much of the co-production process relies on subtle changes in practices. One important change was the community and Council staff coming together for Community Health training. This allowed people to get to know each other on an equal footing. Council staff members were living mainly outside the area, but were encouraged to use personal and professional networks and experience as they participated in the project.

CHALLENGES AND OPPORTUNITIES

Co-production offers both challenges and opportunities for providers and those who are in receipt of a service. This can range from an individual service user, to a community group, geographical community or a community of specific interest or identity. Co-production is an approach that has a huge influence on health and wellbeing and the factors which sustain and detract from achieving a healthy life experience. It facilitates a shift in thinking from prevention of illness to the promotion of wellness by recognising the assets that are available to enable people to have good health (NHS Wales, 2013).

A SWOT analysis of the work has been undertaken which will help in the roll out of future co-production projects with either a geographical community or community of interest.

Strengths

- Asset based
- Using personal knowledge and experience
- No hierarchy of knowledge
- Equality – everyone listened to and recognised as integral to process
- Building of relationships
- Flexibility
- Generation of new knowledge from a community perspective
- Facilitated process (CDHN)
- Unexpected outcomes
- Confidence
- Linking individuals, community and statutory bodies
- Power issues are addressed

Weaknesses

- Only one statutory partners engaged
- Council staff have other work commitments
- Communication ad hoc
- No clear lines of communication established at the beginning
- Guidelines unclear or not clarified
- Uncertainty of resources ie people, financial and physical

Opportunities

- Tangible and intangible outcomes can be articulated
- Creation of ideas
- Discovery of unknown assets
- Using assets within the community
- Services can be delivered differently
- Gaps in services identified
- Partnerships are formed
- An understanding of different perspectives
- Share new ways of working with statutory colleagues and partners
- Power redistributed
- Working with other organisations e.g. Volunteer Now

Threats

- Time needed to build relationships
- Time needed on site – visible presence needed especially at the beginning
- Outcomes difficult to measure in traditional ways
- Change is difficult
- Relationship building not viewed as a priority within Statutory Organisations
- Public funding is often for specific ideas, generated by organisations and relating this to a community's priority can be difficult
- Lack of leadership
- Communication breakdowns
- Lack of trust
- Power imbalances can limit progression
- Co-ordinating different stakeholders



CONCLUSION

Through this socially innovative project, change has been detected at individual, community and Council levels. Many factors have contributed to that change and this report has reflected on the key co-production concepts that have helped this to happen. The 'Observed in Action' examples reflect what has and continues to be observed between the range of people and organisations involved.

Co-production has helped address some of the complex issues contributing to health and wellbeing, building a platform to engage with groups and individuals that mainstream and generic programmes can miss or not appeal to. However, the core components must be adhered to; they are absolutes to the process and ignoring or overlooking them detrimental to the effectiveness of the work undertaken. Investment is required financially, but it is the time invested by stakeholders, partners and individuals that pays dividends. This is seen through the range of outcomes detected at individual, community and Council levels.

Much has been learned about people and places; it is important to hear the thoughts and feeling of those involved. More often than not, it is less about what is said or done and more about the person who says or does it. The privilege of co-production is that all those involved are part of the changing story.

Peter - *I am no longer a resident. I am part of the community; I feel now that my voice counts.*

Edel - *Working together – I feel my voice counts.*

Anonymous – *It has opened the doors to Council, made them more approachable, and made us equals, able to work together to tackle mutual goals.*

Geraldine - *To see other people step up use their voices and skills, to see other people step up who never would have before, to see other people step up and show their strengths.*

Una - *The groups became "A" Group. People got to know each other better, better friends, a lot more understanding of what's happening in the community*

Manager Health and Social Care Trust - *These are not your usual activists*

Alison - *Principal Environmental Health Officer (Health and Wellbeing). This is the most rewarding work I have ever done.....the most difficult but the most rewarding.*

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Rose McKeown
Customer Community Champion

APPENDIX 1 CDHN STAGE 1 AUGUST 2014 – DECEMBER 2015 REFLECTIVE CASE STORY



Community Development
& Health Network

Key:

Community Health Champions – (CHC) – Participants in the CDHN community Health Champion Course.

Duneane Community Champions – (DCC) – Name decided upon by those forming a group after completing the training.

Duneane Collective – name given to the group making decisions, made up predominately of the DCC's, the name reflects the non-hierarchical nature of the group.

Background

Initially this partnership between Antrim Borough Council Joint Working Arrangements (JWA) and CDHN began in August 2014. The relationship was established through a training programme delivered by CDHN that the Principal Environmental Health Officer (Alison Briggs) from the Council attended in 2011. This provided an opportunity to work on a number of projects and developed a strong relationship between CDHN and this department within the Council over a number of years.

The Principal Environmental Health Officer – Health and Wellbeing was keen to explore the use of co-production as a way to deliver services addressing health inequalities within the Borough. She discussed with the JWA and they agreed to meet with CDHN to explore the process a little further.

There were established Joint Working Arrangements (JWA) between the Public Health Agency, Northern Health and Social Care Trust and both Antrim and Newtownabbey Borough Council (to become Antrim and Newtownabbey Borough Council in April 2015) (Environmental Health and Community Development Officers). The JWA were established in 2008 to identify local need and seek out partnership opportunities to deliver programmes. The funding for the co-production project came through this group. Historically CDHN would have worked with all of these agencies on a variety of projects so there was an awareness among most of those involved of the work of CDHN.

Community

The first year of the programme involved in house planning between CDHN and Antrim and Newtownabbey Council Staff and members of the JWA committee. The geographical location was not decided but tentatively Crumlin and Parkgate were suggested.

In September 2015 Toomebridge was identified as the area where the co-production process would be piloted – this will be discussed further in the Stage 2 case story.

Toome

>Multiple Deprivation Measure 416

>Income deprivation 381

Information Gathering

October 2014

This started in earnest with the JWA members to discuss the process of co-production and the potential areas that the project could be piloted in. This gave the JWA members an opportunity to ask CDHN questions about the process and what the approach would be. CDHN was keen to emphasise that the assets of the council, staff and the community would be the focus of all the work undertaken. Using the expertise “in the room” and reflecting on current patterns of work or life would be a starting point for everyone involved. The focus of the initial stages of the process was building the co-production team which included both staff and community members.

The information was gathered through face to face meetings with the Principal environmental health – Health and Wellbeing, Alison Briggs, and other Environmental Health department staff. This was to ascertain the perceived training and facilitation needs of the wider members of council staff and also where they saw the focus of the project being. It was evident that there would need to be involvement with a number of Departments within the Councils. JWA members and CDHN felt that training about the co-production process and how it relates to health and wellbeing should be given to the Council staff identified as instrumental to the process. This included Community Development staff and Leisure Services staff in the first instance.

With the planned merger of councils under the Review of Public Administration and the introduction of Community Planning the JWA approached the Community Planning Officer within the Council as it would be important to include her knowledge and insight into the co-production process. It was felt that the two processes should not happen in isolation of each other. A meeting with the Community Planning Officer was organised as she was unfamiliar with CDHN’s work and it was important to discuss where proposed work would be mutually complimentary. She was invited to take part in the Council workshop to detail how Community Planning could and should work in tandem with co-production.

What happened?

Council

There were a number of initial meetings with the Principal Environmental Health Officer- Health and Wellbeing and other Officers to prepare for a meeting with JWA about co-production. This helped to establish an understanding of what co-production was and the timescale that would be involved. It was at this stage that we were able to agree that a period of time would be needed to work with Council staff to further build capacity before we approached a community. Training and facilitation included wider determinants of health and co-production. The Principal Environmental Health Officer was keen to explore with council staff their responsibilities to health and wellbeing for citizens within the borough. There was a keenness within JWA that health be understood in a more social context.

Community Planning

As Community Planning was introduced with the establishment of new council areas, those working in this sphere were keen to explore links with co-production. The Community Planning Officer was included in the discussion about the proposed pilot and keen to further engage as she was planning to engage with communities throughout the borough on community planning issues. She had plans underway for a scoping exercise of need through a series of engagement events within the 7 District Electoral Area’s between March – April 2015. It was thought that the information from these events may suggest a number of areas where the co-production project could be piloted.

Workshop

This was scheduled for beginning of March but had to be rescheduled due to bad weather and took place on 30th March 2015.

There were 20 attendees at the workshop from the Council and JWA group. We explored what the attendees felt affected health and wellbeing within their communities of work.

Community

It was agreed between CDHN and JWA that whilst work needed to be undertaken within the Council there was the opportunity and need to ensure that communities were being given the opportunity to hear the same information.

CDHN have a training programme Community Health Champions this was identified as one way in which we would begin to engage and build the community team alongside the Council staff. This was not rolled out at this stage as a community had not been identified but it was agreed that once identified this was the most effective tool to facilitate the community building process.

Reference group

Following the Council workshop there was a period of time where little happened, in part due to changes within Council. Antrim and Newtownabbey Borough Council was formed in April 2015. Due to the formation of the new council, this stalled the project for a period of time. However it gave us an opportunity to explore co-production a little more. We had the opportunity to work with Ruth Dineen (Co-production Wales) and Volunteer Now who were also interested in co-production and had begun to plan a co-production forum which CDHN and the Council was invited to join.

Key people identified for reference:

Ruth Dineen Co-production Wales - with expertise in leading co-production projects, she shared her experience of co-production projects undertaken in Wales with CDHN and Council staff.

Professor John Barry Queen's University Belfast - discussed the co-design element of the programme with CDHN and agreed that our approach to building a team was more important than getting too caught up in the design of a project.

CDHN met with officials from the Office of the First Minister and Deputy First Minister involved in Delivering Social Change who are particularly interested in co-production as a process of change.

Towards the end of summer 2015 felt that momentum for the project could be lost if something was not started, she had established a good relationship with a community group in Toome known as TIDAL through previous working. JWA were agreeable in view of the delay in progress with Community Planning that she should explore this. The TIDAL group were keen to avail of this opportunity and agreed to recruit people who would be interested in the Community Health Champion training.

Alison Briggs and TIDAL were able to recruit 15 participants to the CHC through personal invitations and sharing CHC literature. Training was held on October 15th and 22nd 2015 in Toome House with 3 council staff and 12 community members.

Learning

This process has required time for building relationships and planning in response to the target audience.

Relationship building is key to co-production in order that people working together understand how their skills and experience relate to the process regardless of status.

Flexibility is important all those who were involved needed to be flexible with an ability to adapt to an ever changing environment. There is a need to have a starting point and a plan but this has to be viewed as a guide with an understanding that it will and should change in response to the information gleaned from those involved in the process along the way.

Key Learning Points

1. Being open to introducing new people to the process i.e. community planning.
2. To address fears and resistance by asking questions and finding out people's experience both negative and positive.
3. The opportunity for people to find out what happens in different Departments and areas of work. Facilitate an atmosphere which encourages dialogue and interaction between Departments.
4. Making links between what people do and the perception of what their job is.... this is easier for an outside agency to undertake as they can ask questions without any expectation that they should know the answer.
5. To date the project has concentrated on council staff who are involved within the JWA and their involvement from these statutory bodies would be developed more fully in a future pilot. There has been less involvement from health staff from the PHA and the Northern Trust.
6. Reflection – taking time to think about what has been said in workshop/meetings who said it etc.

Change

More people are aware of the process of co-production within the Council.

Range and number of people who are invested and interested in the process from council and within the JWA members.

Experience of the process has allowed CDHN and the Council to articulate to others e.g. OFMDFM, the importance of building relationships and the amount of preparatory work that is required before being able to move to the next stage.

Use our experience to inform Co-production Forum NI - putting co-production in action within communities.

Sharing

Learning was disseminated to:

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APPENDIX 2 CDHN STAGE 2 OCTOBER 2015 – MAY 2016 REFLECTIVE CASE STORY



Community Development
& Health Network

Background

Initially this partnership between Antrim Borough Council Joint Working Arrangements (JWA) and CDHN began in August 2014. The relationship was established through a training programme delivered by CDHN that the Principal Environmental Health Officer (Alison Briggs) from the Council attended in 2011. This provided an opportunity to work on a number of projects and developed a strong relationship between CDHN and this department within the Council over a number of years.

As detailed in stage 1 there was a period of preparation and planning that preceded this. As the Principal Environmental Health Officer - Health and Wellbeing had a good relationship with TIDAL, based in Toomebridge who had expressed interest in being involved they agreed to be the pilot group. The Antrim Borough Council Health and Wellbeing Team had previously worked with them on the establishment of a number of oil clubs. They were keen to undertake the Community Health Champion (CHC) training which would be delivered over 2 days in October.

Community

TIDAL is a charity based in Toomebridge. Over the last 20 years they have provided much needed amenities and services for the local community, including the creation of employment opportunities. TIDAL have successfully connected a diverse community not only from Protestant and Catholic backgrounds, but also residents from the

Indian, Polish, Lithuanian communities. TIDAL have brought generations together as well as connecting the detached youth with those living within Toomebridge. After widespread consultation the needs of the community were prioritised, a hub was required and this was created within the TIDAL building in the early 90's. In Toome House there is a Doctors surgery a Pharmacy, Dentist, Holistic Clinic, IT Suite, Credit Union, with retail units for a beautician and florist. The community rooms are used by Citizens Advice Bureau, Housing Executive, Ulster Farmers Union, Council, RDP and Neighbourhood Policing. There is a Mother and Tots group, Women's groups and Youth Organisations to name a few. Facilities are also used for small funerals and birthday parties for the community as the facilities are easily accessible and affordable.

Information Gathering

Engagement and team building was enabled by Community Health Champion (CHC) training, which was delivered by the Community Development and Health Network (CDHN).

The CHC training setting provided the opportunity for the group to begin to appreciate the skills and assets that each person had as well as the resources available in the local community. Through facilitated group work and discussion the group agreed, for them, what factors contribute to health and wellbeing.

It was important for the group to identify themselves as working for all the people in the area, not just Toome. The Parish of Duneane covers a geographical area beyond the town boundary of Toome and includes Moneyglass, Moneynick and Creggan.

Following the Spirit of Duneane Day (March 2016) the group established themselves as the Duneane Collective in April 2016.

The Mission statement was written by the collective.

Duneane Community Champions area proactive, enthusiastic collective committed to promoting health and wellbeing and creating a strong and connected community.

This case story details how they have progressed to this stage.

What happened?

October 2015

The group commenced a 2 day training programme based in TIDAL. The group did not all know each other or the groups represented but they knew TIDAL and Una. They began to hear about different issues within in their own community from different perspectives.

As part of the action planning element of the CHC programme the group began to reflect on ways they could support health and wellbeing in their area. Two significant developments were made: the group began to think of ways to move the project forward by promoting how people in the area could be connected and they began to talk about a celebration event where the local clubs organisations and groups could promote themselves.

The group were keen that other people in the community had the opportunity to undertake CHC training. The group took the lead in organising the training; they designed the publicity and agreed the training would be in the evenings to facilitate peoples work and family commitments. They felt that people should be fed and this would be followed by a training session. Those who were from the Council were agreeable to this and able to appreciate the communities' keenness to involve other people from the area. As Christmas was fast approaching the group were keen that the training would be completed prior to this.

Dates were agreed at short notice by CDHN and the Council and the funding also agreed by the Council through the JWA.

A further planning day was held to develop a flier and poster for the 2nd training sessions. One of the group arranged the use of a local GAA hall to host the group as all the rooms in TIDAL were in use.

November 2015

An interesting opportunity presented itself to CDHN and the Council through a mutual contact who arranged a visit to Antrim and Newtownabbey Borough Council by Professor Edgar Cahn. We were able to arrange a networking and workshop event at which Professor Cahn shared his experiences and answered questions regarding co-production and Time-banking. This event was an opportunity to showcase some of the work with the CHCs in Toome. His endorsement of the work and progress that we were making was encouraging. Time-banking was something that the CHC were interested in finding out more about. This was followed up by Alison Briggs and Volunteer Now as they are the experts in Time-banking within Northern Ireland.

Nov 2015 –December 2015

A second cohort of training was run over 3 weeks on 3 consecutive Wednesdays with 15 people attending. They were recruited through word of mouth by CHC and the posters and fliers distributed in the local community.

Following this a planning day for the Community Spirit Day was arranged and both groups of CHC were invited. 12 of the CHC attended and provisional dates and groups to be contacted were discussed and agreed. This began a process where the potential for the day was explored and the opportunity to use the knowledge they gained in the training utilised.

January 2016

As a follow up and to increase individuals capacity and confidence an asset mapping day was planned for early January. This built on the asset mapping that had been introduced as part of the training. 14 CHCs attended and we began the process including input re Time-banking which was facilitated by Volunteer Now This helped to direct the Council to follow up with newly identified contacts.

We also revisited some of the planning around the Community Spirit Day with some of the CHC's taking very definite responsibility for taking this forward.

A DCC had designed a logo for the DCC which captured local knowledge and heritage and the skills and artistic talent of a local artist.

Two of the DCCs wanted to invite local businesses to the Community Spirit Day and undertook issuing invitations. The Council was able to cover costs.

Some of the men involved in the Men's Shed felt that they could host a stand on the day and demonstrate some of the activities that are undertaken at the Shed. The local women's group which some of the DCC were part of also offered to have a stand.

The Council offered to contact a number of the statutory agencies who the group were keen to involve in the Spirit Day i.e. the Biodiversity Officer and Leisure Services. It was also hoped that the PHA could host a stand or run "Cook It" demonstrations – Council officials would liaise with them to find out their availability.

February 2016

Meetings were held in February to plan the Community Spirit Day. Details of which are included in the learning section of the case story as this was a particularly difficult part of the process. It did provide the opportunity to test relationships both within the DCC and between CDHN, the Council and the community. At this stage a number of

significant things happened which helped to overcome these difficulties. One of the DCCs had written a book which we decided collectively should be published and sold at the Spirit Day. Antrim and Newtownabbey Borough Council also had the opportunity to make available funds to the DCC's to use and spend as they saw appropriately in order to facilitate the Spirit Day and some further work in the short term.

March 2016

Much of the preparation for the Spirit Day was coordinated by Una with a core group of the DCCs supporting her throughout. There was a final group meeting on the Monday night prior to the event which helped to clarify what people were doing on the Saturday. A mural, using recycled materials, was being completed which depicted the Elk and would be displayed. This work was led by Geraldine and Edel with help from the others. The invited groups were aware of times of arrival and the DCCs were asked to turn up to help with set up. A timeline of the day was drafted re speakers, raffle and when different events would take place. As she has experience of this type of event, Una was proactive in anticipating required roles but allowed the DCCs to self-select who would do what. There was an element of having to wait until Saturday to finalise roles but there was a willingness within the group to participate and a commitment that they would be there which was very important to build confidence in both the event and in each other.

Over 30 invited clubs and groups showcased their work on 19th March 2016. We did not register people or officially record numbers but over 200 people were present at the event. People from the local area arrived earlier than anticipated and stayed later than was expected. Photographs record the different events and the variety of people who were present on the day.

April 2016

The Spirit of Duneane day had been organised as a way to show what was available locally and to better connect local people to these.

Finding a way to articulate the happiness and the positivity of the day is difficult but some of the comments from the DCCs helps to sum it up.

"I was worried that on the day, I would be in limbo and the opposite happened, I had a role to welcome and show people where to go, after the day had ended it felt very rewarding".

"The network day was fantastic!"

"the atmospherepeople chatted and stayed longer than 3pm"

"People took it really seriously wanted to find out more just not enough time to explain it all".

The group were keen to explore the future of the group and spent some time developing a mission statement. Retrospectively this would have been something that may have been useful to do after the training but the preparation for the Spirit day took priority. As facilitator I suggested that they adopt a collective style of organisation within the group. This was in response to the way they already operated in a very non hierarchal way. This non-traditional way of working has raised some challenges but they have agreed to try this way of working. Reassurance of continued support from CDHN and the Council has been important as they embrace this new stage of the process. The writing of the mission statement, Asset Map and Catalogue for health and wellbeing has helped to guide the group in the next stage of the process.

May 2016

A civic reception was held for the DCCs at Mossley with local council officials, PHA and NHSCT Staff, TIDAL Directors and local MP Danny Kinahan, all in attendance. This provided the opportunity for Antrim and Newtownabbey Borough Council to celebrate the work of the DCCs to date and to detail the progress of the co-production work. Two of the DCCs spoke of their experience one said...."through the course the process of learning together, it allowed me to get to know the other group members, establish friendships and have a voice in expressing ideas and wishes for my community."

Learning

The introduction of the training undertaken by Antrim and Newtownabbey Borough Council included discussion and information regarding the co-production pilot that was being undertaken. As facilitator this proved a little difficult as the emphasis at the start became co-production and then introduced the concept of DCCs. This proved too much information at the beginning which was a little overwhelming for some initially.

The second cohort of training was held in the evening, although run over 3 evenings the time was shorter. It would have been better to have a shorter OCN course as discussion was limited due to time pressures.

Cups of Tea

In both groups the importance of regular **cups of tea** and sharing food cannot be underestimated. The acts of making each other tea and chatting over food allowed relationships to develop and a variety of interactions to take place. It is also a way to recognise the time and effort people contributed to the process. This fitted in to the funders understanding of the co-production process.

Based on some previous work and co-production literature the Council were keen to have some way of recognising the contribution made by the community in the pilot. They arranged a photography course for participants before the funding closed at the end of March 2016.

Flexibility

Flexibility is necessary in this process in many situations: time, financial, attitudinal and organisational. This demonstrates that there is a willingness and commitment to the programme, it builds trust and collaborative ways of working. For example both the Council and CDHN have worked unsocial hours in order to meet the requests of the community. In return the community have endeavoured to attend meetings and training as arranged.

Time

After the 2nd cohort training was arranged and the Community Spirit Day was being planned meetings were arranged at relatively short notice and did not have a regular pattern. Reflecting on this it would have been better to have a day a week designated to the process. This did not mean that everyone would have to be present but it would have been easier to plan and action if this had been in place. It would also have provided the process with some structure which as we have progressed has been missing due to the ad hoc arrangement of meetings and feedback.

Feedback to the group has been for the most part verbal although a short interim report was produced for the JWA committee. Verbal feedback has been given at each of the meetings. As not everyone attended all the meetings not everyone has heard first-hand the progress. People at meetings were often keen to volunteer to pass information on as they saw people or had contact numbers for them. This was inconsistent and when emailing it was not assigned routinely to the same person which may have left people a little in the dark about dates of meetings etc. Part of this was deliberate not to make the process too formal but does demonstrate the importance of having clear lines to communicate the process. In part more time reflecting and checking who was doing what would have reduced the negative effect of this.

Photographs have been taken throughout the process to record the story of the process.

Leadership

TIDAL Manager

Una's role is varied and very busy but her pivotal role in the process needs acknowledged and the challenges and opportunity that it posed discussed. Una was keen to encourage others to take leadership responsibilities within this process. The nature of the work of TIDAL over the 20 years has been shaped by Una's vision, drive and commitment to her community. She is key to securing funding for a number of groups and projects in the area. This takes time and effort to complete and also to report on. Although integral to the process and committed to it throughout, at times she was pulled by the demands of other issues. While this gave the opportunity for others to step up, undertake jobs and roles such as contacting organisations, finding other venues etc. As a group we never established what to do in the event of Una being absent. Geraldine who works alongside Una often deputised on her behalf which helped to ensure information was passed on. On reflection in the future it would be helpful to have a more formal debriefing session with Una or an identified person after each of the meetings to plan and reflect on what had been discussed and agreed. As we have progressed there are a few individuals who are emerging as a core team who are capable to taking and moving this forward with Una and The Council in a supporting role. Una has dealt with difficult situations, handling handled them in one to one meetings or telephone calls, often unseen by the rest of the group and alongside her busy schedule.

Principal Environmental Health Officer - Health and Wellbeing

Without the vision demonstrated primarily through the leadership of Alison Briggs, Principal Environmental Health Officer - Health and Wellbeing, who believes statutory services can work with communities in a different way this would have been a difficult process. Council have shown throughout a willingness to address challenges proactively and honestly. This has been demonstrated in a variety of

ways; in one to one meetings, answering and responding to emails and taking part in the training, availability for meetings and pursuing meetings as needed. Alison has been key in identifying key players within the Council and other statutory services whom she has approached to join or contribute to the process. This has taken up time unseen by the group and has been incorporated into the other responsibilities of her job.

Assets Uncovered

Through this process the knowledge, skills and experience of those involved has been revealed. In the various stages documented it is possible to begin to track people offering their time, talent and knowledge. Gradually as we began to plan for the Spirit Day people volunteered what they could to the day - hosting a stand, designing a logo, inviting a group or ensuring people were directed to car parking all became an important part of a successful event which they were very proud of. This shift from being focussed on need or a lack of provision and lack of confidence to identifying assets became a strength of this process.

Hold your nerve!

There have been a number times when the process has been significantly tested. In both the training sessions it occurred when we explored next steps or action planning. At this point some of the group have shown hesitation in their own ability to be a DCC or whether change can happen. When these views have been expressed it has been other members of the group who have taken charge of the situation and offered solutions and support. Throughout the training discussion and group work has allowed an atmosphere of openness to flourish. The hesitation seems to be fuelled by fear, fear of setting themselves up in front of their own community. "These people know us" or "what do they know" are some of the concerns. There has been a measure of reassurance in the idea that they are not on their own as they have talked through this concern. The fact that on both occasions it was either CDHN or the Council which provided the reassurance was important. It was also interesting that it was not a universally held view within the group.

At an early meeting to discuss the wording for the publicity to encourage local people to come to the 2nd round of CHC training council staff were tending to overrule the language that the community wanted to use. The community were vocal and confident about the language and the layout of the flier and poster. They overruled the Council representatives on the use of language by saying that they know their community and what they would respond to.

This demonstrated a confidence within the community to challenge power.

A particularly difficult period of time was in the early stages of organising the Community Spirit Day at the end of January beginning of February.

There was much excitement about plans for the Community Spirit Day. During the meeting discussions drifted more towards an activity type day with plans to involve a local drama group, a talent competition and a sculpture competition rather than a day where people could find out about local groups and services. A number of new people who had not been involved with the project had been invited by The Council and TIDAL. This in retrospect probably affected the dynamics of the meeting.

This meeting had been to prepare for bigger group meetings the following week. In the interim CDHN had suggested that the GAA be invited to the planning meeting by the DCCs. I overlooked telling Alison about this so she was unprepared for a number of new people in attendance known of whom she had had any contact with previously.

However the meeting was difficult from the beginning and challenging on a number of fronts. It is hard to pinpoint what the problem was. Significantly discussion afterwards revealed that the DCCs felt that Alison was reneging on her commitment with them as they perceived her language more official and less flexible. Alison herself felt more guarded as there were people in the room who she did not know and was less open. One of the DCCs said afterwards “we as a community do not trust the Council”.

A second meeting was held in the evening with more DCCs present which was more constructive. At this meeting Daniel’s booklet endorsed by other DCCs and Una although there was recognition that more work needed to be done.

Alison also discussed with Una the transfer of funding for the group to use to assist with the co-production project.

All recognised that the group were unsure of the next steps in the process. Alison agreed to contact graphic designer to work on the logo.

It was decided that the DCCs should have a meeting with Una without CDHN or the Council.

Una was able to talk to the group and reaffirm their support and commitment. They made progress on detailing who people were going to contact etc. She showed the group the book which they were delighted with and all agreed including the author that it should be available on the Community Sprit Day and were agreeable to having it proof read.

These are some of the relevant points from this meeting and reflects learning.

Problem	Learning
The Council and CDHN both late to the meeting and no one took charge of the meeting	Timekeeping and appointing a lead person at every meeting agenda may change but having someone who the group know will keep the meeting on track
GAA unsure why they had been invited.	People attending meetings need to have a clear idea of why they are invited and what the agenda is
No tea or coffee provided.	Refreshments should be available
Alison unclear who was in the room –	Provide time for introductions and allow those who are there to express their understanding of the meeting
CHC were frustrated by a hold up in the logo and letters being finalised.	Ensure those who are involved are up to date with progress, verbal feedback or written information. Setting timeframes for and agreeing work. Our dissemination of what was happening was ad hoc.
In detailing the nature the work undertaken in Toome – the group perceived that council taking control.	Importance of immediately reflecting on what went wrong. Asking group what they saw as the problems addressing them immediately.

Reflection

Do not be afraid to be reflective it provided us the opportunity to remedy some of the mistakes and also demonstrated that CDHN and the Council were prepared to listen. It helped to build trust and strengthen relationships.

Change

We have developed an outcomes based framework which demonstrates the difference that this way of working makes. At individual and community level and within the statutory partners we have seen change happen. The Framework has been developed with Community Evaluation Northern Ireland (CENI).

Sharing

To date the work of the Duneane Community Champions has been shared within the Council through the JWA. CDHN has also promoted the work through our networks and management board on a discussion and conversation basis at this stage with the plan to have a final report later in the year. This report will detail the process and the outcomes. Both CDHN and the Council are on the Co-production NI forum and we have been able to share our learning with a broad spectrum of individuals from across the sector on how the project has progressed. The group have also been invited to a Civic reception at Mossely Mill in recognition of the work they have undertaken.



APPENDIX 3 DUNEANE COMMUNITY COLLECTIVE REFLECTIVE CASE STORY



For the purpose of this case story the focus will be on 6 DCC's who were involved in the project written by Jenny Hanna.

Background

Through the JWA with Antrim and Newtownabbey Borough Council, CDHN and TIDAL Community Association have been working together since 2014. Initially the work focused on the Council and CDHN developing a plan to explore co-production working within a geographical community within the Borough. From 2015 TIDAL has been the host organisation working on this socially innovative project. TIDAL initially recruited 15 local people through their organisational and personal networks to undertake the Community Health Champions training. This case story is based on a focus group held with 6 of the Duneane Community Champions, CDHN Facilitator, CDHN Administrator and Principal Environmental Health Officer (Health and Wellbeing) The case story reflects the recorded discussion. All of those who have been quoted were happy that their real names were used. There are points recorded which are attributable to individuals but we also allowed those in attendance to record any other thoughts on post it notes which we have included as anonymous comments as appropriate.

Participants:

- Duneane Community Champions- Una, (TIDAL Manager) Edel, Peter, Paul, Geraldine, Daniel.
- Antrim and Newtownabbey Borough Council - Alison Briggs - Principal Environmental Health Officer - Health and Wellbeing.
- CDHN - Jenny Hanna, Facilitator and Caroline McNulty, Administration.

Community

15 local people were invited by TIDAL Community Association to be involved in the initial CHC training held in October 2015. These people ranged from being a Trustee of the Community Association to people who were known only in name to the Association. All of the CHCs undertook the Community Health Champion training programme which is accredited by OCN. The first 15 CHCs undertook some action planning at the end of the training and the group felt that other people within their community should be given the opportunity to undertake the training. They felt that they could recruit others from their peer groups and connections.

This led to negotiations with the Council who were happy to provide funding for further training. In partnership with the Council the group developed fliers to promote the training and using their own networks recruited a further 15 people. The training was held over 3 evenings in late November and early December.

The first questions focused on what they perceived as their community at the beginning of the process:

Daniel – demographic area the whole Parish of Duneane on a cross community perspective.

Paul – Men's shed

Edel – geographical area of Toome

Geraldine – whole community everyone included, not a specific need group. Sense that every person would be represented, a broad range of people.

The view on community ranged from quite a small specific interest group i.e. Men's shed to the wider geographical area of Duneane.

Information Gathering

We asked each of the CHC how they had initially become involved in the project:

Edel Interested in the allotments and asked her Mum to contact Una on her behalf, nothing was happening with the allotments at that point and Una invited me to the meeting. Una noted how this process had definitely increased Edel's confidence.

Peter Word of mouth. Paul showed me the leaflet, myself Paul and Martin discussed at the Men's Shed.

Una Through telephone call from Alison – TIDAL had a history of working with The Council and Anita has worked with the PHA, Alison asked would I consider getting involved in this pilot scheme. Also my involvement with the Oil Clubs.

Daniel Text message from Una – by invitation

Paul Through Una – by invitation and I asked Peter, Martin, Eddie and Brian.

Geraldine Through Una and communicating with Alison, I was working on the funding applications for the allotments at that time.

The way in which people were recruited varied from personal invites to being interested through the publicity developed by the first group of CHC. For Peter and Paul it is significant that they attended together through their mutual interest in the Men's Shed.

What happened?

Peter - Since the Community Health Champions has been setup up the whole community as an entity has become stronger. Still a lot of the community feel excluded, I'm more aware of this from attendance at meetings. After the CHC course was completed, everyone within those groups are more community wise – not stumbling and thinking about the negatives things in your community, more aware of good things and benefits in the area.

Daniel (A) Certain amount of identity has (been) established, I would classify it as ground zero, where do we go if anywhere from here to there, and how is that to be managed. View of community has not changed maybe a little bit more aware for example if a person said to me, you're a CHC, what does that mean, be fit to stand and signpost. From the training it's like having a toolbox of people – better contacts for people to go to.

This process has been based on a co-production way of working which is to improve how services are delivered between communities and the councils who serve them. It was important to get some idea of where they viewed The Council in relation to the community.

When asked whether the community felt The Council was part of their community now in a way not thought of previously the CHC response was:

Edel Definitely doors have been opened, you start to know the different council officers and what they do, what their area of expertise are and who you need to approach for certain things.

Geraldine After dealing with Council for years re completing applications etc., I feel Alison's attitude of equality is different, Alison coming and sitting with us not as an official but as an equal has been very different for me. My experience beforehand (was) if you wanted something from The Council you had to push to get it. This is different, Council have come here to meet us, they have

opened their door and come out to meet us, and I am only referring to co-production. Very refreshing change for me, we had to tick the boxes, we had to fit the credentials, the criteria even if the criteria did not fit us.(talking about how she felt they had been expected to work with council in the past)

Daniel There has always been the aspect of Council, that's their job, do what they want to do. The approach of coming out into the community, they may have woken up and said ok we have to listen to these people.

Peter No, as far as the Council is concerned the Borough stops at Randalstown roundabout.

Peter's response was initially critical of the Council but as we discussed this further this opinion has changed (see Change).

This comment was something that both groups highlighted during training the fact that as a community they did feel on the edges of the Borough.

The DCCs highlighted the tangible things that they have accomplished the Community Spirit day etc. They also highlighted some of the more intangible elements of the work community awareness, getting to know each other, increased understanding of what is happening in the community, unity.

Edel Lots of cups of tea. Community awareness – community is now aware of the CHCs.

Paul Contacts, connections, help

Geraldine Spirit Day, Civic Reception

Una The groups became "A "Group. People got to know each other better, better friends, a lot more understanding of what's happening in the community.

Una Group, Logo, Community Book (Duneane - To know where you have come from, you need to know where you

are going), Vision (To deliver Purpose), Purpose (Group can make changes in the community by bringing their individuality and sharing collectively with the group to benefit the whole community), Reason.

Daniel Individuals have cohesively come together as one unit. Now that we have established one element of unity, what areas can we improve on?

Peter Now a collective

Geraldine Mosaic, Book (very informative geographically and historically), Logo, Co-Production. We have bought art tools to make jewellery and upcycle.

Una Great changes in community with not a lot of money, impressed with how money was used.

The group have also developed their own Asset Map of Duneane and have a Catalogue of factors for health and wellbeing both of which will shape what they are going to address as a collective. They recognise that there is still work to do on these two tools but they know they have a baseline to start with which they generated themselves.

Edel - Still teething, still at very early stages, meeting on Wednesday night will decide where we go from here. Wednesday we will be able to say, 'this is an issue, what are we going to do about it and then work on it.'

Learning

The DCCs were asked what they had learned about themselves, the community and the council.

Daniel Myself – Not afraid to say. Grown in recognising needs– Turn around negativity. Community – Expecting a response not given yet.

Edel Myself – Working together, I feel my voice counts

Peter Myself - I am no longer just a resident, I am part of the community, I feel now that my voice counts.

This is a change in how Peter first articulated how he felt about The Council and how he felt living at the end of the Borough.

Geraldine *Myself – I have a real passion for the community in this locality, now have a passion to create provision for people in the community. Others – Wide variety of skills and high value for what people had to contribute, this has given us the opportunity to see that. (e.g.) Moneyglass their wealth is the health and wellbeing of people within their community. Support in Moneyglass by the families is much stronger than in Toome, Carrick...*

These comments reflect on what they have learnt about the council.

Peter *Council Officials, are very helpful, but not Council Representatives.*

Edel *Don't know who The Council Representatives are.*

Daniel *Would much prefer Council Officials, keep politics out of it, not necessary.*

There were also some anonymous comments that were added to this.

- *Myself – passion for health and wellbeing for locality. Others – Wide variety of skills, valuable, groups.*
- *Community - You get what you put in, some things in life are worth working hard for.*
- *I have learned that I am not alone in my love for where I live.*
- *A lot of people have the same interests as yourself.*
- *The hidden strengths of the area.*

Change

The DCCs were asked what differences or changes do they see in themselves, and others in the community.

Edel *Stress a lot going on. Not as shy, once I get to know a group, I am comfortable with them. More involved. This comment was met with much laughter as the process has allowed Edel's artistic talent to shine through and she has undertaken regular work in the community garden and the mother and toddler group.*

Una *How we look at other people, it's that perception of what we can and cannot do. Everyone in the community has something to offer no matter how little.*

Alison *Came in only knowing Una, and now can sit with all the CHCs and know who can do the public speaking, I can recognise the strengths in the group. Part of training with the group next year, how to engage with political representatives, when you go to your local councillor, when do you approach your MLA, (e.g.) CDHN training at Stormont.*

Geraldine *- All have a voice and not limited to elected representatives. Do not need an elective representative for health and wellbeing issues in Toome. Co -production allowed people to have a voice without elected representatives. To see other people step up show their voices, skills, to see other people step up who never would have before, to see other people step up and show their strengths.*

Daniel *I now recognise my own limitations and see others within the community still need to develop. Recognise your own humanity and the humanity you're dealing with.*

Daniel *had made a comment earlier in the year about the CHC training which was it has "Enabled a range of people with a variety of life experience and health conditions to work as a group no one was better than anyone else"*

Edel *Part of a team*

A number of anonymous comments were recorded:

- *Recognise me in my own humanity, without judgement.*
- *Confidence – Say “No” ability to limit my own stress. Others - People stepping up, connecting, and strengths. Community – Voices, opinions.*
- *Because I have known almost all the people, before this I can see an improvement at different levels for everyone.*
- *Community – Men’s Shed*
- *Council & Community – How appropriate is my approach with Community or Council*
- *Community — the links with council through Alison phenomenal.*
- *Community – Everyone, Young, Old, Teenage, Large area.*
- *A community can only be as strong the people who lead it.*

Throughout this case story both the tangible and intangible outworking’s of this process have been highlighted. In reflecting the discussion through the framework of the case story some of the key elements of the co-production process have been captured in the words and sentiments of the people who have been involved from Duneane Collective.

As highlighted at times these reflections have been deeply personal, and inwardly reflective showing change at an individual level.

Edel Myself – Working together, feels my voice counts

Peter Myself - I am no longer just a resident, I am part of the community, I feel now that my voice counts.

At other times the group has been more outward focused and see change happening at the wider community level.

Daniel Individuals have cohesively come together as one unit. Now that we have established one element of unity, what areas can we improve on.

Peterthe whole community as an entity has become stronger.After the CHC course was completed, everyone within those groups are more community wise –... .. More aware of good things and benefits in the area.

Sharing

As a group they have launched themselves through the Spirit of Duneane Day. A Facebook profile has been developed. A number of DCCs have spoken at the Civic Reception for the Council. They have featured in View Digital magazine and attended JWA steering group meetings to update statutory partners on the work to date. They have met with the head of Health Improvement in the Northern Trust to update him on the work and to begin to build relationships with him and his team.



APPENDIX 4: ANTRIM AND NEWTOWNABBEY BOROUGH COUNCIL REFLECTIVE CASE STORY



Alison Briggs - Principal Environmental Health Officer - Health and Wellbeing

Background

Antrim Borough Council and Newtownabbey Borough Council both participated in a partnership called the Joint Working Arrangements Steering Group. This Joint Working Arrangements Steering Group (JWA) was established in 2009 by the then Health minister Michael McGimpsey. It was anticipated that Local Government reform would take place and that councils and health agencies would have to work together to improve the health of residents living within the Borough's. As it was anticipated that Antrim and Newtownabbey would amalgamate, both Councils joined the steering group established by the Public Health Agency. Other representatives included the Northern Health and Social Care Trust, and the Northern Health Care Board.

The JWA received funding from the Northern Public Health Agency, and for a number of years worked on projects relating to general Public health improvement initiatives. The group agreed to work on two projects headed up by environmental health. One was the establishment of bulk buying oil clubs, to reduce the cost of heating oil and help reduce the incidence of fuel poverty. The second was the establishment of a community led garden, in partnership with Action Mental Health in Antrim, which would help clients with mental health conditions.

A key difference in the delivery of these projects was they started to involve user engagement. The oil clubs were established by community groups. We provided a toolkit but the groups decided autonomously how they ran their oil clubs. The community garden was user led. Action Mental Health clients were involved in many aspects of this from the design of the garden, to the purchasing of equipment, to the day to day management of the garden. They were also included in steering group meetings about the garden where they could formally raise any issues they felt appropriate.

With the success of these two projects the JWA started to look at how council and other statutory health bodies provide services to improve health and wellbeing. The group discussed the concepts of how often statutory bodies are inclined to "do onto" rather than "do with" and how evidence was showing that working alongside communities' health could be improved.

The JWA group agreed that we could trial a pilot project focussing on co-production. This involved carrying out a literature review, and commencing a partnership with CDHN. CDHN were chosen as they are an organisation committed to working with communities in order to improve health outcomes.

Community

After the literature review and the initial training with council staff a community in Toomebridge was chosen to work with on the pilot project. I had to identify a community and as I already had a good working relationship with Una Johnston, the community representative in the area (TIDAL) I approached Una to see if a project could be based in Toome. I had worked previously with Una on establishing an oil club in the area amongst other things. I was inclined to think that Una would like to participate in a co-production pilot.

Toomebridge was chosen for a number of reasons:

1. Existing good working relationship with Una Johnston - community representative and TIDAL community association worker.
2. Toomebridge is a rural community that sits on the very edge of the Antrim and Newtownabbey Borough. People within Toomebridge do not necessarily feel affiliated with Antrim and Newtownabbey Borough Council. They have reported feeling like they are often ignored or pushed away. Health and Wellbeing services provided by the Council such as home safety assessments or energy efficiency referrals had a low uptake in this area.
3. Knowledge that Una Johnston had an understanding of the social determinants of health, and was willing to allow the community members to become more empowered and Una wouldn't feel threatened by this.

Information Gathering

Through the work of the Health and Wellbeing Department a relationship had been built with Una Johnston (TIDAL manager/director). I knew that Una had a strong understanding of the social determinants of health model. I contacted Una and explained what co-production was and why I wanted to work with her. Una immediately agreed and a meeting was established to discuss further.

At this meeting it was agreed that the Council would pay for Community Health Champion (CHC) training which was to be delivered by the Community Development and Health Network (CDHN).

The CHC training setting provided the opportunity for the group to begin to appreciate the skills and opportunities that exist within the community and each person as well as the assets available in the local community. It was also a way in which the social determinants that contribute to health and wellbeing in the local community were considered.

What happened?

After the meeting in Toomebridge Una committed to taking part in the pilot. It was agreed that it would commence with CDHN delivering Community Health Champion Training, accredited to OCN level 2. We agreed on dates to commence this and Una said she would recruit people to come along to the course.

The CHC training took place in Toomebridge across two full days.

The group attending did not all know each other at the start, using an informal approach - Council staff and the community completed the course together. As a result relationships developed which was the foundation for the building of trust with both partners.

There was some uncertainty with the cohort as to what they could do after they had completed the training course. The group decided that they wanted to hold a meeting to agree how to move forward.

Those involved wanted to be known as Duneane Community Champions (DCCs) The name was chosen as the group felt it was inclusive. It didn't rely on traditional geographical boundaries, and Duneane as a townland brought together more than just the village of Toomebridge. It was also considered to not singularly represent one side of the community or the other. There was a lot of discussion around this.

The DCCs also want to recruit more people to join then and a second training session was planned. On this occasion the DCCs promoted the training themselves, developing a flyer that they felt would capture local residents' attention. They disregarded suggestions made by a Council Employee on what should be included on the flyer. They also asked that the training be held in the evening so that those residents who worked 9-5pm hours could attend.

Once the second round of CHC training took place myself and the CDHN facilitator merged the two groups to have one larger group and we initiated discussions around the next steps of the process.

Learning

As the group got to know each other they began to let go of perceptions that each have of each other - both Council of community, and community of Council. Both listened to and responded to each other's concerns and queries openly and honestly.

Commitment is required from the statutory body. This involved leadership within council ensuring officers involved had enough time to fully engage with the community health champions and also enough time to self-reflect on ways of working. The element of self-reflection was a vital element for me and one that isn't necessarily part of my regular day to day work.

It takes time to establish trust – both with individuals and with the community as a whole. This cannot be rushed. As a statutory body it was important that trust in the CHCs was displayed in actions. Difficult conversations were not shied away from and when necessary I had to admit fault when necessary. Statutory agencies need to be able to be open and honest and apologise when appropriate but remain as an equal otherwise the process won't work.

Long term funding is required - but very little funding is necessary for a co-production project to work. The Co-production approach is more around the personal

relationships than funding. However challenging the way communities receive funding streams is part of the co-production approach

Show that public bodies trust community - a reversal to what they are used to. Communities are used to public bodies telling them the answers and this was somewhat expected initially, and this took time to work through and to reassure the DCCs that the Council trusted in their ability to look at the health and wellbeing issues in their area and build solutions for these. It takes a long time to develop trust with public body - would have been beneficial to have other agencies there to also develop trust with those agencies too.

People will find the process unsettling - and that's okay! Both Council staff and community health champions found the process unsettling at times, "holding your nerve" at this time is key! Uncertainty is difficult for all involved but it is worth it in the end, everyone involved in the process was nervous at some stage or other. But the process was initiating change and this will always cause uncertainty

The training /meetings need to be flexible, relaxed and inclusive. Statutory partners must endeavour to produce an environment for this to take place so that no one is excluded from participating. Each DCC interacted with the process in a slightly different way. There is no right, or wrong way to participate within this process.

The group need to be allowed to open up and connections can be made, again this requires, time, and trust.

Not everything has to be managed. Peer Support developed without managing - public bodies need to be comfortable not having a sense of controlling everything. This at times was difficult, particularly when agendas would be ripped up and meetings had the potential to take on a life of their own. But ensuring that there was a vision or mission of the group allowed all discussions to be brought back to that starting point.

Listening skills are vitally important. I had to continuously develop these. It is not always what is said in the group that is the most important thing.

A strong relationship with a community leader is important, especially when there had been a difficult conversation. The community leader was able to have discussions with the DCCs that would reaffirm the group's purpose.

Change

There was a lot of change viewed with the DCCs. They not only completed and received certificates for the Community Health Champions course they became a committed community collective. For many within the group it had been a long time since they had received a qualification and for some the OCN certificate was their first qualification and this was a sense of great pride for them.

Community collective not a community group (no hierarchical system) – big jump for the community health champions, with a lot of uncertainty from those who have been involved in community associations but ultimately agreement in the process. Many of the DCCs had not previously been involved actively in any community work.

The DCCS planned and delivered project (community spirit day) This for some, was the first time they had been involved in organising a large event and individual and group confidence was raised by doing so.

Through the Community Spirit day the DCCs gained an increased understanding of council requests - why we need things done in a certain way, this improved relationships

Increased awareness around social determinants of health for all and how these affect health and wellbeing. Vocal and empowered community – willing and able to have their voices heard

More considerate public body - understanding of people's backgrounds and how this impacts on their decision making and opinions.

Awareness of the skills and resources and assets that are out there in the community

Raised awareness of co-production and the principles both myself, within the Council and within the community

First real engagement with council for many within the group – with many of the DCCs having changed their opinion on the Council as a whole – this should hopefully lead to increased links for those members with the Council as an organisation.

Sharing

Internally within council - particularly with community planning and community development.



Alison Briggs

Principal Environmental Health Officer (Health & Wellbeing)

Tel: 028 9034 0160

Email: Alison.Briggs@antrimandnewtownabbey.gov.uk



**Community Development
& Health Network**

Jenny Hanna

Training Manager

Tel: 028 3026 4606

Email: jennyhanna@cdhn.org

