



Health and Social  
Care Board



Public Health  
Agency

## COMMUNITY DEVELOPMENT STRATEGY

### QUESTIONNAIRE

The Health and Social Care Board (HSCB) and the Public Health Agency (PHA) have designed this questionnaire to seek your views and opinions on the draft Community Development Strategy.

We would be grateful if you could take the time to answer the following short survey which may help formulate your views.

Please note that your responses will be collated and shared. If you do not wish for your response to be shared tick here .

Forward your response no later than **4pm on Friday 2<sup>nd</sup> September 2011** to:

**Mr Martin O'Neill**  
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## QUESTIONNAIRE

### About you or your organisation

1. Name: Suzanne Thompson (Information Officer)

Organisation or Group: Belfast Healthy Cities

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2. Please tick the relevant box.

Service User/individual

Community Sector

Voluntary Sector

Statutory sector

Other (please state) WHO Phase V Healthy City

### Consultation Questions

3. Do you think that the strategy will be helpful in your area of interest or work?

1 2 3 4 5 6 7 8 9 10 (please  
circle)  
(A little) ←————→ A lot)

Why?

- In line with the strategy document, Belfast Healthy Cities recognises 'people and communities as co-producers of health and wellbeing, rather than passive recipients of services.' One way of supporting this is by adopting community based approaches and a community development strategy potentially provides the framework under which this can be achieved.
- The strategy also, rightly, describes health and well being as being beyond the physical, noting that improved self esteem, empowerment and increased ownership of health interventions can be tools which make a contribution to improved health outcomes.
- Belfast Healthy Cities welcomes that the strategy proposes a partnership approach with the aim of finding new ways of working in a cross-sectoral context. It, rightly, places an emphasis on the need for innovation, supported by strong leadership from key agencies. The potential to develop stronger links between people, communities and organisations is a further positive inclusion that will strengthen programmes.
- As the strategy document acknowledges there are many programmes currently in operation which demonstrate the strength of a community development approach. The strategy document provides some excellent examples from throughout NI.
- There exists the potential for these projects to be mainstreamed, adequately resourced and rolled out as models of good practice. These organisations are also likely to be able to share experience and learning gained from the challenges of adopting community development approaches.
- The strategy also offers an opportunity for existing programmes to be re-focused, if needed, to ensure that they

remain relevant to the needs and assets of their target groups, which fits with a community development approach.

- Belfast Healthy Cities welcomes the focus on an assets based approach to developing services in so far that it recognises that individuals, families and communities have many resources that they can draw upon to address health issues. The organisation also welcomes the statement that focusing on assets does not diminish the fact that there are still serious, long term deficits and needs in relation to health and wellbeing.
- Belfast Healthy Cities has carried out extensive work, including Divided by Health (2008); a comprehensive review of health and wellbeing statistics in Belfast. It found that although life expectancy has increased in overall terms there are still significant long term and widening gaps within the city, for example;

‘a boy born in the Belfast West parliamentary constituency can expect to live six years less than a boy born in Belfast South. Male life expectancy is the 11<sup>th</sup> lowest in the United Kingdom.’

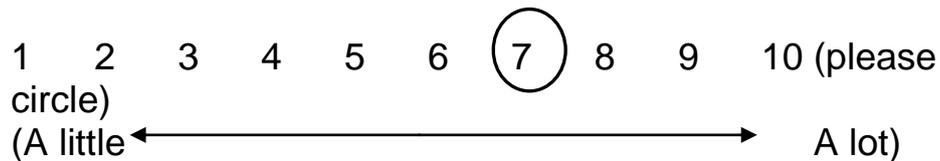
Therefore, an approach which is assets based and needs focused is likely to be more effective in that it can take opportunities to address some health and well being issues within communities, while recognising that others are more embedded.

It is important that certain inequalities are not prioritised over others. There could be a tendency to tackle issues that provide more easily achievable, visible positive outcomes. While achievements and improvements should be celebrated as evidence of the strength of community development approaches, it is important that wider, more difficult to address issues remain prominent.

It is recognised that the strategy is linked to existing PHA Priorities for Action and Public Service Agreement (PSA) Targets and this will help with ensuring activities under this strategy evenly reflect the broad range of inequalities that exist. There may also be an ongoing role for any support or

monitoring body that is established to identify gaps in provision.

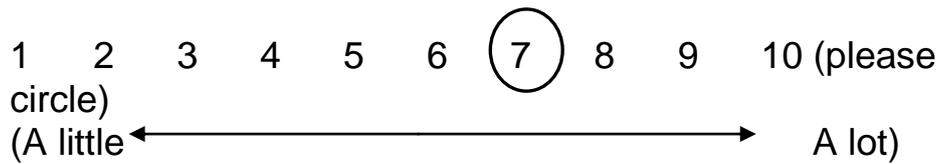
4. In your opinion is the strategy clear in what it intends to do?



Why ? Please give details

- The strategy document and management plan set out a coherent plan of what is intended, but in some aspects may need further clarification. As the document notes, resources and capacity will vary between organisations making it difficult to establish, at this stage, how much new or enhanced activity the strategy will generate. It may strengthen the implementation of the strategy if the lead agencies provided a stronger steer as to expected levels of activity.
- Both documents rightly identify the need for specialised community development staff alongside awareness raising and training for the wider workforce. This provides recognition that community development is a process that while not complicated should be supported by trained staff with appropriate experience.
- It is a positive step that the lead community development professionals will work directly to the Strategic Lead for the strategy as this will expedite decision making and work towards an organisation wide understanding of the benefits and challenges of community development approaches. However it unclear in the strategy if the posts mentioned will be core or long term. Again this may be an operational matter for individual organisations but it is another area where a steer from the lead agencies may be helpful.

5. Is the Performance Management section clear and understandable?



- Also see above comments.
- The plan is generally clear and understandable. It is helpful to have a clear statement about expected management responsibility, including placing responsibility for monitoring progress with each directorate.
- The outcomes and measures of progress are a helpful tool for describing what the process will look like and should assist with 'buy in' from the wider workforce.

6. Do you agree with the Conclusions and Recommendations in the Summary Document ?

Yes

No

Please comment

- While welcoming the approach taken in developing the strategy, including pre-consultation workshops, Belfast Healthy Cities would agree that there is a need for ongoing public engagement at all stages of the implementation process.

- While it is noted that the management plan sets out a range of consultation and engagement methods as an indicator of Stage 2 Solid Progress, more specific targets could be set to ensure that a range of approaches appropriate to age, ability and level of engagement are employed. This may be a matter for individual organisations and something that may be addressed in action plans. As an organisation, Belfast Healthy Cities is highlighting this issue as it has positive experience of the way in which the opinions and experiences of service

users and other interested parties can enrich programmes and ensure they are effective and relevant.

- Belfast Healthy Cities agrees that the HSCB and PHA should adopt this strategy and the associated management plan. Action plans should be developed as proposed and in the spirit of cross sectoral and departmental collaboration. For example, it should be cognitive of the recent work carried out on the Volunteering Strategy and its associated action plan.

- It is welcomed that HSCB and PHA propose to establish a mechanism for supporting and monitoring all elements of the strategy. While this is welcomed in principle, there is a need for more detail about the form that this will take. It is also important that a range of stakeholders are involved in this process. DSD has proposed a cross sectoral panel, which Belfast Healthy Cities has suggested could be strengthened with the involvement of services users and their families.

As the strategy notes, there are agencies such as the Patient and Client Council which have a duty to ensure representation of interest group and should be able to nominate representatives. It is suggested that stakeholder membership goes beyond this and is as diverse as possible.

7. Are you satisfied with the outcomes of the screening exercise?

Yes

No

8. Are there any other issues in relation to equality and human rights that you think should be highlighted?

None are noted at this stage, however it is welcomed that the strategy will be regularly reviewed and monitored as this will strengthen approaches to ensuring equality and protecting human rights.

9. In your opinion has any major issue been omitted?

While not an omission there are perhaps areas where the evidence base of adopting community development in relation to health and wellbeing approaches could be strengthened.

- The strategy highlights the importance of improved social networks and better linkages between people, communities and organisations. It could be suggested that the 'roll out' of this strategy provides an opportunity to learn more about the way in which new approaches to health improve social cohesion and increase amounts of social capital. While recognising that levels of available resources may prevent in-depth research, it is an area of enquiry that could be included within the support and monitoring function proposed by the strategy.
- The strategy also recognises the importance of involving volunteers as a means of 'promoting active citizenship and enhancing service delivery'. It could also highlight the potential of participation in volunteering itself to deliver an improved sense of wellbeing and support better health outcomes.

While the evidence base to support a direct link between being a volunteer and better health outcomes needs to be strengthened; there is some local evidence (Belfast City Council Volunteering Impact Report 2011) and a large body of international research which suggests a potential link.

While not being a primary function of this strategy, it is likely that some activities may contribute to a greater understanding of the issue and that there would be positive opportunities to gather evidence to inform the work of other departments and agencies in this area.

- 10.** Do you or your organisation want to be involved in taking forward this Strategy? If so, please tell us how?

Belfast Healthy Cities is supportive of the strategy and is happy to provide future support, including sharing evidence as needed. The organisation would be happy to contribute to, or provide comment on areas of action plans that are relevant to our work.

**Thank you for completing this Questionnaire.**