

# **EVALUATION REPORT**

## **The Community Action Partnership Cambridge Road Estates and Cambridge Gardens 2004 to 2007**

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## Executive Summary

### Recommendations

- a) Community development is one of the most effective models for working with disadvantaged communities. Adequate time should be afforded to scope, plan and achieve change, and should take account of funding and decision making cycles where possible.
- b) Engagement from community members should be the cornerstone of future community development work. Members of the community should be part of early research and scoping of any possible community development project.
- c) A participatory health needs assessment<sup>1</sup> should usually be one of the first steps in engaging wider community support and should be undertaken prior to community development work going ahead.
- d) Any project must be effectively project managed from the start and must have a clear set of expected outcomes against which to measure progress. A dataset of health and social indicators should be agreed and baseline data collected at the beginning of community development work, and should be suitable for collection at annual intervals over a 5-10 year period, in order to measure change. This could include qualitative as well as quantitative measures.
- e) Partner organisations should commit to a minimum period of engagement (ideally not less than five years), recognising that Third sector organisations may have to commit for shorter periods due to funding restrictions. Partners should ensure continuity throughout the life of the community development project even when there are staff changes. Organisations should make the community development area a priority and include it within all planning processes.
- f) Where partners are supporting staff working in a community development area there should be commitment to sharing community intelligence, work priorities, and to making best use of community development resources available. Key people working in community development across Kingston should work together on delivery to maximise their impact, and all should be trained in evaluation methods.
- g) Continuous representation should be made possible by stakeholders, regularly sharing information arising from community development work with colleagues. This will ensure links to the project are not held by one individual, but by the organisation.

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<sup>1</sup> A participatory health needs assessment is a systematic method for reviewing the health issues facing a population, leading to agreed priorities and resource allocation that will improve health and reduce inequalities. It involves analysis of data and surveying techniques.

- h) A community development governance structure should fit into existing governance structures with robust programme direction and project management arrangements. It should be resourced or supported to effect change, should be effective in performance-management and in delivering an agreed action plan.
- i) The central point of contact for residents, staff and stakeholders must be within the heart of the community. Residents and stakeholders should be adequately supported and developed to play a full part in leading or contributing to community development work.
- j) There should be a clear communications strategy that community members feel part of and ideally lead, with support from statutory organisation's staff as appropriate
- k) The sustainability of the work and a clear exit strategy must be part of any project plan
- l) It may be equally valid to focus community development work on issues rather than on geographical areas.

In May 2003, Kingston Community Leadership Forum Community Planning Conference discussed the possibility of targeting Partnership Funding towards a single locality instead of funding a number of diverse projects. After some analysis to identify the key population indices which could be used to identify the target area, and some comparison of various localities, the Health and Wellbeing Board supported this proposal and committed all partnership funding solely to this initiative, which was to be based on the Cambridge Road Estates.

Following a series of meetings in early 2004 between the Royal Borough of Kingston (RBK), Kingston Primary Care Trust (KPCT), the police and voluntary sector, the RBK Executive decided that RBK would also support the initiative and it was agreed to form a Community Action Partnership (CAP). The CAP was to be a pilot project to address health inequalities, and improve the health and well-being of the population, using a community development approach<sup>2</sup>.

This evaluation considers the effectiveness of this pilot project, so that lessons can be learned for the future.

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<sup>2</sup> There are various definitions of community development. Community Development is about building active and sustainable communities based on social justice and mutual respect. It is about changing power structures to remove the barriers that prevent people from participating in the events that affect their lives. Community development uses networking, influencing policy, campaigning and the development of best practice methods where communities can define their own health needs and define or implement solutions to address these needs.

This evaluation has five main parts:

1. A review of delivery against the priorities set in 2004
2. A review of demographics, health and other indicators
3. A description of the management and daily activities of the CAP team
4. A residents survey
5. A professionals survey

Experience from across the country is that community development work takes a long time to initiate and embed in a community, and at the time of this evaluation, the Cambridge Road Estates CAP is relatively 'young'. In particular, community development projects take many years to demonstrate any clear impact on the population's health and wellbeing, although it is usually possible to identify successful processes, such as new service delivery, within one or two years.

**Key findings from a review of delivery against the 2004 aims and objectives are:**

1. The original CAP objectives and the methods for achieving the objectives were sound. The CAP has been actively pursuing these through good community event organisation, successful initiation and support for ongoing activities and schemes for residents, reactive problem-solving, some partnership activity and empowerment of the local community mainly via the Community Group. There has been less progress made towards increasing the effectiveness, efficiency and responsiveness (and re-orientation) of services to residents. This has partly been due to a loss of effort in trying to enable changes to services, and partly due to the variable responsiveness of the services themselves.
2. The balance between showing results on the ground, achieving hands-on engagement of the local community, allowing for the competing priorities of partners, and spending money within a financial year, has been very challenging for the CAP.
3. The Health Needs Assessment (HNA) December 2004 was not published until over 9 months into the first active year of the CAP. When it was published it set out priorities as seen by residents, and also by providers of services to the estate. Prior to the publication of the HNA, Task Groups met with the aim of identifying priorities and projects for the CAP. This mismatch in timing ran the risk of setting priorities that were actually of low importance to residents, while higher resident priorities might not have been addressed. In the future residents' priorities gathered as part of a Health Needs Assessment should be obtained at the earliest point possible in a project, and the temptation to begin lots of activities without the evidence they are needed should be resisted.

4. The CAP has successfully put in place projects to address some of the top priorities of residents as set out in the 2004 Health Needs Assessment. These include some activities for older children and teenagers (including Positive Futures), a Children's play area, improving the community spirit (much of this has been achieved through events) an Age Concern lunch club and a Stop Smoking service. Other of the residents priorities have not yet been fully addressed, for example 'better access to fresh food' did not get implemented despite the responsibility for this sub-project being accepted by the PCT – this was partly due to the impact of the PCT's financial situation and resultant limited workforce. Progress in addressing some priorities, such as lighting, was hampered in the early years because they were considered outside the remit of the CAP. There were many resident priorities from 2004 that are difficult to tackle such as policing, drugs, drink, noise and to some extent cleanliness of public places – all these remain high on the 'problem agenda' of residents today according to the 2007 survey.. Whilst tackling these issues is not easy, they should be the focus of renewed energies if a community development approach is continued on the estate. Progress in these areas cannot be achieved by the CAP team alone, and will be dependent on a commitment from the police and other statutory services as well as input from the Community Group.
5. The CAP has also successfully responded to priorities and project ideas that were identified by providers and by the Task Groups, many of which overlapped with the priorities set by residents in the Health Needs Assessment. Some of these have taken 3 years to come to fruition, such as the Community Advice Shop, and it is recommended that projects of this scale are evaluated separately one or two years on from their establishment date.

**Key findings from a review of demographics, health and other indicators:**

6. A review of health indicators has not been able to demonstrate any change in the health of people living on the Cambridge Road Estate and Cambridge Gardens. However, it was not expected that these indicators, such as mortality and morbidity rates, would give useful information over a time frame as short as 3 years. Future evaluations would benefit from agreeing health and social indicators and measures at the beginning of a project, and the time frame over which they would be of value e.g. changes to mortality rates would not be expected to change in less than 10 years. Measures such as attitudes to health and patterns of attendance at clinics could be measured over shorter time periods, for example 2 years, but would require specific data collection processes to be set up at the beginning of the project. The Public Health Department of KPCT should provide ongoing advice on these aspects of evaluation.
7. Sub-projects within the CAP can often be evaluated over a shorter period of time. Measures that are agreed with the delivery agency

should be designed to assess whether a sub-project is meeting its objectives e.g. percentage of attendees of a 'Learn English at Home' course, which included parenting skills, who passed the end of course test on factual knowledge of parenting issues. A process to ensure performance against these measures is comprehensively and regularly reported should be put in place.

8. The review has identified that the causes of death on the estate are similar to causes in other parts of Kingston. There are a higher proportion of people on the estate using community-based adult services compared to the Kingston average (people on the estate are 2.6 times more likely to be receiving support for mental health problems, physical disability, frailty and sensory impairment, or substance misuse). The health of the residents who responded to the Residents Survey is worse than the average for Kingston, and worse than the average for the estate.
9. It is important to stress that health and social measures are of limited use in the evaluation of community development work, and that emphasis should be placed on the more qualitative aspects of evaluations, such as views of residents.
10. The CAP workers would benefit from becoming more familiar with evaluation methods.

#### **Key findings from a descriptive review of the management and daily activities of the CAP team:**

11. The CAP team are contacted up to 3 times a week by residents, mainly for information about events and sometimes to raise issues about the estate or to ask about becoming involved. The contact is either directly to the office (personally or by telephone) or when the staff are walking across the estate. The CAP team report constantly 'reaching out' to residents, often via the Community Group. Whilst this is a reasonable amount of resident contact, different ways of talking to and working with a wider range of residents should be considered in order to increase resident contact further. This could include more door-knocking of residents; anecdotally, residents who were spoken to on the doorstep during the Residents' Survey were pleased to be asked, and it proved a useful opportunity to share information.
12. The CAP team has worked well with many of the partner organisations. Some of these well-established relationships were formed in the early years when the stock transfer ballot was held and the primary concerns of the estate, at that time, were around housing and the environment. This may have distracted some of the key partners from full engagement with other priorities and partnerships. In many instances the partnerships worked well because of the individuals within them, rather than the organisations themselves. The CAP team recognises that there are some partners with whom a working relationship needs to be fostered.

13. CAP monies come from core statutory funding from Royal Borough of Kingston and Kingston PCT (£259,500 over 4 years) and attracted funds (approximately £357,000 over 4 years). The level of attracted funds is impressive and is an important factor in sustainability. The CAP has done well to secure support in kind, for example from Mears and Smith & Byford the council contractors. The time of many individuals has also been given freely. Whilst in the early years funding decisions were made by a project team, more recently decisions have been made by the Commissioning Group based on recommendations by the CAP manager, partly because of the small budget in past two years. The future of CAP funding and the mechanism for funding decisions needs to be reviewed in the light of potential changes to the CAP on the CREs or elsewhere.
14. CAP administration and management in general is well documented, although paper trails from the early years can be challenging to follow. Paperwork held at CAP, RBK and KPCT should be dated, the authors identified and referenced appropriately.
15. The PR and Communications Strategy has been successful in raising awareness of the CAP (see Resident Survey findings). The strategy relies mainly on leaflets, posters, the website, direct contact, the newsletter and some articles in local papers. There is a policy of putting the CAP or, more recently, Community Group logos on everything. Events, such as the Fun Day which is well received by residents who attend, have helped raised the profile of the CAP.
16. The office location is successful in terms of being on the estate as the staff are not viewed as 'outsiders', although the office is not easy to access nor does it look very welcoming. With this in mind, the site of an office in the future should be debated by the Commissioning Group. It is noted that a commitment has already been given from Housing Services to re-provide a Community Shop area in the future development of the Ely Court/Piper Hall/Tadlow area if the concept proves a success.
17. The CAP team has been commended for its achievements so far. For the future, the consensus is that CAP management should focus on planning and strategic thinking, reviewing needs and priorities, ensuring a clear direction is set, and should continue to improve communication with partners and residents. Staff may benefit from visiting community development projects in other parts of London and the UK.

### **Key findings from the Residents' Survey, 2007**

18. There was an 18% response rate to the Residents' Survey, which, although disappointing, is not unexpected. The majority of respondents have lived on the estate for more than three years. 31% of respondents were non-White, which is a representative proportion. Only 3% were under 18 years, so the survey under-represented views of young people. If further evidence of the needs of young people is required, a

focus or activity-based group may be a better way of consulting with this age group. Respondents came from 27 blocks and roads on the estates, although the rate of response was much higher from some blocks (such as Duxford with over a 50% response rate) compared to others (such as Impington with a less than 5% response rate).

19. Half of residents thought CRE is a good community to live in, with 'friendliness' and 'good neighbours' being the most popular reasons for this. However, not all residents have the same experience, and of the third of people who believe it is not a good community to live in, many cited ongoing problems with anti-social behaviour, safety, drink, drugs and environmental cleanliness as the main reasons. This reiterates the earlier summary point that the CAP should re-focus on these issues in the near future. Whether the community has improved over the last three years is difficult to interpret as the residents have split views on this. Certainly children's activities and community events have been viewed positively.
20. The number of residents who feel they can influence decisions that affect their area is 28.5%, although it is believed that this is not an unusual finding compared to other parts of London and the UK. Nevertheless it is evidence that more needs to be done to engage residents and help include them in decision-making arenas. The difficulty of actually achieving this is not to be underestimated, but the growing Community Group does offer one effective way of enabling more residents to become actively involved and to have a voice.
21. A majority of residents (63%) had heard of the CAP and recognised its logo (65%). Not only does this indicate that the CAP has made progress in improving awareness of the project, but it is a better 'awareness rating' than is often found in community development projects. However, there are still many people on the estate who do not know anything about the CAP (or community group) so continued awareness-raising is required. 39% of residents knew the aim of the CAP was to improve quality of life, health and well-being, although most residents didn't know if it had been successful in achieving this aim. As pointed out in the 2006 evaluation, this shows that the CAP needs to communicate its achievements better, particularly when it has successfully addressed residents' priorities.
22. A large majority of residents (73%) said they would like to see the work of the CAP continue on the estate. This is an endorsement of any decision to continue community development on the estates. However, this should not lead to complacency because, as pointed out by some respondents to the Professionals' Survey, we do not know if residents would chose to spend money on a CAP if they were presented with alternative uses for the same funds, for example to spend money on repairs.
23. The most used CAP-related activities were the Newsletter and Fun Day, suggesting that these should be retained on the estate. This is important as they have been a key element of the infrastructure of the CAP. Other activities may also be worthy of continued CAP support

(e.g. Refugee Action, Positive Futures) as they may be very effective in their impact on the whole community, even though they are accessed by fewer residents.

### **Key findings from the 'Professionals' Survey**

24. The professional survey represents those staff currently in post. The majority of respondents are employed by RBK, and there were fewer responses from the voluntary sector or healthcare sector. This may have skewed the findings of this evaluation.
25. During the lifetime of the CAP pilot, the CAP staff changed, the governance structure altered with the overseeing committees merging, and the CAP Chairman changed in 2006. There was also significant staff movement in some of the key partner organisations.
26. There was a 69% response to the 'Professionals' survey. The respondents varied widely in the number of years they had been involved with the CAP. Most, but not all, of the respondents were members of the Commissioning Group.
27. The respondents had different understandings of the aims of the CAP, although the majority did cite 'to improve quality of life, health and well-being' as the main aim. A shared understanding of the CAP aims is key to maximising participation from partners and engaging residents.
28. The majority of Commissioning Group members felt clear about their roles, although a significant minority did not. It is difficult to stay focused on priorities and ensure delivery if the roles of the members (and remit of the Commissioning Group) are not clear. Lack of clarity is partly due to the changing governance of the CAP over time, including the merger of the Commissioning and Steering Groups, but changes to funding, personnel and partners priorities also played a part. The remit of the Commissioning Group should be reviewed, and members should be reminded of the original Steering Group Terms of Reference, which include commitments such as 'to embed the developments and initiatives of the CAP into mainstream services as much as possible'. New members should be briefed on the CAP and share with the group their expertise and anticipated input.
29. There has been no formal development undertaken with the CAP Commissioning Group or project team about expectations of their roles and responsibilities. This should be a key element of setting up any future CAP in the Borough.
30. The Commissioning Group was thought to function reasonably well in recent times and be better than the top-heavy governance of the early years. Some respondents felt the group was too large to function effectively at meetings. Many respondents felt that the group spent too much time receiving detailed progress reports at meetings rather than debating issues, taking account of resident views and making decisions. It was also recognised that some partners do not come to meetings very often, and for those that do it is possible to leave a

meeting without any actions and without having made a commitment to 'make things happen'. The Commissioning Group should consider ways that the meetings can be made more effective.

31. Involvement of partners was in general good, although some organisations and individuals were more engaged than others. Lack of partner commitment has made progress on certain projects more difficult. Changes of staff at KPCT, a major partner, did not help continuity. It was recognised that everyone has other jobs that compromise the ability to contribute as much as would be liked. How to address this is a matter for debate. The balance between Commissioning Group member's 'status' and what they were asked to contribute e.g. would a senior officer deliver leaflets, was a cause of some frustration between the partners and the CAP. The nature of the CAP requires such support and the following options should be considered: having an Operational Group (versus a Commissioning Group), having a bank of volunteers, gaining a commitment from senior officers to offer more junior staff on an occasional basis, and paying people to contribute. It was recognised that partners must strive to achieve things as a group and this could be enhanced by better communication about what partners could offer.
32. The majority of 'professional' respondents had a positive view of the CAP - 80% indicated that they felt 'positive' or 'positive with caveats'. Community event organisation and provision of activities (especially the Fun Day) and interagency communication were seen as things that the CAP had done well, as was support for the Community Group and Community Shop. There was a split opinion among the respondents regarding the level of resident engagement, some seeing what has been achieved so far as positive and some not. Some areas in which it was thought the CAP could have done better are: stronger management particularly in the early years, more clarity about aims, priorities and procedures, and allocation of more money for health initiatives.
33. The respondents who had been involved with the CAP for many years felt it had been introduced too quickly with little time to set up a proper structure or to make sensible project decisions, and with a lack of reflection after the first year. Pressure from funding cycles can mean that projects are initiated too quickly. The lessons from this are that the initiation of community development in other areas of Kingston should not be rushed, should be properly planned, project-managed, and take account of funding cycles where possible.
34. The CAP was criticised for being overly statutorily-driven, rather than community-led, especially in the early days. However, there is not an ideal model for community development, and some projects across the UK are community-led while others are not. The results of this evaluation suggest that, in Kingston, future community development work should be community-led where possible. It was also felt by some respondents that there is a need to strike a balance between the needs of the entire population and the subgroups within it.

35. The respondents thought that some gaps in services have been filled on the estate, for example the provision of youth services such as Positive Futures, services for ethnic minorities such as Refugee Action and younger children's services including After School Clubs and Stay and Play Sessions, and Residents Groups. The list is not exhaustive, and only contains the services that the respondents identified during their interviews. There has been some re-orientation of major services to the estate such as Safer Neighbourhoods, although this was not as a direct result of the CAP's presence. Other services have not yet been re-oriented. One respondent noted that the CAP had resulted in withdrawal of statutory funding of a Summer Club which was specifically against the aims of the CAP. Future efforts to work with major organisations to re-orientate their services is needed, as is the encouragement of mainstream statutory funding to stay in place or be introduced – these are both key to sustainability.
36. Just over half of 'professional respondents' thought it was definitely or probably worth spending just over £250,000 of statutory money over 4 years on the CAP. In particular it was recognised that the pilot had attracted significant additional funding and had set up an infrastructure on which to build.
37. Sustainability of the CRE CAP was considered to be dependent on
- a. the backing of residents
  - b. an employee with the vision and concept
  - c. being championed by anyone from the Commissioning Group
  - d. firm links to mainstream services and the fostering of further links with un-engaged partners/providers
  - e. partners continuing to see CRE (or other area) as a priority
  - f. owned and supported by the Neighbourhood Committee and/or
  - g. some form of committee of partners or links to statutory organisations to offer support to the Community Group
  - h. a minimal amount of funding
  - i. a clear exit strategy.
38. If there was funding available, 60% of respondents thought it should be spent on retaining an employee, most probably a community development worker. If some activities could continue to be funded through the CAP, Children's and Youth activities, the Community Shop and Refugee Action were indicated by the greatest number of respondents.
39. The idea of CAP activities being continued by the Community Group was considered a good idea in principle by 85% of respondents, but two main reservations were cited by the majority of them: 1) that the group is not yet ready, requires training and ongoing support particularly to ensure a good understanding of the statutory organisations and of the range of services potentially available to the

estates and 2) that a planned exit strategy with a clear technical and financial plan needs to be put into place. The handover should probably be staged and concurrently the group needs to be given 'authority' –practically this could take the form of direct access to decision-makers in each organisation, or a system for raising issues or funding requests in each organisation via a relevant meeting/forum. It is also the view of many professionals answering the survey that the Community Group needs to attract additional membership.

40. The respondents felt that the CAP model should only be repeated in other parts of Kingston if the lessons from the CAP pilot are incorporated. It was suggested that the model could be developed over a wider base (there was disagreement among the respondents about this), services do not all need to be provided 'on-site', the change must be community-led, more partnership is needed between major players (perhaps through a joint commissioning process) and early agreement of objectives and identification of resources and methodology are essential. It may be relevant for some elements of the CAP to be repeated in other parts of Kingston, based on lessons learned and that different models will suit the needs/environment in different parts of the Borough.
41. Kingsnympton and Chessington received the most votes as appropriate areas for future community development work. However, in selecting areas for community development a number of factors should be considered including deprivation levels (See Appendix 1), Neighbourhood Committees views, local residents' views, the presence of a functioning and motivated Community Group or Residents Association, and all potential partners must consider the chosen locations as priority areas.
42. Some professional respondents suggested that future community development should learn by reviewing/visiting other models across the country and by considering Professor Steve Leach's report on neighbourhoods across Kingston.
43. Provision of community development directly by the statutory organisations in conjunction with community groups, and pooling of resources rather than identifying new funding, were also proposed.

This CAP has achieved some positive results in its short lifetime, given that we know community development work takes a long time to achieve its aims. Although there are lessons to be learned and challenges still to address on the Cambridge Road Estates, community development remains one of the most effective methodologies for working with disadvantaged populations.

# 1 Acknowledgements

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Finally, a special thank you to the residents of the Cambridge Road Estates, without whom an evaluation would be meaningless.

## 2 Introduction

### 2.1 Background to the CAP and aims

In May 2003, Kingston Community Leadership Forum Community Planning Conference proposed the establishment of a Health Action Zone (HAZ) in Kingston. The Health and Wellbeing Board supported this proposal and committed all partnership funding solely to this initiative. A local model was proposed based on identifying geographical 'hotspots' using deprivation data as well as other health and social indicators – A summary paper is contained in Appendix 1.

All hotspot areas were recognised as having the potential to benefit. However, a decision was made that the Health and Wellbeing Board would support the area with the highest scores for most aspects of deprivation, which was the Cambridge Road Estate. In response to pressure from residents this was extended to include Cambridge Gardens in late 2004.

Following a series of meetings in early 2004 between RBK, the PCT, the police and voluntary sector, the RBK Executive decided that RBK would also support the initiative and it was agreed to form a Community Action Partnership (CAP). The CAP was to be a pilot project to address health inequalities, and improve the health and well-being of a population.

The aims of the CAP agreed by the Health and Wellbeing Board<sup>1</sup> were:

- a) to promote the health and well-being of the local population using a community-based model
- b) to tackle health inequalities and modernise a range of services through local innovation
- c) to deliver measurable improvements in health, social, environmental and education outcomes

It was stated that these were to be achieved by

- a) building on well established joint working arrangements in Kingston
- b) empowering the local community so they are at the heart of all local developments and decisions
- c) increasing the effectiveness, efficiency and responsiveness of services
- d) developing partnerships for improving health and adding value through creating synergy between the work of different agencies

It was agreed that the CAP should be based on learning from CAPs across the UK, which included

- focusing on population need
- committing to true partnership i.e. breaking traditional boundaries
- evaluation

- promoting self-sufficiency among the population
- participation of local residents
- an infrastructure to include dedicated workers
- commitment of resources i.e. staff and funding
- ensure partners see this as a cultural/new way of working, not just as a funding pot
- mainstream the CAP as much as possible – ensuring a future for people/posts/projects/ ideas/ innovations, and clear linkages and networks with existing services.

Feedback from other CAP projects stressed the importance of investing time and resources in setting up a good infrastructure before embarking on the initiative.

## **2.2 Structure of CAP**

The CAP currently consists of 2 employed staff – one manager and one community development worker. The Community Development Worker post is funded by the PCT and seconded to the CAP from Housing. They are based in an office in Graveley block on the Cambridge Road Estates and work alongside various services to the CREs. The CAP Manager is line-managed by senior officers from RBK and KPCT. The CAP manager reports to the CAP Commissioning Group on a bi-monthly basis.

The Commissioning Group currently consists of approximately 25 people drawn from Royal Borough of Kingston (RBK), Kingston Primary Care Trust (KPCT), Councillors, local residents, voluntary organisations, the police and other organisations. The group meets every few months and receives reports from the CAP employees and project managers.

Membership of the current CAP team and Commissioning Group are shown in Appendix 9. Individual CAP projects are listed in Appendices 7 and 8.

The Community Group works alongside CAP and is gradually assuming responsibility for aspects of CAP work. The group has taken a long time to build, and the process of supporting and enabling them to continue this work into the future is ongoing.

The current structure varies from the structure proposed in 2004, and has evolved over time as previous structures have proved unfit for purpose. In the earlier years of the Partnership, there was no CAP Manager, and the Community Development Officer post worked with the Commissioning Group and Public Health at KPCT to support the establishment of the CAP and development of community-based initiatives (e.g. shopping bus, after-school club, homework club). However, this revealed a lack of local management and direction and the CAP Manager post was established and the current post-holder recruited to ensure suitable formalities and processes were in place.

Similarly, at the beginning of the CAP there was both a CAP Steering Group and a CAP Commissioning Group, but due to overlapping accountability and lack of capacity it was decided that a single group was likely to be more effective. The consequences of this merger are discussed later in this report.

The CAP was originally chaired by Robert Markless, who at the time was also a KPCT Non-executive Director and Chair of the Health and Wellbeing Board. In 2006, Cllr Rolson Davies (Executive member at RBK) took over as Chair of the CAP, as he had recently also assumed the Chairmanship of the Health and Wellbeing Board.

The CAP has been in operation since April 2004 and been funded by £259,429 of core money from RBK and KPCT (2004/5 £95,950, 2005/6 £78,478, 2006/7 £50,000, 2007/8 £35,000), together with £357,114 of attracted funding over the lifetime of the Partnership. The original funding had been for a three year period, but RBK agreed to fund the pilot for a further year because the Health and Wellbeing Board money had stopped, and it was recognised the projects of the CAP were still developing their full potential.

### **3 Evaluation Methods**

The evaluation plan was presented to the Commissioning Group and agreed in principle in July 2007. The evaluation has five main parts:

1. A review of delivery against the priorities set in 2004
2. A review of demographics, health and other indicators
3. A description of the management and daily activities of the CAP team
4. A residents survey
5. A professionals survey

#### ***3.1 Delivery against priorities***

CAP activity was compared to the priorities identified by the Health Needs Assessment 2004, and the CAP Task Groups 2004. This brief review was undertaken by combining the findings from interviews with professionals with a short review of some of the CAP documentation.

#### ***3.2 Demographics, Health and Other Indicators***

The demographics and health indicators used in the Health Needs Assessment 2004 have been repeated where possible, and recommendations for measures that can be used in the future have been made.

#### ***3.3 Description of the management and daily activities of the CAP team***

A brief review of the daily activities of the CAP team (Manager and Community Development Worker) was conducted by individual face-to-face interviews in September 2007 using a semi-structured questionnaire. Some aspects of the daily activities of the CAP were also captured as part of the Professional's Survey.

#### ***3.4 Survey of Residents***

A survey of residents of each of 984 households on Cambridge Road Estates and Cambridge Gardens (CREs) was undertaken by door-to-door interview and by postal questionnaire during 8 weeks in August and September 2007. Whilst it is believed that there may be over 1000 households on the estates, the decision was taken to include only the 984 addresses that are held by the CAP. Residents who responded were entered into a Prize Draw.

The questionnaire can be found in Appendix 2. Some of the questions used were based on questions asked in previous evaluations, some were suggested at a meeting between Charlotte Fitzgerald, Iona Lidington and Helen Raison in June 2007 and others were devised by the evaluation author. The themes of the questions were passed through the Commissioning Group in July 2007.

The addresses for door-to-door interviews were selected using stratified random sampling, utilising a web-based random number generator. Stratification ensured that at least 20% of addresses in each block/road were selected for door-knocking. The purpose of calling at the door was to increase the response rate.

This method of surveying each household was used in order to minimise response bias, although it is still limited because people who return questionnaires are different to those who do not, and people who were at home during the day when most of the face-to-face surveys were done are more likely to be elderly, unwell or young parents. This method varies from the resident survey conducted in 2004 as part of the Health Needs Assessment which focused on people attending the Fun Day (people more likely to be young or positive about the CAP), and also different from the 2006 evaluation (which sampled 40 households randomly).

Returned surveys were entered into Excel for analysis during October 2007.

Focus groups were not in the original evaluation proposal agreed by the CAP Commissioning Group. Subsequently some work was done to assess the feasibility of conducting groups within a short timeframe, but these did not take place for various reasons. There was a lack of capacity in the lead evaluator's time to conduct all these groups although two people did offer to assist if the focus groups could be organised in September. The work proposed with Refugee Action was to be facilitated by the RBK Community Development Worker for Ethnic Minorities overseen by the RBK Access Officer, however they were unable to progress this in the time frame. We were advised that it was not possible to run focus groups with Age Concern because the Lunch Club was not currently running and the After School Children's Clubs were not running during the Summer when the main evaluation was taking place. This was reported back to the Commissioning Group. Fortuitously, there was a higher than expected response from some of these often 'hard to reach' groups in the Residents Survey and so the requirement for focus groups was lessened by this.

### **3.5 Survey of Commissioning Group and partners**

A survey of professionals from the Commissioning Group and other service providers was undertaken in September 2007.

The questionnaire can be found in Appendix 3. Some professionals were interviewed face-to-face, some over the telephone and some were asked to answer the same questions via email. The themes of the questions were passed through the Commissioning Group in July 2007.

The two CAP employees were included in this survey, and were asked some additional questions. Lack of capacity meant it was not possible to include a wider range of people in the survey.

Returned surveys were entered into Excel as text strings, grouped into themes and converted into Word for analysis during October 2007.

## 4 Findings

### **4.1 Assessment of delivery against objectives and priorities identified in the Health Needs Assessment and by the Task Groups in 2004**

The original CAP objectives aims, and how they were to be achieved, as set out by the Health and Well-being Board<sup>2</sup>, were a sound starting point. The CAP has been actively pursuing these through good event organisation, reactive problem-solving, with some partnership activity and empowerment of the local community via the community group. There has been less progress in increasing effectiveness, efficiency and responsiveness of services, partly due to a loss of effort in trying to enable these changes, and partly due to the variable response from the services themselves.

The main initiatives introduced by CAP are shown in the Monitoring Reports included in Appendix 7.

#### **Priorities from the Health Needs Assessment**

In December 2004 a Health Needs Assessment, which comprised a community profile combined with a participatory needs assessment of expressed need, reported on the needs as identified by residents (Box 1) and by providers of services to the estate (Box 2).

#### **The CRE Health Needs Assessment 2004 identified the following resident priorities**

Activities for older children and teenagers  
Children's play area  
Maintenance and cleaning of public places  
Closer policing to improve safety  
Better access to fresh food  
Dealing with drug problems  
Curbing noise  
Improving community spirit  
Dealing with drink problems  
Facilities for older people  
Stop Smoking  
Other e.g. benches, information for tenants, facilities for ladies e.g. gym, dog fouling, restaurant, health walk-in centre, more day trips including adults only ones, improve the perception of the estate by the media, decorate Piper Hall

Box 1. Needs identified by resident in 2004, in order of priority.  
Source, Tessa Lindfield, CRE Health Needs Assessment, KPCT, 2004

Of the residents' priorities listed in Box 1, the CAP has delivered well on activities for older children and teenagers (for example Positive Future's), children's play area, improving community spirit (for example through the Fun Day), Stop Smoking and some 'Other' (such as day trips). The CAP and its partners have only partially delivered on other residents' priorities, for example 'better access to fresh food'. In the early days there was an initiative set up around food, which was to be overseen by the PCT, but it did not get implemented. This was partly due to the financial situation of the PCT and the subsequent limited capacity of the workforce.

Reporting on individual projects that were initiated in response to these priorities is contained in the Monitoring Reports produced by the CAP Manager, and are shown in Appendix 7.

Feedback from the Resident Survey 2007 (see later section) tells us that residents still consider policing, drugs, noise, drink and to some extent maintenance, to be priorities. The needs as identified by residents could be considered as more important than needs identified by service providers and other professionals.

**The CRE Health Needs Assessment 2004 identified the following priorities according to providers of services to CREs**

- Better policing
- Reduce drug use
- More CCTV (after resident consultation)
- Improved lighting
- Remove graffiti and other mess
- Children's activities
- Improve buildings
- After school clubs
- Community Centre
- Improve safety and equipment in buildings
- English classes for foreign language speakers
- Community gardens
- Provide IT resources
- Advice on finance, debt etc
- Health promotion including Stop Smoking, teenage pregnancy
- Older people's social club
- Vaccination drop in centre for children
- Transport to Alpha Rd Children's centre
- Support for breastfeeding mothers

Box 2. Needs identified by providers of services to CRE in 2004.  
Source, Tessa Lindfield, CRE Health Needs Assessment, KPCT, 2004

As with the residents priorities many, but not all, of these proposals by service providers have been introduced onto the estates by the CAP over the last 3 years. It is understood that in the early years of the CAP there were certain issues, such as lighting, that were considered outside the remit of the CAP, and so action was not initially taken to address these.

### **Priorities from the Task Groups**

In September 2004, a number of Task Groups were set up to look at priority projects for the CAP<sup>3 4 5 6</sup>. Some of the Task Groups took place prior to the publication of the Health Needs Assessment<sup>7</sup>. Many of the proposals, shown in Boxes 3, 4, 5, and 6, overlap with the Health Needs Assessment.

#### **The Access Task Group proposed**

- a) A one-stop shop with information on GPs, pharmacies, libraries, travel, out-of-school activities, benefit entitlement, mother and toddler groups, activities for older people, volunteering opportunities. Surgeries and drop-ins paid for by CAP money were also proposed such as Citizens Advice Bureau, Age Concern, Health Visitor, Early Years, Kaleidoscope, adult and life-long learning, housing advice services
- b) Addressing language barriers by asking housing to ask people how they would like to receive information, better use of graphics, working with community groups to find out local need, staff should use Kingston Interpreting Service.
- c) Maps of the estate, plus a listing of local services such as post offices
- d) Walking buses
- e) Security/lighting
- f) Local groups for education

Box 3

#### **The Health Task Group, using the Health Needs Assessment, proposed:**

- a) A Youth Group in Piper Hall – for social, sports and artistic activities, and an opportunity to give health promotion
- b) Co-ordinated carer and toddler group provision encompassing Little Hawks and Pied Piper groups
- c) Renovation of Piper Hall
- d) Growbaby was supported in principle

It was also noted that cleaning and maintenance, policing at night and drugs and needles were priorities and would be circulated to the relevant task groups

Box 4

#### **The Environment Task Group proposed**

- a) Community gardens project at Kingston Road allotments
- b) Cycle storage
- c) Improved bus services

Box 5

#### **The Safer Neighbourhood Task Group proposed**

- a) Action on litter and fly-tipping, to include problems with graffiti, dog

- fouling, fire setting and bad lighting
- b) Action to tackle youth disorder, particularly at night, including a youth shelter, CCTV and good lighting
- c) Action to tackle underage drinking including Trading Standards and Police Patrol visits to off licences

Box 6

**The Education, Leisure and Life-long Learning Task Group** papers were not available. A personal communication\* indicated this task group mapped services already on the estate and recommended

- a) More targeted youth services
- b) Better use of youth outreach work
- c) Facilitation to enable young people to access local youth services
- d) Promoting access to adult learning opportunities

\* Charlotte Fitzgerald October 2007

Box 6a

The CAP has delivered on many of the ideas generated by the Task Groups. Some of the proposals of the Environmental Task Group did not come to fruition, although it is understood this is partly due to the physical state of the allotments.

Reporting on individual projects that were initiated in response to these priorities is contained in the Monitoring Reports produced by the CAP Manager, and are shown in Appendix 7.

There are some areas identified by the tasks groups e.g. tackling youth disorder which are still identified as issues by residents today (See Resident Survey section). These remain as issues despite youth initiatives such as 'Positive Futures' being introduced in the last 3 years. Part of the problem may be that youths not resident on the estate are coming to the estate at night.

### **Priorities from the 2005 CAP Prioritisation Process**

In 2005 the priorities of the CAP were reviewed, as set out in the box below. This information was available to the evaluation at such a late stage that it has not been possible to use it in this evaluation. Nevertheless, this was an important step in the development of the CAP and is included here for completeness.

#### **2005 CAP Prioritisation Process**

In Summer 2005, a review to look at the CAP process and allocation of funds was completed. This took account of ongoing resident feedback and included a mapping exercise. Residents priorities were mapped against current CAP activity, and was consulted upon. Two new work streams emerged:

- a) A work plan for CAP team to explore with agencies the potential for re-orientating services to meet residents needs
- b) A transparent process for funding new projects that meet residents needs.

The six major themes (which formed part of the monitoring process from 05) were

- Carers
- BME Residents
- Older People
- Positive Parenting
- Family Health and Lifestyle
- Environmental Enhancement

In summary, while CAP has delivered well on some priorities, they have not yet been able to deliver across the board. These outstanding areas, and in particular those that are still identified as issues in the Residents Survey 2007, should be the focus of renewed energies if a community development approach is to be continued on the Estates.

## 4.2 Demographics, Health and Other Indicators

The health and demographic data that was analysed in the 2004 CRE Health Needs Assessment<sup>8</sup> was repeated for this evaluation. An outline of the sources used is shown in Table 3.

The majority of demographic data describing the population of the Cambridge Road Estates is based on the Census – the last of which was in 2001. As no other good quality demographic data is available between censuses, it is not possible to comment on the changes to the entire population of the CRE in the last few years. Anecdotally, the population is considered to be fairly mobile, primarily because of the numbers of people moving into and out of social housing.

Any data available from Housing has not been included here because no housing measures were used in the 2004 needs assessment. However, housing data may be useful for future project monitoring.

The data that describes the health of the estate population comes from a wide variety of sources, much of which is also easily available (See Table 3). The health indicator measures that have been repeated are described below.

### a) Health – self assessed status

In the Resident Survey (2007) three quarters of respondents reported that their health in the last year had been 'good' (37.6%) or fairly good' (36.4%), whilst about a quarter (26%) reported that their health was 'not good', as shown in Table 1. These findings must be interpreted with caution as outlined below.

Health status	2007 CRE and Cambridge Gardens		2001 CRE		2001 Cambridge Gardens	
	Number	%	Number	%	Number	%
<b>Good</b>	65	37.6%	1182	48.3%	409	57.2%
<b>Fairly good</b>	63	36.4%	465	19.2%	153	25.2%
<b>Not good</b>	45	26%	221	9.1%	50	8.2%
<b>Total</b>	173	100%	1868	100%	612	100%

Table 1. Number and percentage of residents reporting level of 'health in the last 12 months', from the 2007 CAP Residents Survey, and from the 2001 Census. Note for the reasons described in the text these numbers should not be directly compared.

This question is identical to the one used in the 2001 Census, in which 9.1% of CRE estates residents and 8.2% of Cambridge Gardens residents reported 'not good' health (Census data analysed by Sundus Hashim, Public Health, Kingston PCT). However, because completing the census was a legal requirement the response rate would have been very high, unlike the response rate to the Residents' survey, and this makes direct comparisons

between the census and our survey unhelpful. In addition our survey has higher numbers of elderly and lower numbers of young people so we would expect the number reporting poor health to be higher. In the future comparison between the 2001 and 2011 census results will be useful.

We do not expect the health of the Cambridge Road Estates population to have altered significantly since the 2001 census. What the survey results do indicate is that this survey was completed by a population of residents who are in poorer health than the average for the Cambridge Road Estates.

## b) Cause of Death

Analysis of the causes of death on the CREs in 1996-2003 revealed a picture largely similar to Kingston and the rest of the country. Between 2001 and 2006 the most common causes of death have not changed from the earlier analysis, with heart disease and cancer being the most common causes of deaths on the CREs. See Table 2.

It should be noted that the numbers of deaths cannot not be compared as the time periods in the table are of different lengths. Also, it has not been possible to confirm which ICD10 codes<sup>3</sup> were used in the analysis of the 1996-2003 deaths, making comparisons less valid. It also seems unlikely that there were no deaths from stroke in the second time period, but the reason for zero recorded is not known.

This tells us that the causes of death on CRE remain largely similar to causes of death in other parts of Kingston. We certainly cannot attribute any changes over time to the activities of the CAP.

Cause	1996 to 2003		2001 to 2006		ICD10 codes used for 2001-2006
	Number of CRE deaths	% of total CRE deaths	Number of CRE deaths	% of total CRE deaths	
Cancer	35	18	30	22	All C
Heart disease	55	29	33	24	I21-I50
Other	45	24	53	39	
Pneumonia	20	11	8	6	J10-J18
Stroke	16	10	0	0	I60-I64
Drugs and alcohol	13	7	5	4	F11-F19 (Alcohol F10,K70, T51, X45)
Chronic obstructive airways disease	7	4	7	5	
<b>TOTAL</b>	<b>191</b>	<b>103*</b>	<b>136</b>	<b>100</b>	

Table 2. Cause of death in people resident on Cambridge Road Estates – comparison of period 1996-2003 (Source 2004 Health Needs Assessment, Public Health Mortality files) with period 2001-2006 (Source Sundus Hashim, Information Analyst, KPCT, Public Health Mortality files). No confidence intervals are given. \* does not add to 100% due to rounding

<sup>3</sup> ICD10 stands for International Classification of Diseases Version 10. It is an internationally recognised system for coding causes of illness and in the UK is used to code the cause of death as recorded on death certificates.

### **c) Social services data on issues facing adult clients**

44 adults living on the Cambridge Road Estates received community-based services during 2006/2007. This is 3.4% of all people across Kingston in receipt of community services. As the total population of CREs only represents 1.3% of the Kingston population, this shows that CRE residents are relatively high users of community-based services (using 2.6 times more community-based services than the Kingston average).

Of the 44 people on the estate, the largest proportion is receiving services for mental health problems, followed by services for physical disability, frailty and sensory impairment, followed by substance misuse. Substance misuse services were proportionally more common on CRE compared to Kingston in 2004, and it is believed that is still the case in 2006/07.

This demonstrates that there are still a large proportion of vulnerable people living on the CREs compared to the Kingston population, which is not unexpected.

### **Other health indicator measures and recommendations for future evaluations**

The other health indicators calculated in the CRE Health Needs Assessment 2004 have not been reproduced here for a variety of reasons – See Table 3.

It is recommended that for future evaluations, the measures be set out clearly at the beginning of the project. In particular measures of general health and mortality can only be expected to change over long periods of time (at least 10 years) and so are of limited value in the evaluation of projects over short time-spans.

It is also recommended that each sub-project within a community development project should have specific measures against which it is monitored. For example if a breast-feeding initiative is put in place, then the proportion of women breastfeeding prior to the initiative starting can be compared to the number breastfeeding once the initiative is in place. Similarly, if an initiative to increase the number of people screened for cancer is undertaken, then screening rates before and after the initiative can be measured. These types of measures can be useful over shorter time periods for example 6 months, 1 year, 2 years or 3 years. They must be agreed at the beginning of a project so that base line measures can be taken – this is because it is often difficult to go back retrospectively to find data. It is noted that measures for subprojects were agreed jointly with the delivering agencies, but these do not appear to have been completed and reported back in detail as part of the evaluation process.

### **Social and other indicators**

It is recommended that a set of social indicators is agreed prior to a community development initiative getting underway. These could include housing indicators and measures of crime. Again, baseline measures will

need to be taken (or a national or local source of the data identified), so that the same measures can be taken at a later date. As with health indicators, sub-projects should have specific measures against which they are monitored. For example if the aim of a sub-project was to reduce the rate of burglary, a joint initiative between Community Development workers, Neighbourhood Watch and the Police might provide education to all residents on home security and alterations to window locks etc. It would then be valid to measure the rate of burglary before and after the initiative.

<b>Indicator</b>	<b>2004 Source data</b>	<b>2007 Source data</b>	<b>Comment</b>
Demographics			
Population age structure	2001 census and 2004 survey	2001 census and 2007 survey	Comparison of respondents to survey possible (see 'Findings of Residents Survey'), but no comparison of total population can be done.
Population ethnicity	2001 census and 2004 survey	2001 census and 2007 survey	Comparison of respondents to survey possible (see 'Findings of Residents Survey'), but no comparison of total population can be done.
Language	2004 Stock transfer ballot	?	No new data for 07
Religion	2001 census	2001 census	No new data for 07
Employment	2001 census	2001 census	No new data for 07
Qualifications	2001 census	2001 census	No new data for 07
Car ownership	2001 census	2001 census	No new data for 07
Health			
Long term limiting illness	2001 census	2001 census	No new data for 07
Health 'not good'	2001 census	2007 Resident Questionnaire	Comparison possible. Note limited by difference in data collection between '01 census and '07 survey.
Death rate	Standardised mortality rates for Norbiton covering 5 years 1998-2003 (KPCT)	Standardised mortality rates for Norbiton covering 10 years 1996-2005 (KPCT)	Rates currently available are for a 10-year time period that includes the 5 years available in 2004, these are not directly comparable. The KPCT Health Information Analyst recommends in the future directly standardised rates are calculated (or SMRs) each year using our own population base
Cause of death	KPCT Public Health Mortality files 2004 for CRE postcodes	KPCT Public Health Mortality files 2007 for CRE postcodes	Comparison possible. Please see text.
Hospital admissions	KPCT Hospital (Clearnet) data	KPCT SUS data – not available until	Data not available in time for evaluation report. Request is with KPCT Information Team

		December 2007	
Primary Care data	Not available	Not available	This would be useful data for future evaluations. It is recommended that efforts are made to obtain data once KPCT information system is up and running
Social services data on issues facing adult clients	2003 RBK SWIFT data	2006/7 RBK SWIFT data (Helen Wilkinson – Adult Info team)	Comparison possible. Please see text.
Social services data on issues facing child clients (abuse/neglect)	2003 RBK SWIFT data	2006/7 RBK SWIFT data	Data not available in time for evaluation report. Request is with RBK Child Information Team. Delays due to poor reliability of new database
Crime and Civility data	Report on Crime and Incivility, by Kingston University 2004	No report repeated, but similar data may be held as part of Crime Survey	Data not available in time for evaluation report. Recommended this is collected for future baselines

Table 3. Sources of data for demographic and health indicators – comparison of data available for the 2004 Health Needs Assessment and the 2007 Evaluation Report.

In summary, the indicators that have been re-measured in this evaluation cannot tell us whether the health of the CRE residents has changed over the three years of the CAP. This is because a community development initiative would not be expected to have an impact of major health indicators over a time period of only three years.

It may be possible to see changes in health and social measures that are linked to defined projects within a community development project, but baseline measurements would be required at the beginning of a project, and this was not done for the CRE CAP.

Qualitative measures, such as residents opinions, rather than quantitative measures analysed here are more valuable in community development evaluation.

### **4.3 Description of the management and daily activities of the CAP team**

#### **Resident Contact and Involvement**

Approximately 3 residents per week contact the CAP team, and this is often when the staff are walking around the estate. Most questions raised are about events, but some contact is about the structure of the buildings, or more recently from residents wanting to get involved in events. In general the CAP team are either able to answer queries themselves, or to signpost on to the relevant service/person.

The CAP team describe themselves as 'constantly involving residents in the shaping of events', often via the Community Group. They are aware that many residents still do not know what the CAP is, but find that those who do are generally positive about the CAP.

#### **Partnership working**

The CAP team report working particularly well with:

- Local Councillors
- Housing/Estates
- Other RBK departments (especially Strategy and Performance, Walking for Health, Early Years, Education, Social Services, Trading Standards)
- Police-Safer neighbourhoods
- Community Group
- Voluntary Sector especially Age Concern, Refugee Action and Kingston Carer Network. Would like to work more with KVA.
- Council Contractors

They report working 'to some extent' with:

- Kingston PCT (Stop Smoking and Screening input good, Public Health input variable and Finance input poor)
- Hawks Road Clinic (recently)
- Local Schools (Kings Athelstan in the past and The Mount recently)

They report not really working with:

- Police – response teams
- Transport
- Environmental Services
- Local shops
- Businesses
- Faith groups

Both the Manager and Community Development Workers are clear about their roles.

## Finances and Support in Kind

The CAP Manager provided details of core CAP funding and of additional funding that has been attracted to the Cambridge Road Estates through the CAP. See Table A below and Appendix 8 for details. It should be noted that the Wireless Project serves Norbiton ward, not just the Cambridge Road Estates. Substantial funding has come onto the estate through the efforts of the CAP team.

Year	Core CAP funds	Attracted funds amount	Attracted funds description	Value of gifts in kind	Total income
2004/05	£95,950.00	£13,000.00	Pied Piper Club start up funding (Source: Surestart Funds)		£108,950.00
2005/06	£78,478.92	£70,000.00	£50,000 Positive Futures (Source: Home Office) £20,000 Out of Hours funding for Hawks Rd Play area (Source NHS Out of Hours Budget)		£148,478.92
2006/07	£50,000.00	£174,506.00	£50,000 Positive Futures (Source: Home Office), £96,000 Wireless project (Source: Learning Skills Council) £5288 neighbourhood rant/donations/ sponsorship (See Appendix 8) £4218 Welcare Project (KVA small grants), £19,000 CASC Holiday Scheme start-up funding (Source: Surestart)	£1550.00*	£226,056.00
2007/08	£35,000.00	£99,608.00	Stay and Play £3458 (Source: Extended Schools Funding), £21,700 raised by RAK, Positive Futures £50,000 (Source: Home Office), £22,000 Success in retail project (Source: learning Skills Council) £2450 Funday and Other Sponsorship (See Appendix 8)	£720.00*	£135,328.00
Total 2004 to 2008	£259,428.92	£357,114		£2,270*	£618,812.92

Table A. Summary of CAP incoming funding 2004 to 2008  
(Source Mary Graham, CAP Manager)

\* tangible gifts e.g. gazebo. Gifts in terms of people's time have not been included in this table.

Support in kind, in terms of tangible gifts such as gazebos and less tangible gifts such as peoples time, have been supplied by Council Contractors, Businesses, Housing Services, Voluntary Sector Organisations, the Halls Manager, residents, members of the Commissioning Group and wider partners. See Appendix 8.

In the early years of the CAP, funding decisions were discussed by a project team consisting of a variety of people including a Community Development Worker, the Estate Manager and other people 'on the ground'. As the statutory funding has diminished this mechanism is no longer in place. More recently, budgetary decisions have been made by the Commissioning Group based on recommendations from the CAP manager. Spending within budget heads is usually discussed between the CAP manager and the line managers from RBK and KPCT. The budgetary decision-making process will need reviewing at the same time as the structure of any future CAP is re-arranged.

### **Responsibilities, project management and documentation**

The CAP Manager monitors individual projects, usually by informal visits and meeting with the project leaders to prepare a 6-monthly written report. The CAP manager keeps a large amount of paper and electronic records. She has regular monitoring meetings with line managers at RBK and KPCT and reports to the Commissioning Group.

The Community Development Worker (CDW) has responsibility for activities such as the Fun Day and Newsletter. She ensures the right people are involved in each activity and holds regular planning and action-setting meetings. The CDW keeps minutes of all meetings she organises, and retains documentation electronically (and selectively) where possible. She reports on an ongoing 1:1 basis to the CAP Manager.

This evaluation has not analysed CAP documentation in detail, but it was noted that large amounts are kept on file in the CAP office and also some documents are retained at RBK and KPCT. Of the documentation reviewed from all three sites much was not dated, authors were not given, and statements/sources were not referenced. This was particularly a problem when attempting to follow paper trails from the early years of the project. It is recommended that dates, authors, sources and references are included more consistently in the future.

### **Communications and PR**

The CAP team reported that the three main communications and public relations strategies were:

- 1) To 'get the CAP and Community Group logos on everything'. This was partly in response to an earlier evaluation finding<sup>9</sup> that many residents

- did not recognise the logo. This has been successful as many residents now recognise the logo (See Resident Survey results)
- 2) To use multiple media outlets such as posters, leaflets, website, newsletter, speaking to people, the RBK press office, local newspapers (where possible) and Radio Jackie.
  - 3) Aim to get as much positive press coverage as possible.

### **Learning from other community development projects**

The CAP manager had visited a community development project on the outskirts of Croydon. She had been impressed by some of the initiatives such as a weekly fruit and veg sale in the local hall, and a Cook and Eat Club. Interestingly 'fresh food initiatives' were identified in the Health Needs Assessment in 2004, were acted upon by the CAP, but not delivered by Kingston PCT.

The Community Development Worker has not had the opportunity to visit other community development projects. It is likely that this person, and the CAP as a whole, would benefit greatly from seeing the work of similar projects across London.

Other sources of information such as publications and conferences have been used to inform thinking.

### **Office location**

Whilst the CAP team considered the location of the office on the Cambridge Road Estates as successful, one of the team particularly commented that few residents knew they were there, and that the office did not look welcoming. It is noted that there was significant difficulty finding an onsite office at all, and accessibility and visibility were not deciding factors when there were no other options on offer. Other community development projects in the UK have found that off-site offices are not very successful<sup>10</sup> as workers are considered 'outsiders', and this should be taken into account when deciding the future of the CAP. Phase 2 and 3 of the estate development may be an opportunity to look at the provision of a new office site.

It is noted that a commitment has already been given from Housing Services to re-provide a Community Shop area in the future development of the Ely Court/Piper Hall/Tadlow area if the concept proves a success.

### **Evaluation**

Whilst neither of the CAP team members had considered how the project would be evaluated in detail, one of them believes they were asked about it at interview, and both were involved with the design and execution of an interim evaluation. These staff would benefit from becoming more familiar with evaluation methods.

## 4.4 Survey of Residents

174 residents representing 174 households of the 984 addresses on the estates completed the questionnaire. This is a response rate of 18%. Of these 51% were interviewed and the other 49% responded to the postal questionnaire.

### Demographics of respondents

Seven respondents did not complete the demographic data questions.

Of the 167 who replied, 38% were male, and 62% female.

The highest proportion of respondents were in the age range 35-64 years, and the breakdown by age group is shown in Table 4. Only a small number of respondents were under 18 years. If further understanding of the needs of the under-18s is required consulting them via focus groups may be an appropriate method.

Age group	Number	Percentage of total
Under 18 years	5	3%
18 to 34 years	42	25%
35 to 64 years	72	43%
65 years or over	48	29%
Total	167	100%

Table 4: Age group of respondents

69% of respondents were White (UK, Irish or White other) while the remaining 31% were from other ethnic groups. See Table 5 below. This makes the survey representative of the majority, if not all, of the ethnic groups on the estate. The 6 people who classified themselves as 'Any Other Group' were Egyptian, Iraqi, Latin American, Lebanese, Middle Eastern and Turkish.

Ethnic origin	Number	Percentage
White UK	96	57.8%
White Irish	5	3.0%
White Other	13	7.8%
Mixed White/Black African	2	1.2%
Mixed White/Black Caribbean	0	0%
Mixed White/Asian	0	0%
Mixed Other	1	0.6%
Black African	6	3.6%
Black Caribbean	3	1.8%
Black Other	1	0.6%
Asian Indian	6	3.6%
Asian Pakistani	7	4.2%
Asian Bangladeshi	0	0%
Asian Tamil	4	2.4%
Asian Other	14	8.4%

Chinese	2	1.2%
Korean	0	0%
Any Other group	6	3.6%
TOTAL completing this question	166	100.0%

Table 5. Ethnicity of respondents

The majority of respondents (77%) had lived on the Cambridge Road Estates and Cambridge Gardens for more than 3 years. 14.4% have lived on the estate for 1-3 years and 8.6% for less than a year. See Table 6.

Years lived on estate	Number	Percentage of respondents
Less than 1 year	15	8.6%
1 to 3 years	25	14.4%
More than 3 years	134	77%
	174	100%

Table 6. Number of years lived on the estate

The greatest number of responses came from residents of Cambridge Gardens, but this is also the area with most households. The total number of responses from each block is shown in Table 7. 27 blocks on the Cambridge Road Estates are represented.

Block or Road Name	Number of households responding
Cambridge Gardens	31
Childerley	14
Graveley	13
Brinkley	11
Duxford	10
Oakington	8
Aycliffe	7
Fulborn	7
Madingley	7
Willingham Way	6
Cambridge Grove Rd	6
Comberton	5
Harston	5
Fordham	5
Shelford	5
Burwell	4
Tadlow	4
Grantchester	4
Westwick	4
Burritt Rd	3
Chippenham	3
Conington	3
Croxton	3
Caldecote	2
Chesterton	2
Impington	2
Franklin	1
Foxton	1

Table 7. Number of responses from each block/road

There was a great variation in the proportion of households who responded between the different blocks and roads on the estates. Figure 1 shows that 50% or more of residents living in Duxford, Burritt Road and Aycliffe responded, whereas less than 10% of households from Cambridge Grove Road, Impington and Foxton responded.

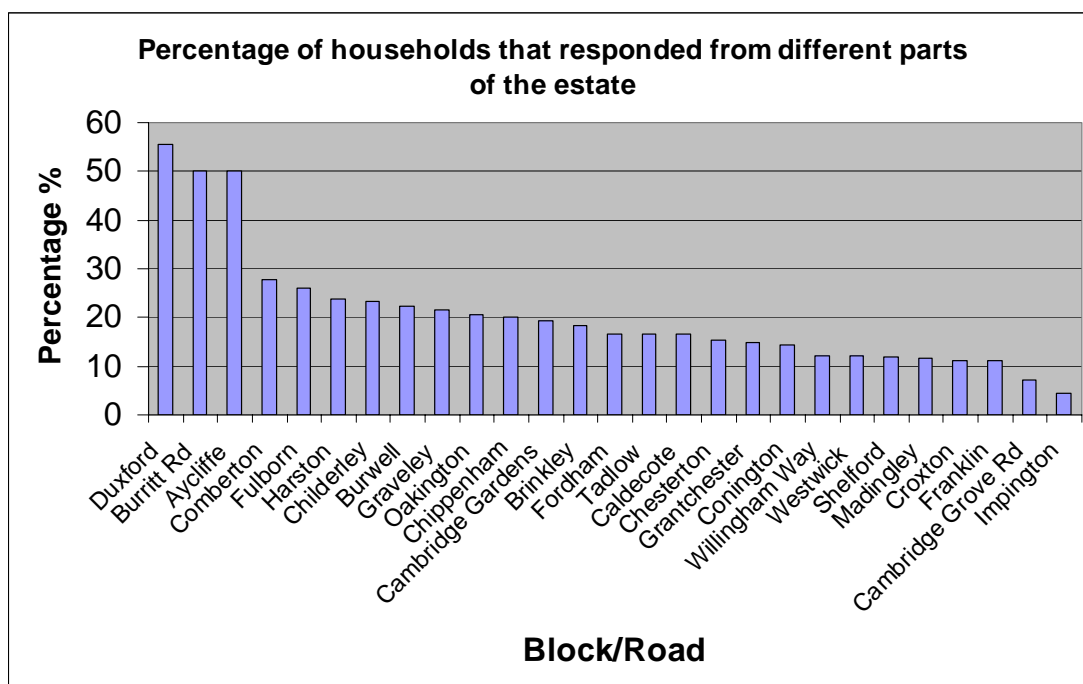


Figure 1

There is not obvious reason for the variation in response rates, although as interviews on the doorstep were shown to increase response rate, it may be that more residents were at home during the day in some of the blocks. It was difficult to recruit enough people with the capacity to do interviews for this survey, and this may also have had an impact on the number of interviews that took place.

### How does this group vary from residents who have responded to previous surveys?

In 2004 a survey was conducted at the Fun Day. Compared to the 2007 survey, the 2004 questionnaire surveyed a smaller number of people (108 responses), from less blocks on the estate (21 blocks). The 2004 survey interviewed a higher proportion of young people (29% age 19 or under), but less older people (17% aged 60 years or over), which reflects the age range of the people who attend Fun Days. The ethnic minority representation was not dissimilar between the two surveys with 26% non-white respondents in 2004 compared to 31% non-white respondents in this survey.

In 2006 an interim evaluation was carried out which included a survey of residents, but the exact demographics of that population were not published. 63% of those surveyed in 2006 had lived on the estate for one year or more, compared to 91.4% of respondents to the 2007 survey.

The residents surveyed from year to year are not the same and this should be taken into account when comparing answers give by these different groups. However, the strength of the 2007 survey is that many respondents have lived on the estate for at least 3 years, the period over which the effectiveness of the CAP is being evaluated.

### **Residents' views on whether the community they live in is good**

Just over half of the respondents, 52.3%, thought the CRE is a good community to live in, while 36.8% did not. See Table 8.

A smaller proportion thought there had been an improvement in the community over the last 3 years, with 25% of respondents answering that it had improved, 48% answering that it had not improved, and 27% didn't know. These questions did not ask if the community had got worse (Table 8).

<b>Is this a good community to live in?</b>	<b>Number</b>	<b>Percentage</b>
Yes	91	52%
No	64	37%
Don't know	19	11%
Total	174	100%
<b>Has the community improved in the last 3 years?</b>		
Yes	43	25%
No	83	48%
Don't know	47	27%
Total	173	100%

Table 8. Views of residents on whether the community is a good one to live in and whether it has improved over the last three years.

The reasons given for the community being considered good are included in full in Appendix 4, and some examples of comments are shown in Box 7. The majority of people (48 comments) cited good neighbours and friendliness as the reason that it was a good community. A few people listed the location and peacefulness as positive reasons.

*All our neighbours look out for each other*

*I have some nice neighbours even if sometimes I do not feel safe*

*Friendly people*

Box 7 Comments on why it is a good community to live in

The reasons for the community not being good were overwhelmingly antisocial behaviour mainly from youths and gangs, sometimes in combination with drink and drugs, particularly at night. See Box 8. A few other reasons were given by a small number of people including car parking, dog mess and rubbish. A surprisingly small number listed estate repairs, but this is probably because the questions specifically asked about the community and not the estate. All the comments are given in full in Appendix 4.

*A good community should have respect for the premises, not be bullied by delinquents and shouldn't be scared to come out*

*Because we get gangs of youths up and down the stairs at night drinking and making noise and mess*

*Drugs, kids running riot, urinating in stairwells. Getting worse. Community police need to do more.*

Box 8 Comments on why it is not a good community to live in

These responses reflect exactly the problems that were identified in the 2006 survey i.e. teenagers, alcohol, drugs and noise. They are not dissimilar to issues raised in the 2004 survey, although in 2004 opportunities for younger children and maintenance and cleaning were also ranked highly as issues that needed to be addressed.

Compared to previous surveys there has been no change in the numbers of people who think the CRE is a good community, but an increase in the percentage of people who do not think it is a good community to live in. It is difficult to know if there really has been a change in experience of the community in the last year because a much smaller number of people were interviewed in 2006.

This survey did not ask about the quality of the housing, but a Tenant Survey in 2006 identified that the two services rated as requiring the most improvement were 1) repairs and maintenance and 2) overall quality of the home<sup>11</sup>. These are issues that are generally outside the remit of CAP, and for that reason were omitted from the surveys in this evaluation.

In general it appears that over the lifetime of the CAP the residents as a whole have had different experiences of the community and whilst just over half think it is a good community to live in, any improvement in this time has only been noticed by 25% of them, with many more thinking the community has not improved. However the responses do suggest that some aspects of what makes a community good may have improved – in particular there are less comments made about lack of activities for children which may reflect in part on the success of some of the activities started by the CAP. These findings also suggest that action to tackle antisocial behaviour and feelings of safety in the community may do more to improve the community than any other action.

## Residents' Social Capital

Social capital has been measured in this survey by asking how residents' level of trust in their neighbours has changed in the last 3 years.

Level of trust in neighbours	Number	Percentage
Trust them more	30	17%
Trust them less	27	16%
No change	96	56%
Don't know	20	12%

Table 9 Residents social capital as measured by level of trust in neighbours.  
Percentages do not total to 100, due to rounding

Table 9 shows that for the community as a whole, level of trust in neighbours has increased very slightly – whilst 55.5% of people reported their trust had not changed, 17.3% said their level of trust had increased while 15.6% said their level of trust was less.

## Residents' ability to influence decisions about their area

Only 28.5% of people felt they could influence decisions that affect their area. This result is lower than the findings of the 2006 survey (where 38% felt they could influence decisions). The ability of residents to influence decisions is a Quality of Life Indicator that is often used in residents surveys. As a measure it is often criticised for being too vague, and anecdotally there is evidence that the percentage of people agreeing that they can influence decisions that affect their area is dropping in many parts of the country. Even taking account of these reservations, we believed this is evidence that more needs to be done to engage residents in decision-making processes.

## Health of residents

This was covered in the Health Indicator Section of this report.

## Residents' views of the Community Action Partnership

Nearly two thirds (63%) of the respondents had heard of the CAP, and a slightly higher percentage (65%) recognised the CAP logo, as shown in Table 10. This is an increased awareness compared to the survey in 2006 where only 49% recognised the logo, and indicates that the CAP has made progress in improving awareness of the project. This is also a better 'awareness rating' than is often found in community development projects.

	Have hear of the CAP		Recognise the CAP logo	
	Number	Percentage	Number	Percentage
Yes	110	63%	113	65%
No	59	34%	53	31%
Don't know	5	3%	7	4%
Total	174		173	

Table 10. Residents who have heard of the CAP and who recognise the CAP logo

Although half of people (52%) did not know that the main aim of the CAP was to improve quality of life on the Cambridge Road Estates, 39% of respondents did know this was its aim (See Table 11).

	Know the aim of the CAP (to improve QOL, health and wellbeing)		Think CAP has successfully achieved its aim	
	Number	Percentage	Number	Percentage
Yes	68	39%	29	17%
No	90	52%	38	22%
Don't know	16	9%	107	62%
Total	174		174	

Table 11. Residents who know what the aim of the CAP is and who think the CAP has been successful in achieving its aim

Residents found it more difficult to answer whether they thought the CAP had been successful in achieving its aim, with 62% reporting that they 'didn't know' if CAP had been successful. Of those that did have an opinion, 17% thought it had been successful, and this is the same proportion of people who thought CAP was having a positive impact in the 2006 survey. In 2007, 22% thought that CAP had not been successful in achieving its aim. This finding supports the recommendation made in the 2006 report that the CAP needs to work together to share the positive differences it has made and to continue to address residents identified priorities.

Twenty three people gave reasons why they thought the CAP had been successful, and the full responses are shown in Appendix 4. Of these, the majority cited events and activities put on by the CAP as the reason for success. See Box 9 for some examples of comments.

<i>By putting on several diverse events to include all aspects of the community</i>
<i>Piper Hall and activities</i>
<i>I have actually accessed assistance from CAP and have spoke to people working there – very friendly</i>

Box 9 A sample of comments from people who think that CAP has been successful in achieving its aims

Twenty nine people gave reasons why they though the CAP had not been successful (See Appendix 5 for full details). The main reasons given were either that they didn't know about CAP, or that they had not seen any change

for the better on the estate, particularly in terms of the physical surroundings and their upkeep. See Box 10 for some examples of comments. This does highlight the challenge the CAP has in managing expectations of residents—although the CAP can influence many processes and services, it cannot achieve change by itself.

*Never heard of CAP until I received this letter*

*Nothing works, noise, not safe for children*

*Still problems left e.g. stairwells and lifts not cleaned on Saturdays*

*You spend money and time trying to make yourself look good with projects, but never sort out the basic problems on the estate*

Box 10 A sample of comments from people who think that CAP has not been successful in achieving its aims

The comments made by people who didn't know if CAP had been successful were mainly reiterating that they did not know about CAP, or weren't sure if they had seen any changes on the estate.

It is interesting that success is described in terms of events provided, whereas lack of success is seen in the failure to improve the surroundings.

A large majority of residents (73%) answered yes that they “would like to see the work of the CAP continue on the estate”, and 27% didn't know. Only 3% said they did not think the work of the CAP should continue. See Table 12. This suggests that, in general, residents support the CAP in principle whatever their views about the CAP's success over the past 3 years. This is essentially an endorsement of any decision to continue community development work on the estate, it should be pointed out that we do not know what the answer would have been if the questionnaire had asked residents to pick between different uses of money e.g. 'Spend on CAP, spend on repairs or spend in policing'.

<b>Would like to see the work of CAP continue on the estate</b>	<b>Number</b>	<b>Percentage</b>
Yes	127	73%
No	6	3%
Don't know	41	24%
Total	174	100%

Table 12. Views on residents on whether they would like to see the work of CAP continue on the estate

Forty-nine people took the opportunity to make a 'general comment' about the CAP. These were wide-ranging and include many examples of things residents would still like to see improved. They are shown in full in Appendix 6.

## Residents' use of the CAP-associated events

The most used CAP-related activity amongst the respondents was the CAP newsletter (used by 57 people), followed by the Fun Day (39 people) and the Wireless Project (23 people). The least used activities amongst the respondents were the Bingo at Queen Mary Hall and Refugee Action. Table 13 shows the numbers using each activity. Although it indicates relative popularity amongst the respondents, it does not give an indication of which are the most effective activities – for example Refugee Action work may be very effective for the people who access it, and may have a beneficial impact on the whole estate by improving integration through language.

Activity	Number	Percentage
CAP newsletter	57	22.7%
Fun Day	39	15.5%
Wireless project	23	9.2%
Community Advice Shop	18	7.2%
Stay Play Piper Hall	17	6.8%
Positive Futures Sports	14	5.6%
Resident Consultation Events	14	5.6%
Playgroup Queen Mary's Hall	13	5.2%
Sports Piper Hall	10	4.0%
Summer Club	9	3.6%
Teddy Bears Picnic	8	3.2%
Homework Club	7	2.8%
Youth Club, Queen Marys Hall	6	2.4%
Age Concern Lunch Club	5	2.0%
Keep Warm, Safe, Well	5	2.0%
Bingo, Queen Mary Hall	3	1.2%
Refugee Action	3	1.2%
Total	251	100.0%

Table 13. The number of respondents who indicated that they have used the various activities associated with the CAP

There was a further question in the Residents Survey that asked about whether these activities are worthwhile, but it has not been analysed because it was identified that residents had been filling the question in inconsistently, and some of the door-to-door interviewers had not asked the question in the correct manner.

## 4.5 Survey of Commissioning Group and Partners

Of the 29 people approached to take part in the survey of professionals, 20 people responded (69% response rate). Of these, 8 interviews were conducted face-to-face (including one interview with two people, and one interview with three people), 5 were conducted over the telephone and the 7 respondents completed the questionnaire via email. The respondents are listed in Box 11.

All the Councillors responded and there was good representation from many departments of RBK. However, the results of this evaluation may be skewed because fewer members of the Health Service and Voluntary Sector were invited to participate. Leaders of the individual projects within the CAP were not included in the survey and this was, on reflection, something which should have been pursued in this evaluation, and should certainly be included in future evaluations.

Name	Organisation
Anna Clarke	Housing Management, RBK
Rolson Davies	Councillor, Chairman of CAP Commissioning Group
Carlos Queremel	Environmental Services, RBK
Richard Jordan	Safer Neighbourhood Team
Belinda Harris	Safer Neighbourhood Team
Ashley Knott. Denise	Safer Neighbourhood Team
Jill Darling	Voluntary Sector Unit, RBK
Gillian Pennington	Voluntary Sector Unit, RBK
Scott Herbertson	Leisure Lifelong Learning/Learning & Childrens Services, RBK
Charlotte Fitzgerald	Strategy & Performance, Community Services, Lead Officer CAP, RBK
Iona Lidington	Public Health, PCT
Mary Graham	CAP Manager
Denise Parry	CAP Community Development Worker
Jill Preston	Chair, CRE Community Group
Maria Tunmer	Kingston Voluntary Action
Steve Mama	Councillor
Sheila Griffin	Councillor
Penny Shelton	Councillor
Margaret Lane	Health Visiting, Hawks Road/Churchill Medical Centres
Pippa Emmerson	Health Visiting, Hawks Road/Churchill Medical Centres

Box 11. Respondents to the Survey of Professionals

Unfortunately, there was not the capacity to approach the local schools directly, nor the individual organisations running projects associated with CAP.

## Length of time involved with CAP

Of the 20 respondents, seven considered themselves to have been involved with CAP since its inception in 2003, four since 2004, two since 2005, five since 2006 and two since 2007. The respondents vary widely in the length of time they have worked with the CAP – this is likely to affect the answers given during the interviews.

## Involved in individual activities of the CAP

When asked specifically about involvement with activities such as The Fun Day, 13 people had been involved with at least one activity whilst 7 people had not.

## Understanding of the aims of the CAP

This was a difficult question to analyse because a review of CAP paperwork revealed that the aims of CAP were not consistently reported and tended to change depending on the author and the year of the project. This lack of clarity was further supported when the evaluation outline was presented to the Commissioning Group in July 2007 – members were asked to comment on the aims of the CAP, yet no-one had any observations to offer.

Table 14 shows the aims of the CAP according to the respondents. Whilst the aims listed are not all mutually exclusive they have been listed separately as they are subtly different. Many respondents listed more than one aim.

Proposed Aim	Number of respondents
To improve quality of life, health and well-being on CREs	12
Social inclusion	4
Engage people	3
Improve access to information and knowledge of what is on	3
To improve social capital and develop a community feel	2
To address health inequalities	2
To empower residents to actively participate in decision-making	2
To bring groups together	1
To educate people on health and life enhancing issues	1
To ensure existing and new services are designed to meet residents needs	1
To build community capacity	1
To deliver measurable improvements in outcomes	1

Table 14 The aims of the CAP according to the professional respondents

The majority of respondents did identify that the main aim of the CAP was to improve quality of life, health and well-being on the CRE. Many of the other

aims are related, but reflect the lack of consistency in the description of the aims of CAP by those involved.

A shared understanding of the main aims of the CAP and how it could be delivered is key to maximising participation of the partners, engaging residents and selecting the most appropriate projects to fund – this shared vision of aims could have been capitalised on more than it was.

## **CAP – overall view**

The majority of those who responded had a positive view of the CAP, with nine people unreservedly positive, and seven people positive with caveats. Two people were unsure of their view of the CAP and one person held a negative view. See Table 15.

<b>View of CAP</b>	<b>Number of respondents</b>
Positive	9
Positive with caveats	7
Unsure	2
Negative	1
Not answered	1
Total	20

Table 15. Overall views of CAP

For those people who were ‘positive with caveats’ or ‘unsure’, the reasons given were:

- Difficulty in engaging residents/uniting the community (*this was the most common comment*)
- Expectation of change over 3 years is unrealistic
- CAP was activated very quickly, seemingly to spend money before budgets disappeared
- CAP has reached saturation point – little opportunity for growth of ideas
- A fairly small number of residents have benefited a lot, but possibly some have even been marginalized
- Input has been statutorily drive, not community driven
- CAP could be more focused, with clearer direction, and better partnership working.
- Processes not always thought through, although some individual projects were good
- Too much consultation and not many pertinent actions
- 

## **Commissioning Group: Attendance**

The majority of respondents attended commissioning group meetings all or most of the time, See Figure 2.

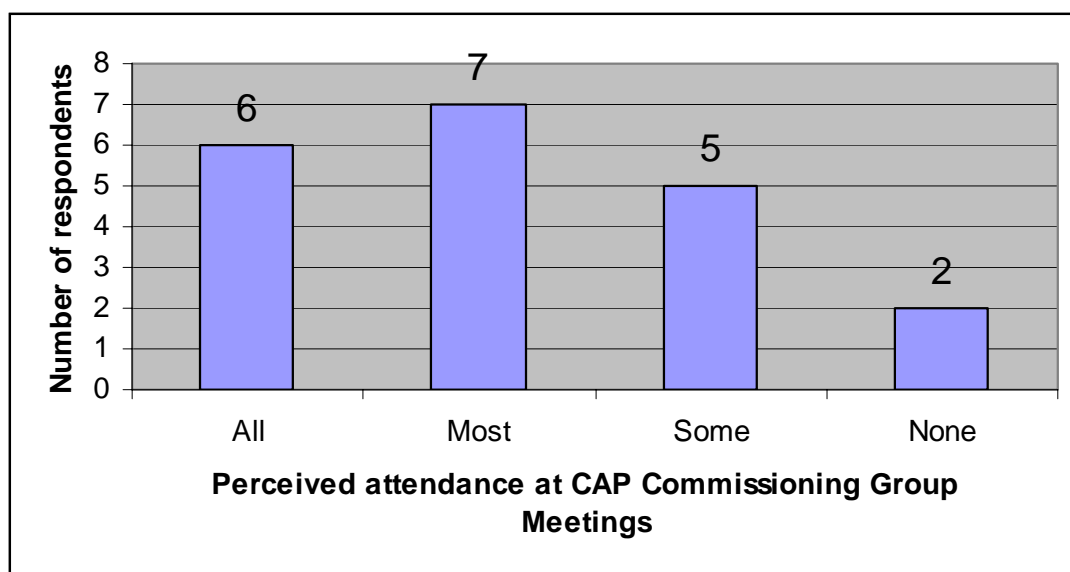


Figure 2

### Commissioning Group: Roles

Twelve respondents stated that they were clear about their role on the Commissioning Group, although four people were not clear. This question was not applicable to the other respondents.

Those respondents who were clear about their role cited a range of roles they felt they played in the group. No-one referred to the Terms of Reference of the Steering Group which had been drawn up in 2004 (although it is noted that the purpose of the original commissioning/steering group changed during the three years).

The main roles that were described are shown in Box 12. Although the respondents saw their roles differently, in general they are complementary to one another.

- To represent my employing organisation
- To keep an eye on issues relating to my work area
- To facilitate action within the representing organisation
- To advise the CAP using specific expertise
- To ensure priorities of CAP are in keeping with its objectives
- To commission service delivery
- To agree CAP strategy with other partners
- To make decisions
- To represent residents
- To tackle inequalities

Box 12. The perceived roles of CAP Commissioning Group Members. Not shown in any order

Those who were not clear about their role gave the reason shown in Box 13.

*“The roles of CAP and its leadership seemed to shift over time”*

*“I inherited the role and had no briefing. I have often sat in a meeting with little or no input. The group doesn’t seem to have a strategic role and I’m not sure if its necessary for me to be there.”*

*“I don’t think anyone really knows what their roles are – we make it up as we go along.”*

*“I am clear about my role, but an agreement across the group about what everyone’s remit is, is required”*

Box 13. Reasons Commissioning Group Members were unsure of their roles

The roles of members described in Box 12 are not dissimilar to the original objectives of the Steering Group as set out in 2004 (Box 14), so whilst there is a feeling of drift, in fact the overall purpose has remained embedded in the group. The main difference is that the 2004 objectives for the group put more emphasis on health and evidence-based practice and supporting and enabling the CAP workers to work across organisational boundaries.

To oversee development of initiatives on CRE ensuring they are based on needs of local residents, evidence-based practice and contributing to the delivery of the NHS Plan

To commission a range of projects in the CAP based on agreed criteria using the allocated Partnership Funds

To act in an advisory and supportive capacity to ensure the Community Development Officer post is working effectively across organisational boundaries for the benefit of local residents

To provide support to the core CAP team

To embed the developments and initiatives of the CAP into mainstream services as much as possible

To monitor and performance manage the outcomes of the CAP and to report this on a regular basis to the Health and Well-being Board.

Box 14. Objectives set out in the Terms of Reference for the CAP Steering Group, 2004

A key learning point for the future is that if all members of the group do not have a shared understanding of the aims of a community development project, and if the group is not clear about its role, then it is difficult to stay focused on priorities and it can mean that some tasks of the CAP are forgotten, for example encouraging statutorily funded projects to remain in place.

Many Commissioning Group members felt that, on reflection, the merger of the Steering Group and Commissioning Group had left the CAP without a proper steer, and conversely without the operational support that is often required by the CAP team.

### **Commissioning Group: Effectiveness**

The respondents had varying opinions on the effectiveness of the Commissioning Group. Those who had been involved with CAP since 2003/2004 pointed out that despite a slow start and the governance being too top heavy in the early years, the Commissioning Group has functioned reasonably well.

The main themes are:

1. The group tends to listen to reports on progress of individual activities and focuses on detail, rather than debating wider issues and making decisions.
2. Some partners do not take CAP seriously and attend very few meetings – it has been difficult to know who to include in the group
3. Partners can leave a meeting without any actions, and without having made any commitment to make things happen between meetings
4. The group should have been listening more to the residents
5. The group is too large to function optimally at meetings

### **Involvement of Partners**

Three main themes emerged. They were:

- 1) All partners have other jobs and the level on involvement can be compromised by this
- 2) Whilst the CAP team would like practical support (for example to deliver leaflets) and often seek such help from the Commissioning Group, some members of the Commissioning Group who are senior officers in their organisations feel unable to offer time for such activities.
- 3) Although all partner organisations can have committed members, often no-one else in the organisation knows anything about CAP.

Specific comments about the involvement of individual people or organisations have been omitted, although in general it was felt that many RBK departments, Councillors and many Voluntary Sector organisations had been well-involved, that Health had been variably involved over the time period, and that Schools and other organisations had been lost from the process. Lack of involvement is thought to have hindered some of the projects.

## Relationship between Partners

Views on the relationship between partners varied greatly between respondents. In general the findings build on those reported under 'Involvement of Partners'. They are:

- 1) Where partnerships work they are 'brilliant'.
- 2) Relationships tend to depend on individuals and not on organisations
- 3) The partners must strive to achieve things as a group and not let the tendency to return to silos, nor personal disagreements, hinder the CAP.
- 4) Relationships sometimes suffered from lack of communication about what partners could offer to the CAP, and indeed what the CAP was trying to achieve

## What has CAP done well and what could CAP have done better?

Respondents listed a variety of things the CAP has done well, many of which were the activities put on over the last 3 years. The Fun Day was the most-cited event. Efforts to get service to work together and to engage the population and to support the community group and the Community Shop were all specifically recognised by at least three respondents. See Table 16.

Involving residents in terms of asking what they wanted (throughout the project, but particularly in the early years) was the most common thing that respondents felt the CAP could have done better, although it was realised this was a difficult task. Many of the respondents who have been involved with CAP since its inception felt CAP could have had a better start in terms of lead in time and structure of the project. Stronger management and supervision (particularly in the early years), clearer aims, priorities and procedures and more money for health initiatives were all stated by at least three respondents.

Done well	Done better
Activity – Fun Day (5)	Asked residents what they want, and ask them earlier (8)
Interagency communication and common purpose (3)	A better start in 2004, including a longer lead in time, more structured (5)
Supporting community shop (3)	Stronger management, particularly in the early years, with better supervision (3)
Getting services working together to deliver project e.g. Hawks Road/The Mount School/Nursery (3)	Clearer aims, priorities and procedures e.g. on what is funded (3)
Engaging the population (3)	More money for health initiatives (3)
Supporting the community group (3)	Promoted CAP to residents better (2)
Raising funds (2)	Influenced people at strategic level (2)
Newsletter (2)	Planned for financial pressures and sought sustainable funding (2)
Activities for children (2)	Engaged Cambridge Gardens (2)
Refugee Action (1)	More reflective after first year (1)

Community participation (1)	More clarity about CAPs remit/aims, and consensus on what is/is not a wider determinant of health e.g. providing lighting on the estate (1)
Not giving up (1)	Should have tried harder to prevent money from statutory organisations being lost from estate once CAP started e.g. summer club withdrawn by Leisure (1)
Bringing together a core of people (1)	Reports to commissioning group too detailed (1)
Raised profile of the estate (1)	Involved wider range of partners better e.g. Hawks Road clinic (1)
	Engaged older people (1)
	A more rapid response to environmental issues (1)

Table 16. Things CAP has done well, and could have done better (with number of respondents in brackets)

### Have gaps in services been filled or services re-prioritised?

50% of respondents (n= 10) thought gaps in services had been filled on the estate while seven people were unsure, one person said 'no' and two people did not know.

The examples given by the respondents were primarily changes to the estates facilities or funded activities e.g. a water fountain<sup>4</sup>, a youth shelter<sup>5</sup>, Refugee Action, Age Concern Lunch Club, After School Clubs. Some mainstreamed activities such as Walking for Health and work with elderly BME residents were also mentioned. Of the all the statutory services, midwives holding clinics in the community shop, and Stop Smoking Services were the only ones listed. One person suggested that police focus on the estate was a gap that had been filled. However, the police do not believe they have focused on CRE as a direct result of the CAP as it was already a priority area for them. Despite this, they have found working with the community easier because they have been able to work alongside the CAP team.

One respondent stated that CAP resources were being used instead of 'the council fulfilling its statutory duties'. Another respondent gave an example where the CAP had resulted in the withdrawal of funds from RBK Leisure for a Summer Club on the estate. This is expressly against the intentions of the CAP which states that the initiation of a CAP should not result in the withdrawal of statutory funding. To ensure sustainability, continued mainstream statutory funding is key, and any withdrawal of statutory funds in the future should be strongly discouraged.

<sup>4</sup> There is some disagreement about whether this was installed

<sup>5</sup> There is some disagreement about whether this was installed

When asked directly if each respondent's organisation had specifically re-orientated services to the CRE, 8 respondents replied 'Yes', while the remainder replied 'No' (the question was not applicable to two respondents). However, many respondents who said 'yes' said that they already considered CRE a priority area and it was not necessarily CAP that influenced their reorientation of services. Some of the Councillors felt they had worked with the estate more because of the CAP project.

This indicates that future community development projects need to regularly review where service gaps exist and work with service providers to re-orientate or adjust services to meet unmet needs of the population.

### Management of CAP

Many respondents acknowledged the difficult role of managing the CAP. The team were thought to be good at talking to people and involving residents. Those with whom they worked on a day-to-day basis found them easy to contact and 'they never let you down'. They were commended for nurturing the community group and for their resilience.

The team members were described quite differently, and it is likely that their different styles have complemented each other, contributing to their success.

*'Ambitious, passionate, exciting, strong'*  
*'Knowledgeable, efficient, good local awareness, passionate'*

Box 15. Words used to describe attributes of the CAP team

For the future respondents, indicated that the CAP management should concentrate more on planning and strategic thinking (not just project detail). They also thought there needed to be renewed focus on priorities of the CAP and a clear direction set. Even better communication with partners was also suggested.

### Worth £250,000 of RBK/KPCT money over 4 years?

Just over half of respondents (n=11) thought that it had definitely or probably been worth spending approximately £250,000 of RBK and KPCT monies on the CAP. Seven people answered 'unsure/difficult to say/only in part', one person said 'probably not' and another said 'definitely not'.

Reasons it was worth spending the money	Reasons it wasn't worth spending the money
Brought money into the area – possibly many hundred thousand.	Because things that would have made a difference haven't been done, and only a small minority of residents have benefited. Lighting would have improved life for all
Community champions are now coming forward	It was a useful experiment. Whether it was worth it depends on what else the

	money could have been spent on
The relationship with residents and services is useful and should be maintained	What has been achieved could have been achieved with less money. It is difficult to justify £35,000 for next year
It was a useful experiment. It is good that matched funding has been brought in	It has been challenging to help a community that may not want the help that is offered
Been very positive. From a Safer Neighbourhood perspective, in 3 years a large number of people on the estates now think that someone is listening to them	Project has not been adequately monitored in terms of delivery, nor totally consistent with CAP priorities.
Appropriate to spend this amount of money. Increased external funding from partners has been positive	Did not give value for money
The infrastructure is now in place to enable community action and resident engagement to continue	Outcomes were not clear enough at the beginning. Many of the plans set out by the Task groups were not pursued and this resulted in partners disengaging
More external funding and investment has been attracted to the estate	It seems a lot of money for the people employed, and its hard to see if something sustainable can come out of it <i>[Authors note: Not all money was spent on salaries]</i>
If the Surrey Sport Centre (CREST) bid comes off then that would be good	Not sure if residents would agree that its good value for money. Residents get confused between CAP and Housing/estates.
There are a large number of actions on the estates that didn't take place before. it must have improved the standard of living for residents.	
Tremendous value. Have set something up and done very well.	
Some of the initiative appear effective, but the community could better answer this question	

Box 16. Reasons why respondents believe it was or was not worth spending approx £250,000 on the CAP

The reasons given are all worth consideration, but of note it is positive that the project has attracted additional funds and has set up an infrastructure on which to build. The negative aspects have been echoed in other parts of the evaluation. One very valid comment made is that only the residents can tell us if the CAP has really been worth the investment.

## Sustainability

Seven aspects were considered key to sustainability of the CRE community development work. They are

- 1) The backing of residents, including a committed community group

- 2) An employee with understanding of the vision and concept – to build on work so far and have good knowledge of all services e.g. health, leisure etc. They should not just get ‘bogged down’ in administrative work at the expense of community development activities.
- 3) Being championed by anyone from the Commissioning Group
- 4) Further links with other providers must be fostered e.g. with local schools and primary care clinics
- 5) The partners must continue to consider CRE (or other area) a priority area
- 6) Owned and supported by the Neighbourhood Committees and/or
- 7) Some form of committee or other means of offering support from the wider partnership should continue
- 8) A minimal amount of funding must be identified
- 9) There must be a clear exit strategy – which needs to be put in place as soon as possible.

### What aspects of CAP should remain?

The survey asked which aspects of the CAP should remain on the CREs. This questions was referring to the funded aspects of the CAP, but as this was not made clear in the question, respondents to the email survey also mentioned non-funded elements – all suggestions have been included.

More than 50% of the respondents proposed maintaining one employed person working for the estate; seven respondents thought this should be a community development role, one thought it should be a manager role and four respondents thought it could be either role.

The other most popular aspects were continued funding for children’s/young people activities (youth diversionary work, play schemes and clubs) and the continuation of the community shop. All the suggestions are shown in Table 17.

Aspect of CAP to remain	Number of respondents
Employee	12
<ul style="list-style-type: none"> <li>• Community Development worker</li> <li>• Manager</li> <li>• Either role</li> </ul>	(7) (1) (4)
Children’s/Youth Activities	5
Community Shop	5
Refugee Action	3
Continued inter-agency meetings	2
Voluntary sector input	1
Continued support for community group	1
Newsletter	1
Wireless project	1
Trips out	1
Health interventions including alcohol work and teaching parenting and behaviour management	1
Don’t know	3

Table 17. The funded aspects of the CAP that should remain on the CRE according to professionals

## Should CAP activities be continued by the Community Group?

The majority of respondents stated that they thought some CAP work could be sustained by the Community Group - two people said 'yes' outright, while fifteen respondents (75%) said 'yes with reservations'. One respondent disagreed that the Community group should take on the CAP, instead believing the Residents Associations are the right forum for this work. Three respondents 'didn't know'.

The two main reservations raised by the majority who thought the Community Group should take on CAP work were:

- 1) That the community group is not yet ready to take on the whole CAP and will require a lot of training and ongoing support. Whilst the group is considered to be good at putting on events, members would need considerable training to ensure a good understanding of the statutory organisations and range of services that they could be engaging with.
- 2) There is no planned exit (transfer) strategy. It was suggested that the CAP withdrawal seems to be coming very quickly yet there are no specific technical and financial plans for a transfer of responsibility over a timed period. The community group also needs to be given some authority and its membership (to include members of relevant statutory services?) needs to be reviewed and bolstered with strong residents.

## Should the CAP model be repeated and where?

The majority of respondents felt that a CAP model should only be repeated if the lessons learned from this pilot CAP were incorporated. See Table 18. The impression is that this would require fairly major modifications of the CAP model to be made.

Should CAP be repeated	Number of respondents
Yes	6
Yes, but only with modifications	14
Total	20

Table 18. Views of professionals on whether the CAP model should be repeated in other parts of Kingston

The main points raised were:

- A true CAP is not necessarily needed, but some mechanism to provide community development and communication over a wider base/across the borough could be put in place
- Services for a priority area do not all need to be on site
- Expectations should not be raised at the beginning of the project
- The changes need to be lead by the community not the statutory sector
- Even more partnership between the major players is needed – perhaps with clearly established joint commissioning

- Early agreement of objectives and early identification of resources and methodology are essential

Many of these suggestions are reiterations of issues raised in earlier questions in the survey.

Table 19 shows the areas of Kingston that respondents felt would benefit from a modified CAP model being repeated. Kingsnympton and Chessington areas received the most votes.

Area	Number of votes
Kingsnympton	6
Chessington (incl Hook)	5
Other parts of Norbiton eg King Henrys Rd	3
Alpha Road	3
School Lane	2
Sheephouse Way	2
Don't know	5

Table 19. Respondents views on areas of Kingston where a modified CAP model could be repeated

It was also suggested that a CAP should be set up in areas of need where the Community Groups/Residents associations are 'ready'.

There were differing views on whether areas of social housing should be the focus of future community development work, or whether it was better to widen it to avoid the social housing stigma/labelling.

In 2003/2004 the CRE was chosen based on a review of deprivation scores across Kingston. These have been included in Appendix 1 for information.

### **Other Models of Community Development**

Many respondents found the question 'How else could community development be delivered?' a difficult one to answer. The main suggestions made are shown below and warrant consideration by the Commissioning Group. Some idea overlap with those put forward in other parts of this evaluation report.

Alternative ways to deliver community development include:

- Delivery by all the statutory services
- Work via the neighbourhood communities/committees
- Borough-wide programmes (some agreement with this, but other against this approach preferring focus in a specified area)
- Examine other models used across the country
- Consider Professor Steve Leach's report on neighbourhoods in Kingston – this proposes local councillors and local organisations should jointly make decisions about areas. This idea could be adapted for estates/super-output areas

- Residents, community leaders and ‘interested people’ as drivers

### **Other comments**

Many ‘other comments’ have been covered in other parts of the Professional Survey. Only those that are new are reported here, and are shown in Box 16.

*“We will miss them if they go”*

*“Other measures of social capital and community engagement (not just statistics on morbidity and mortality) should form part of the evaluation of any future work.”*

*“Pool resources rather than identify new funding”*

*“There is a worry about the Residents Association being set up on the estate, fuelled by a political agenda.”*

Box 16. Other comments made by respondents

The author of this report supports the suggestion that other measures should be used in future evaluations. It is recommended that all measures used for this evaluation are reviewed and a new set of outcomes and measures agreed for any future community development projects. Measures that can only give meaningful results over long time period should not be employed in short-term evaluations, and in addition for each individual activity that is funded, each should have very specific outcomes and measures linked to it.

The division between the Residents Associations and Community Group must be resolved if constructive progress is to be made on the estate. Continued efforts to resolve this are crucial.

## 5 APPENDICES

### Appendix 1

#### **KINGSTON HEALTH ACTION PARTNERSHIP**

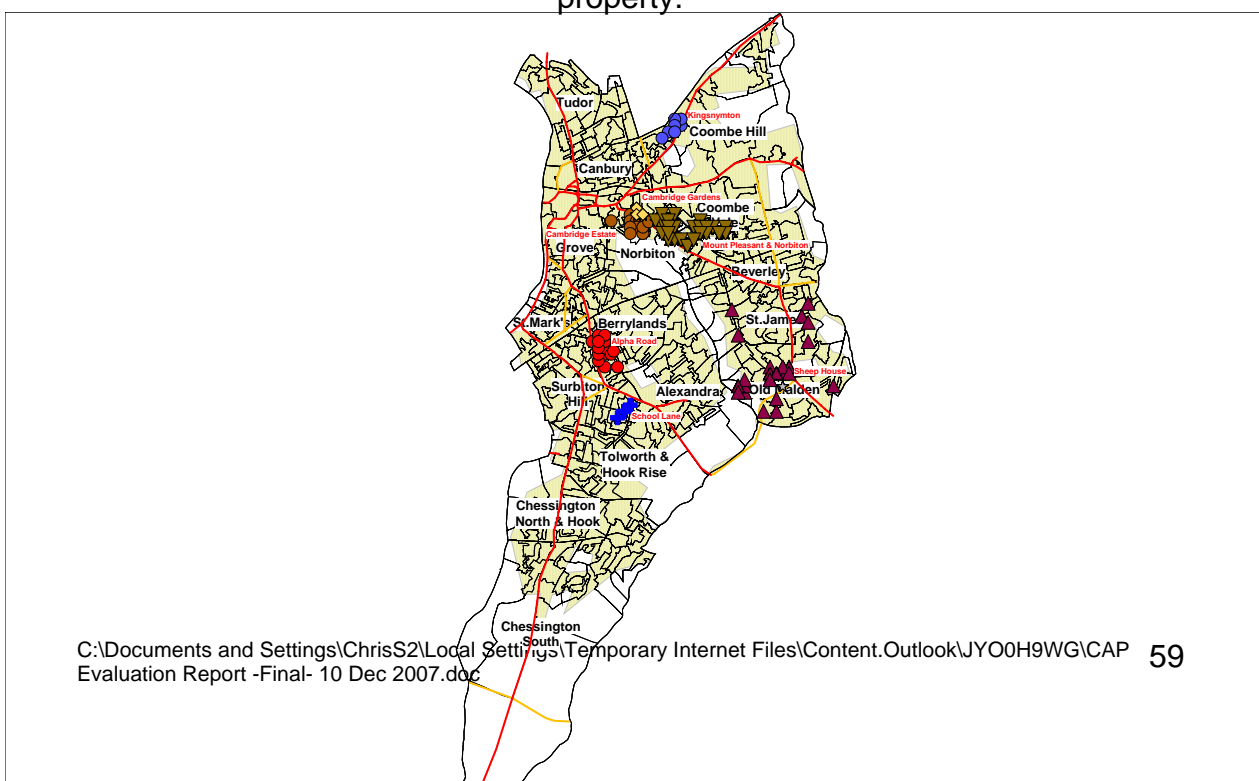
##### **A process for the identification of a priority neighbourhood through selected deprivation & health indicators**

1. It was agreed by the Health & Well Being Board that the H/CAZ area was to be identified in line with set criteria. The criteria mainly revolved around an area that demonstrates high level of deprivation, significant health inequalities and relative need.
2. The following paper sets out the analysis of the available data from the latest census (2001) at a sub ward level. The areas which have been analysed have been chosen based on the 'hotspots' previously identified as small pockets of deprivation from the last census in 1991 (Public Health Report 1998) as well as the social housing stock in Kingston and resident population.
3. The 7 areas analysed were Cambridge Gardens, Kingsnympton, Cambridge Road Estate, School Lane, Alpha Road, Mount Pleasant & Sheephouse Way.
4. A number of health & deprivation indicators were chosen from the 2001 census. This data was broken down to a sub ward level known as 'output areas' consistent with the areas of the social housing stock. It needs to be acknowledged that these are areas of 'best fit' as the output areas are not all co-terminus with the neighbourhood areas.
5. Each neighbourhood area is broken down with actual numbers of the population that fall into each category as well as percentages. These enable comparison with each other as does the average percentage for the total of Kingston. i.e. the number of people divorced within each neighbourhood can be compared with each other as well as with Kingston average.
6. Additional health indicators are also included at ward level, however this data is not available at a subward level so can be used as supplementary information.
7. The yellow section provides a summary of the key deprivation & health indicators. These have been chosen as key indicators as guided by the body of national evidence that suggests that they can be used as proxy indicators for measuring deprivation.
8. Finally a comparison chart (pink section) is included showing a simple scoring system which has allocated a point for the top deprivation indicators.

9. By using this method of identification the neighbourhood which has been highlighted as the area with highest deprivation is **Cambridge Road Estate**.

10. It is useful to note that the key features of some of the other neighbourhoods.

Cambridge Gardens	small population, possible potential to combine with Cambridge Road Estate. High percentage of long term sick & highest unemployed (more than double than the Kingston average)
Kingsnympton	small population, highest percentage of ethnic population
Cambridge Road Estate	Rates highest for many of the indicators, largest population of all 7 areas
School Lane East	Highest percentage of young population and lone parents (more than double the divorce rate against Kingston average). Smallest population.
Alpha Road	Highest percentage of older people and joint highest of rating health as 'not good'.
Mount Pleasant	Young population. Highest rate of no central heating.
Sheephouse Way	Slightly worse off than Kingston average. Highest percentage of owner occupied property.



## **Appendix 2      RESIDENTS QUESTIONNAIRE**

**Address** .....

.....

[Interviewer to complete]      Interviewed <sub>I</sub>      Questionnaire posted <sub>P</sub>

### **THE COMMUNITY**

**Q1 How long have you lived here? Tick one box**

Less than 1 year <sub>1</sub>      1-3 years <sub>2</sub>      More than 3 years <sub>3</sub>

**Q2. Is this a good community to live in? Tick one box**

Yes <sub>1</sub>      No <sub>2</sub>      Don't know <sub>3</sub>

**Q2a. What makes it that way?.....**

.....

**Q3. Has the community improved in the last 3 years? Tick one box**

Yes <sub>1</sub>      No <sub>2</sub>      Don't know <sub>3</sub>

**Q4. How has your level of trust in your neighbours changed in the last 3 years?**

*Tick one box*

<sub>1</sub> I trust them more

<sub>2</sub> I trust them less

<sub>3</sub> My level of trust has not changed

<sub>4</sub> Don't know

**Q5. Do you feel you can influence decisions that affect your area? Tick one box**

Yes <sub>1</sub>      No <sub>2</sub>      Don't know <sub>3</sub>

### **HEALTH AND LIFESTYLE**

**Q6. Over the last 12 months would you say your health has, on the whole, been: Tick one box**

Good <sub>1</sub>      Fairly good <sub>2</sub>      Not good <sub>3</sub>

**IMPACT OF A LOCAL PROJECT CALLED THE 'COMMUNITY ACTION PARTNERSHIP'**

**There is a local project on the Cambridge Road Estate and Cambridge Gardens called the Community Action Partnership (or CAP).**

**Q7 Have you heard of the CAP (Community Action Partnership)?** *Tick one box*

Yes 1      No 2      Don't know 3



**Q8 Do you recognise the CAP logo?** *Tick one box*

Yes 1      No 2      Don't know 3

**Q9 Did you know that the overall aim of the CAP was to improve the quality of life of people living on the Cambridge Road Estates (in particular their health and well-being)?** *Tick one box*

Yes 1      No 2      Don't know 3

**Q9a Do you think the CAP has been successful in achieving this aim?** *Tick one box*

Yes 1      No 2      Don't know 3

**Q9b if you answered yes or no, can you tell us why.....**

.....  
.....

**Q10 Would you like to see the work of the CAP continue on the estate?** *Tick one box*

Yes 1      No 2      Don't know 3

**Q11 If you have any other comments on the CAP please write them here**

.....  
.....

**Q12 Have you used any of the following community activities? Tick all that apply**

Activity	Used	Was it worthwhile?
Community Connected Wireless project	<input type="checkbox"/>	<input type="checkbox"/>
Fun Day	<input type="checkbox"/>	<input type="checkbox"/>
Stay/Play, Piper Hall	<input type="checkbox"/>	<input type="checkbox"/>
Playgroup, Queen Marys Hall	<input type="checkbox"/>	<input type="checkbox"/>
CAP (Community Action Partnership) Newsletter	<input type="checkbox"/>	<input type="checkbox"/>
Community Advice Shop	<input type="checkbox"/>	<input type="checkbox"/>
Youth Club, Queen Marys Hall	<input type="checkbox"/>	<input type="checkbox"/>
Sports, Piper Hall (eg boxing, aikido, karate)	<input type="checkbox"/>	<input type="checkbox"/>
Positive Futures Sports/Football, J Pitch	<input type="checkbox"/>	<input type="checkbox"/>
Bingo, Queen Marys Hall	<input type="checkbox"/>	<input type="checkbox"/>
Age Concern Lunch club	<input type="checkbox"/>	<input type="checkbox"/>
Refugee Action, Piper Hall	<input type="checkbox"/>	<input type="checkbox"/>
Resident consultation events	<input type="checkbox"/>	<input type="checkbox"/>
Teddy Bears picnic	<input type="checkbox"/>	<input type="checkbox"/>
Homework club	<input type="checkbox"/>	<input type="checkbox"/>
Summer Club	<input type="checkbox"/>	<input type="checkbox"/>
Keep Warm, Keep Well, Keep Safe Event	<input type="checkbox"/>	<input type="checkbox"/>

**ABOUT YOU**

**Q13. Are you** Male 1 Female 2

**Q14. Which age group are you in? Tick one box**

Under 18 1 18- to 34 2 35 to 64 3 65 or over 4

**Q15. What is your ethnic origin? Tick one box**

- 1 **White** UK                      2 **White** Irish                      3 **White**, Other  
4 **Mixed**, White/Black African                      5 **Mixed**, White/Black Caribbean                      6 **Mixed** White and Asian                      7 **Mixed**, Other  
8 **Black** African                      9 **Black** Caribbean                      10 **Black** Other  
11 **Asian** Indian                      12 **Asian** Pakistani                      13 **Asian** Bangladeshi                      14 **Asian** Tamil  
15 **Asian**, other                      16 **Chinese**                      17 **Korean**                      18 **Any other group**  
Please specify

.....

**END OF RESIDENT QUESTIONNAIRE**

**Appendix 3 CAP EVALUATION – INTERVIEWS WITH PROFESSIONALS**

Name.....

Job role.....

Health Service, Local Council, Voluntary Sector, Other

Are you a member of the Commissioning Group?

How often did you attend the Commissioning Group?

All Most Some Few None

When did you become involved with CAP

2003 2004 2005 2006 2007

Have you been involved directly with any of the individual activities of the CAP e.g. Community Shop, Play Sessions, Newsletter, Sports Facilities

If yes please state

.....  
.....

Please give your view on what the aims of the CAP are

.....  
.....

What are your overall views on the CAP (positive, negative, unsure)

.....  
.....

What are your views on the effectiveness of the Commissioning Group (esp meetings and subsequent actions taken)

.....  
.....

What are your views on the level of involvement/commitment to the CAP of the various organisations involved (health care, local authority, voluntary sector etc)

.....  
.....

What are your views on the relationship between the partners (who have you worked well with, who do you need to work better with)

.....  
.....

What is your view on the management of the CAP?

.....  
.....

What has the CAP done well?

.....  
.....

What could the CAP have done better?

.....  
.....

In your opinion, has it been worth spending £250,000 of RBK/KPCT money over three years on the CAP? Please say why.

.....  
.....

Has the CAP resulted in gaps in services being filled on the CRE?  
What services are these, please give examples

.....  
.....

As a partner organisation, have you reprioritised and/or re-orientated services towards the Cambridge Road Estates to meet identified needs. Please give examples

.....  
.....

What are your views on the sustainability of work such as the CAP over the long term?

.....  
.....

What are your views on handing over the work of the CRE CAP to the CRE community group?

.....  
.....

If some elements of the CAP could remain on the CRE which would they be?

.....  
.....

Do you think the CAP model should be repeated in other parts of Kingston (and where?)

.....  
.....

How else could community development be delivered?

.....  
.....

Do you have anything else you would like to say about CAP?

.....

## **Appendix 4 RESIDENTS QUESTIONNAIRE RESULTS**

**Q2 and Q2a. Is this a good community to live in? What makes it that way?**

**Q2**

**Q2a**

**COMMENTS FROM PEOPLE WHO SAID YES THIS IS A GOOD COMMUNITY TO LIVE IN – REASONS WHY IT IS**

- 1 All kinds of people living on the estate
- 1 All our neighbours look out for each other
- 1 All quiet neighbours, but new neighbour is noisy and has been reported to environmental health
- 1 Can be a rough place to live
- 1 Close to Kingston, buses, station
- 1 Close to shops/bus
- 1 Concerned about children
- 1 Disturbance at night be garages
- 1 Drug users around
- 1 Friendliness
- 1 Friendly
- 1 Friendly helpful neighbours. There are bad points also - my grandchildren were robbed for money and phone , drinks thrown from the top floor of estates
- 1 Friendly neighbours
- 1 Friendly neighbours
- 1 Friendly neighbours
- 1 Friendly neighbours. Lived/been here all my life
- 1 Friendly people
- 1 Friendly people
- 1 Friendly people in my road
- 1 Friends and neighbours
- 1 Generally nice people
- 1 Generally quiet and friendly. Seems to be a positive community spirit
- 1 Good environment, friendly neighbours
- 1 Good location, very open estate. Pleasant neighbours
- 1 Good location. Easy access for shops
- 1 Good neighbours
- 1 Good neighbours
- 1 Good neighbours
- 1 Good neighbours
- 1 Good neighbours
- 1 Good neighbours
- 1 Have experienced racial abuse and harassment
- 1 High up good view
- 1 I have nice neighbours
- 1 I have nice neighbours around, even if sometimes I do not feel safe
- 1 I have some good neighbours and I think the police keep an eye on the estate to prevent trouble from gangs, making the estate a safer and more pleasant place to live
- 1 I mind my own business
- 1 It is like a village. Everyone looks after each other
- 1 It's a friendly environment
- 1 Keep ourselves to ourselves
- 1 Make sure that people put their rubbish in the bins
- 1 Knowing people
- 1 most of the people are hard workers. No time to gossip.
- 1 Most people are friendly and helpful

- 1 Neighbours nice
- 1 Nice neighbours
- 1 Nice area very good
- 1 Nice here
- 1 Nice people - get help and support
- 1 No problems in area
- 1 No problems, peaceful
- 1 No trouble
- 1 No jobs, little kids play lovely. Well maintained, but lifts often broken
- 1 OK as long as kids are not running around
- 1 Only been here four weeks, but looks fine
- 1 People
- 1 People are sociable
- 1 People around us
- 1 People mind their own business and get on with things
- 1 People keep to themselves. Quiet
- 1 People try to improve the estate and listen to other peoples views. People work to deal with problems e.g. drugs, noisy children
- 1 People trying to do things
- 1 Quiet
- 1 Quiet, friendly, good neighbours. NO disturbance, Not much traffic on road
- 1 RBK is a good council and services they provide
- 1 Safe for children
- 1 Safe. Everything is fine
- 1 Satisfied with area and neighbours
- 1 Some helpful people in the office - Denise and Mary
- 1 The children and the people
- 1 the neighbours
- 1 The safety and peacefulness of Aycliffe Ct with care and help when needed

#### **REASONS ITS NOT A GOOD COMMUNITY**

- 2 A good community should have respect for the premises, not be bullied by delinquents and shouldn't be scared to come out
- 2 After 12 midnight noisy
- 2 Am scared of people esp young lads
- 2 antisocial behaviour
- 2 antisocial behaviour
- 2 antisocial behaviour
- 2 antisocial behaviour - not just children
- 2 antisocial behaviour, graffiti
- 2 Because we get gangs of youths up and down the stairs at night drinking and making noise and mess
- 2 Children are always throwing bottles, branches into the gardens, near parked vehicles.
- 2 Music from pub is far to loud on Sunday karaoke nights
- 2 Dog shit on doorstep. Cigarette smoke - using my house as a chimney
- 2 Drugs, kids running riot, urinating in stairwells. Getting worse. Community police need to do more.
- 2 Far too little restraint of the young people who gather in gangs. No attempt is made to silence people who shout late at night.
- 2 Gangs of kids drinking/roaming around
- 2 Gangs. Beer cans thrown in garden. Recently gang war broke out between ICE and SUK - mainly black youths - some months
- 2 Having a pub next door doesn't help people drinking outside. Young people hanging around the streets in gangs
- 2 Horrible people. Worried about safety
- 2 I feel intimidated by the people who live here and I wish I could afford to bring my son up

- in a better place
- 2 I have been burgled twice in 6 months - noone wants to know
  - Lack of maintenance supervision by your manager, no planning or thought. No warden at night, no police patrols at night, fitting benches that encourage youths to sit and smoke at night against residents wishes. REFER TO ORIGINAL FORM V LONG RESPONSE
  - 2 Like a jungle – noisy
  - 2 Little contact
  - 2 Lots of nasty people on the estate. Don't look after their children - neglected
  - 2 Loud music day and night. Louts being rowdy. Don't feel safe walking at night
  - 2 No community spirit
  - 2 No respect for property or caretakers
  - 2 Noise, drinkers
  - 2 Noise, rubbish, people think they are better than you. Not feeling safe
  - 2 Noisy
  - 2 Noisy youths, vandalism
  - 2 No-one speaks
  - 2 Not good any more. Too much drugs and drink
  - 2 Not enough spent on estate for repairs
  - 2 People don't care about anything
  - 2 people here damaging everything. Dirt everywhere, No respect at all for the place.
  - 2 People in the area, dirty stairs, broken lifts, rubbish waste downstairs
  - 2 People who urinate everywhere
  - 2 People with bad language, given grief deliberately targeted?
  - 2 people, government, system
  - poor facilities for play. Neglected. Youths out of control. Increased crime rates. Political apathy
  - 2 Some people bang on your doors and windows any time. Ride cycles on the pathway and tell you to get out of the way
  - The amount of cars parked behind Granchester by non-residents makes it impossible for family and friends to visit
  - 2 The people living here - the 7th floor are noisy - drugs?
  - 2 The problem with squatters . The lift (Graveley) is very often not working
  - 2 This place gives you stress
  - 2 This was a lovely area years ago, but not now
  - 2 Too many cars, people who don't live here, why cant we have a parking ticket
  - 2 Too many chavs, junkies, alxies and dogs
  - 2 Too many gangs and too much graffiti, and not enough maintenance done
  - Too many social dead beats, druggies, underage mothers etc. No more nice people here, only me. Community at its lowest for years. Too much stress, dirt, noise
  - 2 Too many jobs about at night and early morning
  - 2 Too many youths hanging around on stairwells/alleyways causing grief/breaking glass
  - 2 Too much drugs, bad housing (ie tower blocks)
  - 2 too noisy, too rough
  - 2 Traffic is noisy
  - Used to be good. Have lived here for 21 years. New residents don't respect others.
  - 2 Problems with hoodies
  - Vandalism of cars, noise. Lifts broken. Back door broken - lobby full of kids - run up stairs at night.
  - 2 very unsafe. We are not policed on a regular basis
  - 2 Young kids, graffiti, run-ins on stairwell. Children with axes
  - 2 Youths
  - 2 Youths roaming the estate making me feel threatened

**COMMENTS FROM PEOPLE WHO DIDN'T KNOW IF THIS WAS A GOOD COMMUNITY TO LIVE IN**

- 3 Don't know anyone here
- 3 Gangs

- 3 is not safe sometimes
- 3 Lifts keep being broken
- 3 Not very good and very bad  
Over the years the teenagers hanging around in the stairwells have become more
- 3 intimidating and troublesome
- 3 Recently moved here and still settling in. We are happy with what we have seen so far
- 3 Too many young kids
- 3 Weve only just moved in

## **Appendix 5**

### **QUESTION 9a DO YOU THINK CAP HAS BEEN SUCCESSFUL IN ACHIEVING ITS AIM (TO IMPROVE THE QUALITY OF LIFE FOR PEOPLE LIVING ON THE CRE, ESPECIALLY HEALTH AND WELL-BEING)**

#### **COMMENTS FROM PEOPLE DESCRIBING WHY THEY SAID 'YES', CAP HAS BEEN SUCCESSFUL IN ACHIEVING ITS AIMS**

- 1 Access to computers
- 1 Advice shop
- 1 Approve of what CAP is doing
- 1 BY putting on several diverse events to include all aspects of the community
- 1 Dealing with lighting, Wireless project, cleaner estate. Drains poor
- 1 From what I can see it looks a good yes
- 1 Fairly successful, but not as well informed as I might be
- 1 Have noticed improvement
- 1 I enjoyed the FunDay.  
I have actually accessed assistance from CAP and have spoke to people working there -
- 1 very friendly
- 1 Involved in childrens and elderly activities
- 1 Leaflets
- 1 Listen to them
- 1 Lots of activities - allow people to meet
- 1 More things are happening
- 1 newsletter
- 1 Observe what has taken place
- 1 People are enjoying outside activities
- 1 Piper Hall and activities
- 1 The very fact of focusing on the subject incurs some improvement
- 1 They've cut grass etc. Cleaners  
What is happening? Influx of community police but they didn't last long. Why are the
- 1 Rangers Dog Warden going?

#### **COMMENTS FROM PEOPLE DESCRIBING WHY THEY NO, CAP HAS NOT BEEN SUCCESSFUL IN ACHIEVING ITS AIMS**

- Action may be possible via a Residents Association, but not via the CAP. People on Cambridge Gardens havent heard a word - the Cap should have let us know where they were and what they do, os they could be contacted easily. Posters get put up, but they
- 2 dont say anything, and the phone number cannot be easily recognised.
  - 2 Because I was not aware the project existed
  - 2 Because it hasn't happened - the place is deteriorating daily  
Because it's the first time Ive heard of CAP - when I had problems nobody came to support
  - 2 me  
Caretakers have too much to do and some do not appreciate tidy grounds and noisy
  - 2 teenagers
  - 2 Do not see any change
  - 2 Don't know of the project
  - 2 Don't see any improvement at all
  - 2 I have heard of them through newsletters, but have never witnessed their efforts for myself
  - 2 I think some of the things they have done are rubbish
  - 2 Its all run from the council - Liberal Deadbeats
  - 2 Just thought the CAP was for the kids
  - 2 Money wasted
  - 2 Never heard anything positive
  - 2 Never heard of CAP
  - 2 Never heard of CAP until I received this letter

- 2 Never heard of them
- 2 Nothing has improved. See question 2
- 2 Nothing works, noise, not safe for children
- 2 Since I lived in this area I started to get load of stress. I don't recommend Simple things can make a lot of difference. The stairs - do the cleaners exist at all? The rubbish bins down stairs. Bad for health/ Sometimes I think people should respond with better activities and participation of the events made by the CAP
- 2 Still problems left e.g. stairwells and lifts not cleaned on Saturdays
- 2 The area is a lot worse than it used to be
- 2 The things I mention eg unsafe at night have got no better
- 2 There is still more to be done. Another approach should be used
- 2 vandalism increasing
- 2 You spend time and money trying to make yourself look good with projects, but never sort out the basic problems of the estate

**COMMENTS FROM PEOPLE DESCRIBING WHY THEY SAID 'I DONT KNOW ' IF CAP HAS BEEN SUCCESSFUL IN ACHIEVING ITS AIMS**

- 3 About the same
- 3 Did not know CAP aims
- 3 Do not get enough information on this, so that is why I don't know
- 3 Haven't witnessed anything either way. Do know about the shop
- 3 I only know about Broadband
- 3 Never been in contact with them
- 3 Never heard of CAP
- 3 We have recently moved in and it is very early to have an opinion on CAP - but look forward to maybe hearing more about what CAP do.
- 3 You see no difference

## **Appendix 6**

### **Q11 GENERAL COMMENTS FROM RESIDENTS ABOUT THE CAP**

better information

CAP is always for the children. IN Hammersmith there are groups of flats for over 70 year olds and once a week they get together

CAP needs more help from the police. Safer neighbourhood Team not visible enough. More effort re young people.

CAP should only continue if they now tell us who they are what they do, where they are, why they are doing it, how they will do it etc

Change is needed. The council is not interested for estate improvement

Children more active

Community Shop a success. Sorted out problems with Wireless computer

Did not know these were working on the estates

Friday/Saturdays nights are problems. Visitor was threatened in stairwell. Remove the pub. Kids sit in stairwells and urinate in lifts

Good intentions, but await fruition

Great in theory, but projects such as football on the J Pitch annoys local people with noise, damages vehicles by encouraging people not from the estate to play football at all times with not regard for anyone. Fitting a light on the side of the building to light the J Pitch was pure genius

hasn't made much difference

I cannot help, but think that CAP workers ought to be better supported

I don't see much of the point of CAP when hygiene is very poor around the estate, esp near the Duxford area. Where are the parking spaces for residents? All the car parks are taken by the garages on the Hampden Rod and Burritt Rd. parking permits maybe?

I know its difficult to get people to participate but I think its good to try and educate the community more, to offer more training and courses where everyone can increase their knowledge

I lost my family because of drugs. Please move us, as I am losing my family here in this place.

I may come to this years Funday

I regard this as a forgotten estate and no one wants to know anything

I think the CAP needs to be a little more visible. What is it? who does it comprise of?

I will be taking a close interest

I'd like to see more timetables ie whats on when where, times etc

If they can improve the estate then I'd say yes

improve the walkway

It is pointless. Despite the CAP, people on the estate tend to get forgotten

It just looks worse than before. We need wooden seating, bins, cleaning all parts of estate, plus car parks once a week

Keep going

Lots of rubbish thrown on the road that comes in to my garden. Boys throwing ball in my back garden and asking me to give it back by knocking on my door. Back fence broken

because they climb it to get into garden, Lots of disturbance.

NO evidence of CAP work seen this far, so cant comment

Not sure what they do - Needs more publicity

Over the last year Ive noticed youths intimidating my neighbours. For their safety intercom doors would be a great help

People coming in who live across the road make parking very difficult and unsafe for children. Some people still drive too fast in grounds. The ratio of immigrants is way above what it should be

Please install security doors on blocks ie Chippenham - this is a quiet block until youths congregate here because its nears the main road and alleyway to Somerset Rd - near to shops where they buys alcohol, drink/smoke in stairwells. They throw glass bottles over the 2nd/3rd floor balconies creating noise and mess

Please try to make the buildings cleaner by using dettol cleaners in order to stop drug addicts coming to the building and urinating

Put cameras in our block instead of wasting money on CAP

Raise profile and be more obvious in activities and results. Act on the community's behalf to lobby and prevent decisions that will negatively affect the area such as parking restrictions and new developments, as well as community-based projects

Support people. Community police, rangers and dog warden are desperately needed because of trouble on streets and estate after dark. I have not seen community police since Christmas and a ranger for very much longer than that. All meetings are at 7pm - I dont attend because I will not walk on the estate after dark. Not enough lighting to get to Piper Hall

The CAP should continue if health issues are involved. I thought the CAP was just for kids. Its good stuff they are doing in Piper Hall. It would be nice if yoga could be introduced as people have different interests. In general the community doesn't have any notice taken of it, e.g. residents views on green spaces. One point would be to put a laundrette here as there is not one in the area - even if it was tokens only and only opened during the day - open was office is open and shut when office is shut.

The lift situation in Childerley is absolutely dire and needs to be sorted out. The council should spend more on building inside maintenance and not waste it on things like flowerbeds on the estates

The residents are not consulted. CAP are funded by the council to do as they please

They have to give more attention to neighbourhood problems - boys ruining windows with yoghurt, dog dirt, shouting. Thanks for calling. Now something may happen.

Think CAP is really good

Try making it safe to walk at night

Waste of time. All the activities are for 4 - 40 year olds - what about the 60-80 year olds

We hope CAP continually improves the community - safe and clean

We would like to know more about CAP

Would like the bus - Sheila Griffin

Would like to be better informed

Would like to help with Wireless project, but wasn't taken up on it

**Appendix 7 CAP Monitoring Report showing the initiatives introduced by CAP during the lifetime of the project (Some initiatives completed during 2004 may not be listed – see end of Appendix 7 for 2004).**

O5/06 Priority Area	Name of Project	Organisation/ Key Contact	Allocation	Duration	Monitoring dates	Outcome measures	Invoice schedule	comments
<b>CAP FUNDED PROJECTS</b>								
Carers	Kingston Carers Network	KCN Val Weston	£2120	April/October 06	Funding approved Oct 2005 Informed 14/10/05 Initial monitoring meet 7/12/05 Review meeting 2/5/06 Second review meeting August 06 1yr review October 2006 Event feedback report received 5.12.06 A further review will be held once community shop open and KCN have held surgeries	<ul style="list-style-type: none"> <li>• 2 Events held</li> <li>• Level of attendance</li> <li>• Equality monitoring</li> <li>• Number of young carers identified (as % of CRE population)</li> <li>• Number of YC's linked to existing services</li> </ul>	Invoice received March 06	Events planned for 27 <sup>th</sup> July and 26 <sup>th</sup> October 06  The dates have been changed to Monday 23 <sup>rd</sup> October at Piper hall from 10am to 2pm. And Thursday 26 <sup>th</sup> October Queen Mary Hall from 10am until 2pm. 14/12/06 The two events were held but did not attract any young carers 2 elderly mutual carers were engaged and given information KCN will now do regular outreach work in the Community Shop
Young People	Pied Piper Club	Doreen Gardner	£2120	Purchasing materials for ongoing use	Funding approved Oct 2005 Informed 14/10/05 Initial monitoring	<ul style="list-style-type: none"> <li>• Audit of available KS4 materials before and after</li> <li>• Number of KS4 students attending per night</li> </ul>	Invoice received March 06	Homework Club has expanded from 8 children registered on

O5/06 Priority Area	Name of Project	Organisation/ Key Contact	Allocation	Duration	Monitoring dates	Outcome measures	Invoice schedule	comments
					meet 2/11/05 review June 2006* Monitoring meeting will now be in September 2006. 1yr review November 2006	<ul style="list-style-type: none"> <li>User feedback</li> <li>Postcodes of those attending</li> <li>Equalities monitoring</li> </ul>		<p>opening to 65 in April 2006 *Due to staff illness and committee overload monitoring meeting postponed to September 14/12/06 Monitoring meeting still not been possible</p> <p>Club in abeyance until other issues sorted out – will restart in September 07</p>
Carers	RBK CCS	Martha Earley				See Reorientation of Service Delivery		Funding application now withdrawn – project will go ahead borough wide and CRE residents will be identified for both training to deliver and receipt of the service
Young People	Positive Futures	Gary Mulcahey	£16,000 Reduced to £8000  No further funding from CAP 07/08	1 <sup>st</sup> of 3 yrs	Funding approved May 2005 Informed Initial monitoring meet 12 Jan 2006 interim review 5/06/06 1yr review October 2006	<ul style="list-style-type: none"> <li>Activities held regularly</li> <li>Levels of attendance/numbers on database</li> <li>QA and regular monitoring and evaluation</li> <li>Delivery of sports coaching awards or signposting to existing training networks</li> </ul> <p>Further outcome measures agreed at meeting</p>	Invoice received September 05 £16,000 committed 06/07 Invoices for £4000 expected Sept	<p>Range of activities taking place both on and off site</p> <p>Funding reduced due to CAP budget reduction</p>

O5/06 Priority Area	Name of Project	Organisation/ Key Contact	Allocation	Duration	Monitoring dates	Outcome measures	Invoice schedule	comments
						5/6/06 <ul style="list-style-type: none"> <li>• JB to meet with KVC to discuss attracting, training and retaining volunteers</li> <li>• Promote volunteering on the Estates</li> <li>• Establish strong links with Kingston Town Extended Schools Cluster</li> <li>• PF providing an activity at the Community Fun Day on 2<sup>nd</sup> September 2006</li> <li>• To ensure that activities are run as advertised, if staffing issues arise young people need to be informed in person not by the placing of hand written signs announcing cancellation</li> <li>• Monitoring and Evaluation report to be received by 1<sup>st</sup> September 2006</li> <li>• Report on numbers attending each activity to be received by 1<sup>st</sup> July 2006</li> <li>• Further 40 CRE resident young people to be identified and engaged with by 1<sup>st</sup> November 2006</li> </ul> 4/10/06 <ul style="list-style-type: none"> <li>• Provision of statistical reporting to continue</li> <li>• Further identification of suitable young people to be developed further</li> <li>• Build on links with youth service</li> <li>• Further work to engage volunteers</li> </ul>	06/Feb 07  Invoice for £4000 received 25/10/06	Volunteers a priority for next 6 months to ease staffing issues  4/10/06 The regular activity programme is now established and the project has engaged with over 180 young people. A launch event attracted nationwide publicity. The summer programme included a special programme for girls only which enabled some young women who had not engaged due to 'mixed activities' to become involved. Two mentors were linked with the Kig Athelstan play scheme with plans for future involvement. Suitable young people have been identified for coaching

O5/06 Priority Area	Name of Project	Organisation/ Key Contact	Allocation	Duration	Monitoring dates	Outcome measures	Invoice schedule	comments
								training. Links are being established with other 'estates'
BME	CRE Refugee Project	RAK Kathryn Beatham	£19,956  funding reduced to £11, 545  £5000 agreed for 07/08	2 <sup>nd</sup> of 3 yrs	Funding approved 2004 Informed 1 <sup>st</sup> review 17/02/2006 2 <sup>nd</sup> review 13/06/06 1yr review February 2007	<ul style="list-style-type: none"> <li>Activities held regularly</li> <li>Levels of attendance</li> <li>User feedback</li> <li>Greater take-up of local services amongst users</li> </ul> <b>Key milestones</b> Sustainability Provide more health information and access to services information Track or evaluate if people are learning about these services	Invoices received October 2005 February 2006  £13668 committed for 06/07  Invoice received 23 <sup>rd</sup> July 06	User consultation took place 31 <sup>st</sup> March 06 – report received <b>Key achievements</b> Maintained project Developed activities Successful joint funding application with LEAH for further services on Friday afternoons (8 week project)  Funding for 07/08 is top up to £16,000 already raised by RAK
BME	Learn English at Home RAK		£2761	8 weeks commencing 26 <sup>th</sup> May 2006	Funding approved Feb 06 Informed 7/3/06 Initial monitoring meeting 17 <sup>th</sup> May 2006  End of funding I meeting 18 <sup>th</sup> July	<ul style="list-style-type: none"> <li>Pre course individual learning plans written for each attendee</li> <li>Post course individual evaluation against these learning goals</li> <li>St John's Ambulance First Aid certificates attained by attendees</li> <li>End of course test for factual knowledge of parenting issues</li> <li>Minimum 10 attendees at First Aid/Safety in the home sessions (5 sessions)</li> <li>Minimum 10 attendees for Parenting sessions (8 sessions)</li> </ul>	Invoice received 07/03/06	All the key objectives/Performance Measures met. Copies of the St John's Ambulance First Aid certificates attained by attendees have been provided. 12 people attended at First Aid/Safety in the

O5/06 Priority Area	Name of Project	Organisation/ Key Contact	Allocation	Duration	Monitoring dates	Outcome measures	Invoice schedule	comments
								<p>home sessions and 11 attended for Parenting sessions.</p> <p>Photographs of the first aid training sessions provided.</p> <p>A very positive outcome is that some of the clients are now interested in further training and some are already helping in LEAH's crèche.</p> <p>LEAH to contact Early Years to see if suitable further training is either available or could be provided.</p> <p>Both RAK and LEAH felt that the courses were very successful. Both organisations were happy to work with each other and will continue to look for similar joint projects in the</p>

O5/06 Priority Area	Name of Project	Organisation/ Key Contact	Allocation	Duration	Monitoring dates	Outcome measures	Invoice schedule	comments
								future.
Family Health & Lifestyle	Walking for Health	RBK Sam Merison	£2600	3 month pump prime Dates July/Oct 2006  Project extended for three months - 4 hours per week on site	Funding approved Feb 06 Informed 7/03/06 Pre project meeting 16 <sup>th</sup> May 2006 Interim review early August 2006 Project start Sept 2006 End of funding review Dec 2006  Invoice for £1000 received Jan 07	<ul style="list-style-type: none"> <li>Minimum of 2 volunteers recruited and trained</li> <li>Minimum of 1 regular walk per week with up to 20 people taking part</li> <li>25 CRE's residents registered on Walking for Health database</li> <li>Statistical feedback on the number of CRE's residents joining other established walks such as the Richmond Park walk.</li> </ul> <p>User evaluation forms will give an indication of improvements in health and social interaction and the consequent reduction in isolation of those attending the walks. A copy of this form will be provided by Sam Merison.</p> <p>Outcomes as at 15/12/06:</p> <ul style="list-style-type: none"> <li>2 residents awaiting training as walk leaders</li> <li>Weekly walk established</li> <li>17 CRE residents registered on Walking for Health database</li> <li>101 elderly residents contacted</li> </ul>	Invoice received 18/03/06	<p>The project has not got underway as yet due to the delay in appointing the co-ordinator. However it is hoped that the new person will be in post by the beginning of August.</p> <p>The co-ordinator will be based in the Graveley office and will be helped by the CDW to network with projects and individuals on the Estates. They will attend the Fun Day to promote their service End of funding report received 5/12/06</p>
Older People	Piper Hall Lunch Club	Age Concern Charlotte Allen	£5,325 06/07 £2500 07/08	Ongoing	Funding Approved 04/05 Interim monitoring meeting 20/06/06	<ul style="list-style-type: none"> <li>provision of healthy lunches</li> <li>provision of off estate activities – for both mental and physical stimulation</li> <li>To engage isolated high need older people living on the estates</li> <li>To improve the health and well being of older people in this locality</li> <li>To provide fun and interesting activities and events to improve their quality of life</li> </ul>	£6250 committed for 06/07 reduced to £5,325  Invoice received June 06	<p>Funding reduced due to CAP budget reduction</p> <p>Level of funding for 07/08 to be agreed 25/6/07</p>

O5/06 Priority Area	Name of Project	Organisation/ Key Contact	Allocation	Duration	Monitoring dates	Outcome measures	Invoice schedule	comments
						<ul style="list-style-type: none"> <li>Offer opportunities to visit places they may not be able to access otherwise</li> <li>Develop and improve the service</li> <li>Recruit volunteers</li> </ul> <b>projects Key achievements over the past quarter</b> Outings and activities held New member recruited and other possible members identified Ongoing provision of a regular opportunity to socialise locally for older people <b>projects Key milestones for the next quarter</b> Increase number of members In partnership with others offer a variety ways of accessing the club	Working with Age Concern to deliver a Keep Warm, Keep Well, Keep Safe event including Fire Brigade, SNT, Trading Standards and Community Nurses on 14 <sup>th</sup> Feb 07	Work with AC to offer themed afternoons – first in Feb 07 Keep Warm, Keep Well Keep Safe, second to be run on 15 <sup>th</sup> Nov 07  Now running at Bradbury centre
Active Ageing	45+ Taster Session	Sports & Leisure	Funded by Sports & Leisure	12 <sup>th</sup> January 2008		<ul style="list-style-type: none"> <li>Numbers attending</li> <li>Numbers taking up regular exercise</li> </ul>		
Positive Parenting	Stay and Play Sessions	Extended Schools Manager, Burlington Cluster	Funded by Extended Schools	As long as sustainable		<ul style="list-style-type: none"> <li>Numbers of young parents attending</li> <li>Range of services that offer advice during the sessions</li> </ul>		Running since 26/4/07 numbers rising gradually health visitors to make informal visits other services to be offered access
Positive Parenting	Parents Forum		£500	Contribution to a consultation project in October 2005 Parents Forum commitment to working on CRE's ongoing	Funding approved Oct 2005 Informed Oct 2005 report June 2006 Report received 31/5/06	<ul style="list-style-type: none"> <li>number of CRE families engaged in consultations</li> <li>number of isolated CRE families engaged in social opportunities</li> <li>number of CRE families accessing information and support services</li> </ul>	Invoice received 20/02/05	See reorientation of service delivery for update

O5/06 Priority Area	Name of Project	Organisation/ Key Contact	Allocation	Duration	Monitoring dates	Outcome measures	Invoice schedule	Comments
<b>INFRASTRUCTURE</b>								
Resident Engagemnt	Coach Trips	Doreen Gardner	£870	2 trips in summer months		<ul style="list-style-type: none"> <li>numbers of residents purchasing tickets</li> <li>number of residents recruited to Community Group</li> </ul>	Invoice recd 6/6/07 for £420	First trip selling well – CG to organise another later in the Summer
Resident Engagemnt	Fun Day 2005	CAP Manager	£5000 (05/06)	3 <sup>rd</sup> Sept 2005 Debrief meeting 27/09/05	Funding agreed on three year basis 04/05	<ul style="list-style-type: none"> <li>increased awareness among residents of the CAP</li> <li>improved community cohesion</li> <li>number of residents involved in planning/delivery</li> <li>number of residents attending</li> </ul>	05/06 Funding transferred to RBK  £5000 committed for 06/07 now substantially reduced  *£4750 raised through sponoship/donations  Planning underway for 07 event	Community Group receiving officer support to obtain sponsorship from local business and contractor partners – require approximately £1400 further funding 10/8/06 *all funds now raised  Raised £1950 to date 19/6/07 More funds required
	Fun Day 2006	Community Development Worker	No allocation 06/07 – funds raised externally	2 <sup>nd</sup> September 2006				
	Fun Day 2007	Community Development Worker/Community Group	No allocation 07/08 – funds raised externally	1st September 2007				
Resident Engagemnt	Teddy Bears Picnic	CD Worker/Community Group	£580	30 <sup>th</sup> May		Feedback report received from Community Group Chair	Invoice received from Community Group 6/6/07 Invoice recd from entertainer on day	Although very wet was very popular and a similar event is planned for October 07

O5/06 Priority Area	Name of Project	Organisation/ Key Contact	Allocation	Duration	Monitoring dates	Outcome measures	Invoice schedule	Comments
	Community Shop	KVA	£0 (funding agreed 04/05)	1/2 year pilot	Funding Agreed 04/05 KVA appointed project lead March 06 Meetings between KVA Chief Ex/CAP Manager taking place regularly	<ul style="list-style-type: none"> <li>establish project March – May 06</li> <li>Implement project June 06 – March 07</li> </ul>	Payments made to KVA totalling £45,000  15/12/06 Community Shop now to be based in Maddingly – facility to be shared with Wireless Project	Difficulties in agreeing suitable venue now resolved. Work underway to establish pilot in Maddingly  Community Advice Shop opened 16/4/07
	Community Connected	KVA Superhighways	Funding from Learning Skills Council	Borough Pilot – 1 year		Increased access to internet Increased access to online learning Increased access to online services		Project being co-ordinated and staffed by SuperhighwaysS
	Piper Hall Internet access	CAP Manager	£350	Legacy project	Funding agreed March 06	Use of internet enabled in small hall for the benefit of both projects and residents <ul style="list-style-type: none"> <li>All projects informed of policies and procedures for use of internet connection</li> <li>Usage monitored</li> <li>Wide range of residents able to access internet for information and advice</li> <li>Enhanced educational outcomes for After School Club and Homework Club</li> </ul>	Invoice received 30 <sup>th</sup> March 06	Internet connection installed Policies and procedures being written Software now available and policies and procedures agreed – delay in loading software due to need for RBK password
	CAP Manager post	KPCT / RBK Assoc Dir Pub Health/Head Strategy & Performance	£20,000 P.A. 05 to 08	2 yr contract 1 extension 07/08	Funding Agreed 04/05	Provide an overview of CAP funded projects Link with services providers/community to enhance service provision on Estates		

O5/06 Priority Area	Name of Project	Organisation/ Key Contact	Allocation	Duration	Monitoring dates	Outcome measures	Invoice schedule	Comments
	Newsletter	CDW	£3287 05/06 £1470 06/07 £1019 07/08ytd	quarterly	Funding Agreed 04/05  Discussions underway for sponsorship	<ul style="list-style-type: none"> <li>Residents informed of CAP activities</li> <li>residents informed of other service provision</li> <li>residents involved in content and distribution</li> </ul>	Invoice for £2492 received Dec 05 Invoice for £805 received March 06	Residents are now becoming involved in distributing the newsletter
	Resident Engagement Event	CAP Manager	£600	18 <sup>th</sup> February 06	Funding Agreed Jan 06 Report March 06	<ul style="list-style-type: none"> <li>engage with new residents</li> <li>consult with residents</li> <li>take views forward for new project ideas/reprovisioning of services</li> <li>identify community champions</li> </ul>	Invoice for £413.31 received 27/03/06	This event was followed up with two coffee mornings resulting in 6 residents assisting in distributing newsletter and three new residents being introduced to the community group committee
Resident engagement	Half Term Horrors	Community Group/CDW	£250	25 <sup>th</sup> October 07		<ul style="list-style-type: none"> <li>number of residents attending</li> <li>number of services engaging</li> </ul>	Direct invoice from entertainer rec'd on day £235	This was a very successful day in terms of numbers of children and parents attending but only two service providers attended

O5/06 Priority Area	Name of Project	Organisation/ Key Contact	Allocation	Duration	Monitoring dates	Outcome measures	Invoice schedule	Comments
						•		

**Reorientation of Service Delivery on the Cambridge Road Estates 2005/06 & 06/07 (Some initiatives completed during 2004 may not be listed).**

Additional service	Organisation/ Key Contact	Duration	Funding	Monitoring	Outcome measures	comments
Lighting upgrade	RBK Housing Mark Anderson	3 year period 06/09	RBK Housing Management	Reprioritised Internal to Housing Services	<ul style="list-style-type: none"> <li>Improved perceptions of safety for residents</li> <li>Increase in mobility of residents who previously felt unsafe to go out after dark</li> <li>Reduction in anti-social behaviour</li> </ul>	
Stairwell pilot – worst stairwells to be identified and made less attractive to discourage anti-social behaviour	RBK Housing Mark Anderson	3 month period June/August 06	RBK Housing Management	New initiative Internal to Housing Services	<ul style="list-style-type: none"> <li>Reduced anti-social behaviour in stairwells</li> <li>Improvement in communal environments for residents</li> <li>If successful will be repeated in other stairwells across Estate</li> </ul>	Residents to be surveyed door to door, in the newsletter and at the Fun Day to ascertain their views  No progress on this aspect of the work

Additional service	Organisation/ Key Contact	Duration	Funding	Monitoring	Outcome measures	comments
Replacement glazing pilot – several different options to be trialled around the estate	RBK Housing Mark Anderson	3 month period June/August 06	RBK Housing Management	Reprioritised Internal to Housing Services	<ul style="list-style-type: none"> <li>Work programme planned to meet with residents preferences</li> </ul>	<p>Residents to be surveyed door to door, in the newsletter and at the Fun Day to ascertain their views</p> <p>Panels have been replaced in Westwick and a consultation will take place with residents to ascertain their views on the options</p>
Homecare project	RBK CCS Martha Earley	Start date to be confirmed	RBK Community Care Services	New initiative Internal to CCS	<ul style="list-style-type: none"> <li>Identification of isolated residents on estate</li> <li>Identification of residents wanting to offer home care services</li> <li>Trained pool of local people offering home based service</li> <li>Improved mental health and well-being for isolated and vulnerable residents</li> </ul>	Following research undertaken for a CAP funding application this project has been assimilated into mainstream at no cost to the CAP
Information, Advice and Support for Parents and Carers	Jobcentre Plus/Early Years Advisors Kay Wingate	Every two weeks Current dates booked until May 06.	RBK Early Years/DWP	Reprioritised Internal to DWP and Early Years	<ul style="list-style-type: none"> <li>Increase in uptake of benefits for eligible residents who were previously not claiming full entitlements</li> <li>Improved knowledge of residents about Job Search, Training, Back to Work Benefits, Financial Incentives and Childcare issues</li> </ul>	These services will be assimilated into community shop in due course
Hawks Road Clinic Children's Play Area	Kingston PCT	Planning Dec05 – Apr06 Implementation May 06  Final implementation July 07	KPCT	Reprioritised Out of Hours funds Internal to KPCT	<ul style="list-style-type: none"> <li>Access to open space and safe play area for children</li> <li>Dual use facility for CRE community and clinic attendees</li> <li>Increase in children's physical activity</li> <li>Increase in awareness of NHS out of hours services in the local area</li> <li>Reduction in unnecessary A&amp;E attendances at KHT by CRE residents</li> </ul>	<p>Work commenced 31/05/06 Expected to have been completed by end of June 06 – launch to be announced</p> <p>10/8/06 Fence and play surface installed – awaiting update on launch date and notice board for out of hours information</p>

Additional service	Organisation/ Key Contact	Duration	Funding	Monitoring	Outcome measures	comments
Welcare Health and Wellbeing Project	Welcare Marjie Grant	1 year one morning per week Pilot started March 06	Funding received from KVA small grants	New initiative linked to parents forum work and Healthy Living with multi-agency support	<ul style="list-style-type: none"> <li>Increased awareness of a range of complementary therapies</li> <li>Improved access to health education for parents</li> <li>Improved understanding of the benefits of a healthy lifestyle for their children</li> <li>Access to a regular exercise routine</li> </ul>	This project aims to engage with parents on a wide range of lifestyle choices that affect the overall health and wellbeing of their family – there have been difficulties with promoting the service it will recommence in September
King Athelstan Holiday Scheme	King Athelstan School Raj Anand	Ongoing	Early Years	New initiative Linked to extended schools	<ul style="list-style-type: none"> <li>Children aged 8 and over able to access the scheme by a 'walking bus' provided by Walking for Health trained volunteers</li> </ul>	Places will not be advertised outside of KA in first instance in order to prioritise KA children

Additional service	Organisation/Key Contact	Duration	Funding		Outcome measures	comments
Cambridge Road After School Club Holiday Scheme	After School Club	Ongoing	Early Years	New initiative	<ul style="list-style-type: none"> <li>access to a short day playscheme on the Estates for children aged 4 - 8- funding is being applied for from Early Years at present</li> </ul>	<p>There may be some difficulties regarding venues but it is hoped that the scheme can run for some days at Piper Hall and the others at Queen Mary's Hall</p> <p>10/8/06 Scheme running during August</p>
Family Learning/Community Learning	RBK Adult Education		RBK Adult Learning	reprioritised		<p>Discussion taking place with regard to both of these services being provided on the Estates – Possibly some funding will be applied for from Learning Skills Council for a scheme to run in conjunction with Positive Futures – Family Learning to attend Fun Day</p>
Parenting Courses	Family Support/Teenage Pregnancy Co-ordinator	September 06 – possibly ongoing	Family Support/Teenage Pregnancy	New initiative		<p>As a spin off from the Parents Forum work two evenings are being planned at Piper Hall, organised by the Teenage Pregnancy Co-ordinator and the Family Support Team. One is called 'surviving the teenage years' which is about helping Young People become skilled and independent, the other is called Living with Your Teenager and is more about behaviour management and getting through the tough times of parenting. The first evening is planned in mid September 06.</p>

Additional service	Organisation/Key Contact	Duration	Funding		Outcome measures	comments
Training for Work	Kingston College/Burlington Extended Schools cluster	pilot	Learning Skills Council/Kingston College			This is a scheme to encourage return to work for young parents – running from the Mount School – Success in Retail
Dog Bins	Dog Warden	On going				
Kingston Vineyard (Growbaby)	GrowBaby					
St Peters Norbiton Parish Church – outpost available next to Housing Office.						

### 2004-5 Annual Report – Listing of funded projects and activities

Refugee Action, Kingston, Piper Hall  
 Age Concern Lunch Club  
 Age Concern Trips Out (5 trips in 05/06)  
 Pied Piper Club  
 Cambridge After School Club  
 Karate Club  
 Thursday Afternoon Club (stopped in 2006)

Norbiton Scouts  
Redecoration of Piper Hall  
Gardening Workshop  
Skipping workshop  
Aladdin at Queen Mary Hall  
Christmas Concert (including support from Age Concern)  
Easter Egg Treasure Hunt  
Tea Dance  
Newsletter

**Planned for 05/06 according to 04/05 Annual Report**

This list below describes planned events and activities

Family Discovery Day (positive parenting)  
Fathers Forum  
Promotion of Kingston's Parent Forum  
Positive Futures  
Feasibility study for Community Shop  
Breakaway Self Defence  
Consultation on community gardens  
Falls Prevention Event  
Flexercise for over 50s  
Comprehensive Directory of Services  
Themed nutrition events  
Coach trips

## **Appendix 8 Additional Funding Sources**

### **04/05**

£13,000 Surestart Funding for Pied Piper Club

### **05/06**

£50,000 Home Office funding for Positive Futures

£20,000 NHS funding for Hawks Road Play Area – from Out of Hours Budget

### **06/07**

£50,000 Home Office funding for Positive Futures

£96,000 Learning Skills Council funding for Wireless Project

£4128 KVA Small Grants for Wellcare project

£19,000 SureStart funding for After School Club Holiday scheme

£5228 Neighbourhood Grant/sponsorship/donations as below

<i>Mears</i>	1,300
<i>Local Businesses</i>	318
<i>Thames TV</i>	1,000
<i>National Clamps</i>	250
<i>Neighbourhood Grant</i>	750
<i>FISH week</i>	500
<i>RBK Housing</i>	500
<i>Bull &amp; Bush</i>	210
<i>Noodle stall charge</i>	50
<i>smith &amp; byford</i>	250
<i>bill filming</i>	100
Total	5,228

### **07/08**

£50,000 Home Office funding for Positive Futures

£3,458 from Extended Schools funding for Stay and Play sessions

£21,700 raised by Refugee Action Kingston for Piper Hall Drop in

£22,000 Learning Skills Council funding raised by Kingston College for Success in Retail project

£2,450 Sponsorship/grants as below:

Fun Day	
<i>Mears</i>	1,000
<i>National Clamps</i>	250
<i>Neighbourhood Grant</i>	500
<i>FISH week</i>	200
<i>smith &amp; byford</i>	250
<i>Kingsmeadow</i>	250
Total	2,450

In addition £2270 in gifts in kind (gazebos. Potato oven etc)

## **Appendix 9**

### **Members of the Commissioning Group October 2007**

Including attendees at meeting 29<sup>th</sup> October 2007

Cllr. Rolson Davies (Chair)	(RD)	Councillor for RBK
Cllr. Sheila Griffin	(SG)	Councillor for RBK
Cllr. Penny Shelton	(PS)	Councillor for RBK
Cllr. Steve Mama	(SM)	Councillor for RBK
Gillian Pennington	(GP)	RBK - Voluntary Sector Unit
Jill Darling	(JD)	RBK – Chief Executive’s Directorate
Neville Rainford	(NR)	RBK – Environmental Services
Shane Brennan	(SB)	Age Concern
Hillary Garner	(HG)	KVA
Maria Tunmer	(MT)	KVA
Mary Graham	(MG)	CAP
Iona Lidington	(IL)	KPCT
Susan McAuley	(SMY)	RBK – Community Services
Denise Parry	(DP)	CAP
Jill Preston	(JP)	Resident
Marie-Claire Edwards	(CQ)	RBK – Environmental Services
Sgt Jim Northway	(JN)	Norbiton Safer Neighbourhood Team
Des Gordon	(DG)	RBK- Housing Management
Helen Raison	(HR)	KPCT
Scott Herbertson	(SH)	RBK – Learning and Children’s Services
Inspector Mick Mills	(MM)	Safer Neighbourhoods Team
Anna Clarke	(AC)	RBK – Community Services
Rob Dickson	(RDN)	RBK – Environmental Services
Martha Earley	(ME)	RBK – Community Services
Ian Nixon	(IN)	KPCT
Prabha Shetty	(PSY)	RBK – Learning and Children’s Services
Grahame Snelling	(GS)	RBK – Learning and Children Services
Charlotte Fitzgerald	(CF)	RBK – Community Services

### **Members of the Project Team**

Mary Graham, Manager, CAP

Denise Parry, Community Development Officer, CAP

Line management Charlotte Fitzgerald, RBK and Iona Lidington, KPCT

## 6 References

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- <sup>1</sup> CAP Pack 2: Kingston Community Action Partnership, June 2004.
- <sup>2</sup> CAP Pack 2 op cite
- <sup>3</sup> CRE CAP – Report to Commissioning Body from the Access Task Group, Sept 2004- paper version supplied by Gillian Pennington
- <sup>4</sup> CRE CAP – Report to Commissioning Body from the Health Task Group, 2004- paper version supplied by Gillian Pennington
- <sup>5</sup> CRE CAP – Report to Commissioning Body from the Environment Task Group, 2004- paper version supplied by Gillian Pennington
- <sup>6</sup> CRE CAP – Report to Commissioning Body from Safer Neighbourhoods, 2004- paper version supplied by Gillian Pennington
- <sup>7</sup> Lindfield Tessa (2005) Health Needs Assessment Report, Cambridge Road Estates Community Action Partnership, Kingston PCT. Interim Report December 2004 also available
- <sup>8</sup> Lindfield Tessa (2005) Health Needs Assessment Report – op cite
- <sup>9</sup> Fitzgerald, C (2006) Interim CAP Evaluation 2006, RBK
- <sup>10</sup> Luck M and Jesson J (1996) Evaluation of Community Health Development, Published by Community Health UK, Aston Business School.
- <sup>11</sup> Tenant Survey, Housing Services, RBK 2006