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Introduction

A couple of years ago, I had a debate among my colleagues about the difference between the words transformative and transformational. Knowing the English language is full of nuances and limitations, I felt strongly that our research team needed to be intentional regarding which word we used for one of our manuscripts. We debated whether lifelong learning was transformative or transformational, and we settled on the word transformative (Pstross, Talmage, Peterson, & Knopf, 2017).

For your and my edification, some lexicographers see the two words as synonyms, whilst some see them as different. What is clear that is that transformational is a newer word than transformative, but the word transformative is much more popular and powerful. Transformative is used to describe the ability to change, combine, or shift (e.g., community development is transformative), whilst transformational is generally used when something has already been changed, combined, or shifted (e.g., the experience was transformational) (O’Conner & Kellerman, 2012). Thus, you see why I prefer the more active, transformative.

When I read through three articles contained in this twenty-first issue of Community Development Practice, I can see the transformative power of community development across the globe. In our first article, we see the transformative power of community development to improve rural health in West Virginia. In our second article, we see the transformative power of community development to strengthen veterinary extension systems in Zimbabwe. In our third article, we see the transformative power of community development to reduce group and gang violence in London. These incredible stories and tools move our practice of community development forward in this new millennium.

I hope you will find these articles not only useful but also inspiring of your own practice. I also hope you consider submitting articles to Community Development Practice in the near future. Your stories and tools deserve to be shared. Please also consider presenting your stories and tools at future conferences of the Community Development Society. We must unleash the transformative power of community development and not keep it hidden.

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References


The Transformation of the West Virginia Recruitable Community Program

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Abstract
Attracting and retaining primary care providers is a significant issue for many rural communities. For more than 15 years, The West Virginia Recruitable Community Program (RCP) has worked to address a wide range of community development issues that impact rural West Virginia communities' attractiveness for rural health care providers and their families. The program began in the late 1990s as a partnership between the West Virginia University (WVU) School of Medicine's Community Medicine program, and the Community Design Team (CDT) program of the WVU Extension Service. The model was to meet with community leaders to determine their issues and then to recommend potential solutions through the CDT two-day planning charrette.

In late 2010, the state Department of Health and Human Resources took over operation of the program and continued it along a similar trajectory. The model had to change as the CDT, which had left the direct control of the Extension Service shortly after the partnership began, ceased doing planning charrettes. These changes resulted in a more “top down” approach for the RCP.

Recently, the RCP effort has expanded by adding more locally-based community-building activities to evaluations and reports prepared by external experts. The resulting program shows evidence of strengthening local capacity in an effort to sustain development initiatives.

Keywords
Health Care, Community Development, Engagement, Planning
Introduction

West Virginia ranks poorly in health outcomes. Primarily rural, its challenging topography with mountains, valleys, and rivers has resisted population growth and economic improvement. For example, West Virginia is one of only three states that showed a net population loss from the 2010 Census to the 2016 population estimates (Census Bureau, 2017). The Mountain State also ranked 44th in its individual poverty rate and 47th in median household income, according to the 2015 American Community Survey (Census Bureau, 2015). Thus, it should come as no surprise that West Virginia has had shortages of health professionals.

In an effort to improve this situation, West Virginia created the Recruitable Community Program (RCP). Its 2015 brochure states that the program “offers assistance and support to communities seeking to preserve quality health care in rural areas of West Virginia” (WV DHHR, undated). The effort assesses and evaluates the livability of communities, generating suggestions and ideas that can be implemented to make places more amiable to health care professionals who consider locating there.

This CD Practice article describes the evolution of efforts to create community change that supports the recruitment of medical professionals. First, it describes the situation in the Mountain State, both generally and with respect to health care. It then describes the Recruitable Communities Program, its history and the recent changes to the program which have made it more community-focused and potentially more effective. The report closes with a discussion of the impact of these changes and the challenges that had to be overcome as the program changed.

Background

West Virginia has a history of poor health outcomes and a problematic health care system. The state consistently ranks low in health outcomes. Since 1990, the state has ranked between 40th and 50th in overall health outcomes, according to the United Health Foundation’s American Health Care Rankings* (UHF, 2015). Its 2015 overall health care ranking was 47th – a drop of three positions from 2014. The state ranked 47th in health determinants. It was in the middle of all states for community and environment (25th) and policy (27th); however, it was near the bottom in behaviors (49th) and clinical care (49th). Most importantly, West Virginia ranked 50th (last) in overall health outcomes.

Meanwhile, health care availability is consistent with the American Health Care Rankings. Physician shortages in rural areas have troubled West Virginia for decades (Balleydier, 2009). Recent data from the U.S. Department of Health and Human Services shows this as well. In 2016, 52 of the state's 55 counties were designated as Medically Underserved Areas with an Index of Medical Under-service (IMU) of 62.0 or less (US DHHS, 2017a). The IMU is a weighted average of four variables: providers per 1,000 persons, infant mortality rate, poverty rate for the entire population, and share of population age 65 and over.

Likewise, current data show that 46 West Virginia counties have at least one area designated as a place with a health care shortage for primary care (Primary Care HPSA). These areas have fewer than one physician for every 3,500 people. Areas are also designated as an area with a primary care shortage if they have fewer than one physician for every 3,000 people and rank poorly on other health and socio-economic indicators (e.g., percentage of the population below 100% of the Federal Poverty Level, infant health, including infant mortality rate and low birth weight rate, and travel time to the nearest source of care outside of the HPSA designation) (US DHHS, 2017).

The reason for these shortfalls is not a lack of facilities. Unlike other states, West Virginia has not suffered the closure of rural hospitals. Data shows 62 hospital facilities in 42 counties. (WV DMAPS, undated.). This includes four Veterans Administration hospitals, three rehabilitation centers, and the state’s acute care psychiatric facility. This leaves 54 regular care hospitals in state, corresponding to data from the Kaiser Family Foundation (2015), of which 20 were critical care facilities (Flex Monitoring Team, 2016). The state’s small hospitals are key providers of health care in rural areas. They provide both inpatient and emergency services vital to the health and well-being of the isolated communities that they serve (Balleydier, 2009). They are also located in places where it is difficult to attract and retain health care professionals – rural areas often characterized by sparse populations, high poverty rates, homogeneous populations of a single racial or ethnic group, and a lack of cultural amenities (Wheeler et al., 2013).

To help alleviate this situation, the Recruitable Community Program (RCP) was created in the late 1990s (Shannon, 2003; Melton, 2013). The idea was to help places improve their economic conditions and the quality of life they offer, making them more desirable locations for medical professionals. The program began as an effort of the (former) WVU Department of Family Medicine, in collaboration with other university units (such as the Extension Service) and state agencies (such as the Department of Health and Human Resources – DHHR). Changes at the WVU College of Medicine and state agencies led to oversight of the program being transferred to the Division of Rural Health and Recruitment within DHHR, which continued to work in collaboration with the WVU Extension Service and other agencies (Balleydier, 2009; Melton, 2013). The focus on making places more attractive to medical professionals, however, did not change.
Recruitable Community Program History

Over the course of its 18-year history the Recruitable Community Program has undergone several iterations and changes in coordination, structure, and program offerings (Table 1).

The original RCP model was used in seven communities between 1999 and 2002. One of the essential components of the program was the use of multidisciplinary community assistance teams drawn from WVU Extension and academic departments (Shannon, 2003). For example, two Extension programs integrated into the program model from the outset were the First Impressions program and the WVU Community Design Team (CDT). First Impressions draws from goals and processes of both traditional needs assessments (Watkins, Leigh, Platt, & Kaufman, 1998) and asset-based community economic development strategies (Kretzmann & McKnight, 1993; Mathie & Cunningham, 2003) to construct an inventory of a community’s assets and challenges. Findings from these assessments noted the strength and weaknesses of community’s appearance and aesthetics, considering how the town’s appearance helps and hurts downtown revitalization, business retention and expansion, and professional recruitment. While the spotlight has been on outward appearances of physical infrastructure and public spaces, observations frequently stimulated broader discussion and a collaborative process that created stronger community development and an enhanced quality of life (Nix, Eades, & Frost, 2013).

Community development-related issues were examined in greater detail during the CDT visit. The teams consisted of 10 to 20 volunteers from a variety of disciplines including engineering, public administration, landscape architecture, historical preservation, and community economic development. In RCP communities, the Community Design Team added healthcare topics to the general examination of the community. The CDT also included a local RCP physician project director and personnel from health care disciplines such as family medicine and community medicine. And just as in a standard CDT, the community hosted team members, provided input, and participated in an intensive three-day design and planning charrette. Findings and recommendations were presented to the community at the end of the visit followed by a written report to community leaders.

Early successes of the original model, as reported by Shannon (2003), included the recruitment of 27 healthcare providers. Additionally, surveys of community recruitment board members indicated that community programming raised awareness of community development issues including appearance and leadership issues, and promoted community knowledge of and readiness for recruitment, personal leadership, and cooperative skills (Shannon, 2003).

In the mid-2000s both the Recruitable Communities Program and the Community Design Team effort underwent dramatic changes. As noted above, the RCP shifted from university control to state control as a result of funding and administrative changes. Grant money that had been used to start the effort were replaced by direct state expenditures. This led to greater state involvement in the management of the program. Eventually, supervision of the RCP moved from the West Virginia University College of Medicine to the state agency that deals with health and related issues – the West Virginia Department of Health and Human Resources.

Meanwhile, the Community Design Team had its own issues. Program administration for the CDT moved to the WVU Landscape Architecture Program (from the Extension Service) about the time the Recruitable Community Program visits started. For almost a decade, the CDT generally made two visits each year. The West Virginia DHHR, through the RCP efforts, became a primary funder of the CDT program as there was one visit focused on enhancing places to promote medical personnel recruitment each year between 1999 and 2007. In 2007, things began to change. The combination of decreased demand for the traditional planning charrette, increased difficulty in getting non-university professionals to participate on visit teams, and changes in CDT leadership resulted in the program deemphasizing two-day visits. Only five visits occurred between 2008 and 2012, of which three occurred as part of the Recruitable Communities Program efforts. In 2012, the RCP announced that the DHHR would no longer fund Community Design Team visits. Lacking other funding sources, the CDT program was suspended and eventually discontinued.
<table>
<thead>
<tr>
<th><strong>SHANNON MODEL</strong> 1999-2002</th>
<th><strong>SHANNON MODEL</strong> 2003-2010</th>
<th><strong>RE-VISITS</strong> 2012-2013</th>
<th><strong>DEPT. OF PUBLIC ADMIN. MODEL</strong> 2013-2015</th>
<th><strong>CURRENT MODEL</strong> 2015-Present</th>
</tr>
</thead>
</table>
| **Number of Communities:** 7  
Grant funded | **Number of Communities:** 10  
State funded | **Number of Communities:** 2  
State funded | **Number of Communities:** 1  
State funded | **Number of Communities:** 2  
State funded |
| **Sponsorship:** University led | **Sponsorship:** Program and funding shifts from University to state control. | **Sponsorship:** State control with technical assistance provided by the University | **Sponsorship:** State control with technical assistance provided by the University | **Sponsorship:** State control with technical assistance provided by University Extension |
| **Components:** First Impressions and CDT framework including multi-disciplinary teams drawn from University Extension and academic departments; inclusion of local physician project director and health care personnel. | **Components:** First Impressions and CDT framework including multi-disciplinary teams drawn from University Extension and academic departments; inclusion of local physician project director and health care personnel. | **Components:** Focused development projects; no explicit emphasis on healthcare. | **Components:** Student action research and service learning over 4 semesters.  
Emphasis on community involvement and deep engagement; programming includes community health initiatives but no explicit emphasis on healthcare recruitment. | **Components:** Emphasis on community involvement and engagement with local health care personnel and facilities as key stakeholders; Extension facilitated work sessions with stakeholders and residents; mini-grants/seed funding for projects. |
| **Outcomes:** Recruitment of 27 healthcare providers; increased awareness of issues related to community leadership and built environment | **Outcomes:** Recruitment of 27 healthcare providers; increased awareness of issues related to community leadership and built environment | **Outcomes:** Community housing plan; mural project | **Outcomes:** Community financial analysis, comprehensive plan, action on built projects. | **Outcomes:** Completion of funded projects; self-identified and directed projects and actions beyond program goals. |
A New Paradigm

For one year, the Recruitable Communities Program revisited places as it determined how to move forward without the CDT. In 2013, a revised Recruitable Community Program process was used in Ravenswood, WV. It was the initial attempt to mitigate issues that had arisen over time with the original model that featured a Community Design Team visit. Though the model provided a breadth of university resources to communities, the short time spent in the community frequently resulted in limited public engagement and little follow-through, especially when communities were not required to commit their own resources to the process.

In the revised program design, the RCP spent more time in the community, encouraged broad engagement from a diversity of community stakeholders, and hosted several community conversations to involve residents. In 2013 and 2014, the WV DHHR provided funds to support community-based service learning and action research as part of an existing four-semester sequence of graduate student courses focused on community development and public engagement taught by the WVU Department of Public Administration. Each semester, students would work in community on specific issues. At its conclusion, student-produced deliverables from the effort were synthesized into a draft comprehensive plan for the city. In 2015, community leaders began initiating projects outlined in the draft, specifically the development of tourism and recreation assets along the Ohio River. Additionally, the planning commission worked with a WVU Land Use and Sustainable Development Law Clinic to formalize the comprehensive plan.

This revised model successfully encouraged broad community participation and produced results. However, course requirements and university schedules hampered flexibility and responsiveness to community needs. Also, both the state agency and the community wanted quicker turnaround and more direct and immediate program impacts. So additional alternations in the model were deemed necessary.

Beginning in late 2015, the Recruitable Communities Program utilized a new, blended model led by the WVU Extension Service that incorporated design and place making tools to initiate conversations, followed by planning activities that occurred over a six-month time frame. As with previous iterations of the program, the process began with a First Impressions assessment of the community. In order to encourage open and honest dialogue about community needs, initial planning events included separate discussions between community members and stakeholders, who were identified by the local hospital or sponsoring health initiative. These meetings introduced the project, presented the results of the First Impressions team report, and started a discussion about potential community projects to address needs identified by the assessment and the community. After community and stakeholder groups identified priority projects, the groups were brought together into a working team. Although projects were prioritized separately, the identified projects overlapped to a significant degree. Later meetings featured a brief review of past work, work assignments, progress reports, and work to resolve any issues and concerns that had arisen. The final meeting was a celebration of community accomplishments to that point; RCP representatives presented funds to priority projects.

The new Extension-led model was piloted in Keyser, WV, a small community in the state’s Potomac Highlands. Planning activities began in the late fall of 2015 and took place over a seven-month period. The program achieved both community development process impacts and impacts to the built environment. For example, participation in community meetings nearly doubled from 17 attendees at the initial meetings to as many as 31 at subsequent meetings. Community and stakeholder participants represented a diversity of organizations and interests including local businesses, city and county officials, a local arts organization, hospital and health department employees, the local Chamber of Commerce, and the local college (WVU Potomac State College). Meanwhile, other participants included local residents interested in seeing their community – and their local healthcare options – improve.

The shortened time frame and streamlined planning process allowed more RCP funds to be directed to community-based end products rather than the process itself, resulting in positive program outcomes. For example, the grant program successfully funded seven programs and organizations. Many projects specifically addressed issues identified by the First Impressions program and community stakeholders. Welcome signage around the city was improved. Exercise equipment and an electronic race timer leveraged existing local recreation assets and events. Flowers and planters for downtown enhanced beautification projects. Seed money helped create a new dental program at the county health department. In the spring, Potomac Valley Hospital in Keyser, in conjunction with the WV DHHR partners, hosted a grant writing workshop which was attended by 22 local residents. Representatives from the local newspaper – the Mineral Daily News Tribune – developed the “Mineral County Answer Book” to increase resident’s awareness of clubs, organizations, and recreational opportunities available in the community – a recommendation directly linked to First Impressions report recommendations and early community conversations.

The group committed to continue working together after the close of the grant period. A representative from the local hospital agreed to take a leadership role and continue convening meetings. Group members organized themselves into teams to undertake additional
projects including a series of murals that showcase community history and serve as a visual welcome to the community. A quilt trail will link local farm tourism operations within and across neighboring counties. Finally, a local community ambassador program has been proposed to showcase the area’s history, art and culture, and outdoor activities, promoting these features for locals, visitors, and potential residents – including medical professionals.

As a result of these program successes, the Recruitable Communities Program has had the WVU Extension Service work in additional communities using this new model. The program worked in Williamson, WV, a small town on the state line in the southern coalfields from the fall of 2016 through the summer of 2017. As in Keyser, the program brought together a diversity of local residents and stakeholders and created positive community impacts. The group purchased materials for signage improvements to better link downtown and tourism assets. Additionally, informal collaborations between attendees resulted in a regular open-mic event at a local business; the local health clinic, which also coordinates community events, began work on a community-operated webpage for internal community marketing and news. Meanwhile, work began in Harrisville, a small county seat in the middle of the state with a medical clinic, in August 2017.

The changes in the model used by the Recruitable Communities Program occurred because of the need to reinvigorate the RCP effort after the demise the Community Design Team, which had been a major component of the original model. The most notable change between the current model and the earlier one was increased participation by residents of the RCP communities. The original model had only limited public participation in developing the ideas for community improvement – and the majority of this participation occurred during the two-day CDT charrette. The current model requires substantial citizen engagement over a several month process, in both periodic formal meetings and informal settings to define and develop projects.

This higher level of citizen involvement creates a challenge to gain local “buy in.” Participants must now make decisions regarding the details of their community’s improvement plan rather than having a plan presented to them. Now, the community members themselves actively recruit participants, build commitment through idea generation, and keep the activity on track.

Staff from WV DHHR and faculty from WVU have increased the guidance they provide the community, even as they require more local ownership for decision-making and action. Preparing for and participating in multiple meetings over a several month period requires much more work – and travel – than a two-day charrette. Additionally, DHHR officials have become much more active and present in the communities throughout the RCP than they had previously been, which has necessitated more planning on their part. Being proactive and using flexible scheduling have helped in this area. Finally, there has been the issue of resource availability. The program currently costs the community nothing and recent visits have offered funding from WV DHHR for projects that were identified as part of the RCP effort. But the funding has restrictions that are problematic. The funds made available to a community must be spent by June 30. They cannot be used for general supplies, and are limited to a maximum of $10,000 per project (out of which operational expenses must also be paid). The hope is these funds will act as seed money that leverages other resources. It is also hoped that the new RCP process will create greater local support, and increased commitment will lead to increased funding from other sources.
Concluding Comments

For nearly 20 years, the Recruitable Communities Program has worked to improve communities for health care professionals and resident. Early iterations included citizen participation and education, but the planning approach tended to be largely top-down. As a result, leadership capacity and community conditions in many places did not improve substantially. One major positive aspect of the changes in the RCP is that the effort is now very much aligned with standard rubrics of community development process, such as the Community Development Society’s Principles of Good Practice.

The RCP seeks broad and extensive community participation in the process of planning for community improvements to make places more desirable destinations for health care professionals. As part of this, a conscious effort is being made to ensure that all interested and/or impacted parties and groups are involved in the planning process. In Keyser, WV, the process produced synergies such as the collaboration between a local realtor and representatives from a regional arts council to develop murals as part of welcome signage at a community entrance.

The program also provides education about the community – in the forms of data and assessments – that heighten awareness of persistent community issues and to serve as an aid in decision-making. Although the assessment comes from an outside perspective, it quickly stimulates community discussions about strengths and weaknesses. This enhances the leadership capacity of community members as they begin to identify ways to make their community a better place, rather than be told by “experts” what needs to be done.

The community driven model is in line with best practices, but is also a practical reality of the program. Each of the places that have used the current model have had their own set of challenges and their own needs. In order to get residents to become active, stay energized, and create the projects that improve the overall well-being of the community, the RCP has had to be flexible. This flexibility is perhaps the program’s greatest strength. By meeting the community where they are, and leveraging their unique assets, the program has yielded positive outcomes for participating communities. More importantly, it has allowed the program to change, to continue to incorporate new tools and methods, and remain relevant to West Virginia’s rural communities for nearly 20 years. We believe this flexibility also makes the program valuable for other rural states and communities working to address rural healthcare professional recruitment.
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Strengthening Community-based Veterinary Extension Systems in Smallholder Farming Areas of Zimbabwe

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Abstract

Zimbabwe used to have a very strong agricultural extension system. The economic and political challenges that the country faced since 2009 led to many agricultural extension officers leaving the country for greener pastures. In order to fill the gap, most non-governmental organisations started working with and training community members in basic extension. The trained cadres were then asked to cascade the training to their peers. The trained farmers were referred to as lead farmers and concentrated mainly on crop production. With livestock gaining more prominence, the same model was used to train farmers on livestock production and management. The trained farmers were known as paravets. GOAL Zimbabwe, an Irish NGO used the model in its livestock interventions in Buhera District in the south-east of Zimbabwe. Over 500 paravets were trained and more than 60% were women. As a result of the model, mortality rates were reduced drastically. The Ministry of Agriculture, Mechanisation and Irrigation Development is now working on modalities to scale up the paravet model to the rest of Zimbabwe.

Keywords

Livestock, Paravets, extension
Introduction

Between 2002 and 2009, Zimbabwe experienced a massive exodus of agricultural professionals who sought better opportunities in other countries. An economic meltdown precipitated this flight of human capital.

The exodus severely weakened a previously strong, advanced and highly regarded agricultural extension system. To offset this challenge, GOAL Zimbabwe adopted the “lead farmer” concept that had previously been used to promote farmer-to-farmer learning in cropping systems for livestock promotion. GOAL Zimbabwe trained local farmers as paraprofessional veterinarians (paravets) to serve as frontline agents for livestock management. By December 2016, there were 583 paravets in Buhera District, 60% of whom are women. ‘Paravets’ work closely with government-appointed extension workers as they diagnose and treat diseases and provide producers with relevant information. Government veterinarians report that between 2013 and 2015, the introduction of paravets resulted in a 25% decrease in mortalities among all livestock types.

Paravets in Buhera also led the implementation of a goat and cattle-based genetic improvement programme that GOAL Zimbabwe is running jointly with two private companies: Makera Cattle Company and Cooper Zimbabwe. Through this partnership, 39 pedigree bulls were introduced into the community in 2014. Paravets manage the health and use of these 39 pedigree bulls, and no bull fatalities have been recorded to date. This is a significant milestone.

In fact, Makera implemented similar projects in other parts of the country where paravets were not involved and achieved worse results. Paravets have also substantially reduced work pressure on government veterinary workers.

Currently, the Ministry of Agriculture supports the planned certification and registration of paravets. This enables the paravets to charge fees for this low-input and easy to replicate service model. As paravets have improved livestock husbandry practices, smallholder farmers enhance their livelihoods and generate additional income in line with Sustainable Development Goal (SDG) 1 (End poverty in all its forms everywhere). To provide a sound justification to expand this strategy, GOAL Zimbabwe commissioned a comprehensive study to validate the model and develop a framework for the national roll-out.

This paper has been written with the following CDS principles of good practice in mind:

- **Appreciative Inquiry** Promote active and representative participation toward enabling all community members to meaningfully influence the decisions that affect their lives: In the case of Buhera, livestock is the only viable commercial enterprise that smallholder farmers can engage in. Therefore, it is important to engage as many farmers as possible in such projects. More critically, the selection of beneficiaries must be as open and transparent as possible. All decisions relating to such interventions should be community-based and community led.

- **Appreciative Inquiry** Engage community members in learning about and understanding community issues, and the economic, social, environmental, political, psychological, and other impacts associated with alternative courses of action. The advantage of working with farmers using the group approach is that it promotes social cohesion and provides a platform to exchange ideas on the projects they will be implementing. There are also opportunities for farmer-to-farmer discussions about common issues. These opportunities bring people together to focus on important and appropriate issues, especially in a country like Zimbabwe where there has been political polarisation since 2000.

- **Appreciative Inquiry** Incorporate the diverse interests and cultures of the community in the community development process; and disengage from support of any effort that is likely to adversely affect the disadvantaged members of a community. And work actively to enhance the leadership capacity of community members, leaders, and groups within the community: The experience from interventions of this nature is that community and social leaders emerge to take up responsibilities for the benefit of others. This leadership can be useful in other areas of human development.

- **Appreciative Inquiry** Be open to using the full range of action strategies to work toward the long-term sustainability and wellbeing of the community.

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2. This is not an acronym but the name of an Irish international humanitarian and development non-governmental organisation: https://www.goalglobal.org/

Defining Participatory Extension

Writing in the Agricultural Research and Extension Network (AgREN), Murwira, et al (1999) defines participatory extension approaches (PEA) as an extension approach and concept that involves a transformation in the way extension agents interact with farmers. Participatory Extension Approaches evolved from the experiences of the late 1980s and early 1990s with the introduction of methods such as Rapid Rural Appraisal, Participatory Action Research and particularly, Participatory Rural Appraisal. All these approaches hinge on the need and desire for participation by different groups in (development) processes. According to Oakley (1989) in Eklund (1999), participation can be defined as, “…people’s involvement in decision-making processes, in implementing programmes…their sharing of benefits of development programmes and their involvement in efforts to evaluate such programmes.” According to Murwira, there are six benefits of participatory extension approaches:

i. They integrate community mobilization for planning and action with rural development, agricultural extension and research.

ii. They are based on an equal partnership between farmers, researchers and extension agents who can all learn from each other and contribute their knowledge and skills.

iii. They aim to strengthen rural people’s problem-solving, planning and management abilities.

iv. They promote farmers’ capacity to adapt and develop new and appropriate technologies/innovations.

v. They encourage smallholder farmers to learn through experimentation, building on their own knowledge and practices and blending them with new ideas. This takes place in a cycle of action and reflection which is called “action learning”.

vi. They recognise that communities are not homogenous but consist of various social groups with conflicts and differences in interests, power and capabilities.

These benefits relate very well to the idea of community participation. Arnstein (1969) and Pretty (1994) identify eight and seven levels of participation respectively. These levels are presented in the following table:

According to a White Paper by the UK National Association of Local Councils (2008), community empowerment is said to have been achieved when “…people and government work together to make life better. It involves more people being able to influence decisions about their communities and more people taking responsibility for tackling local problems, rather than expecting others to” (p.1). According to the White Paper, community empowerment results in:

i. Providing a process owned by the community, through which each and every citizen can participate in improving the quality of life within their locality.

ii. Instigating genuine engagement between communities and their local government structures.

iii. Delivering effective support structures for community action.

In the agricultural context, the role of extension agents is to facilitate this process. Farmers and extension agents work together to find solutions to common problems.

<table>
<thead>
<tr>
<th>Arnstein</th>
<th>Pretty</th>
</tr>
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<tbody>
<tr>
<td>Manipulation: rubber stamping</td>
<td>Passive participation: people participate by being told what is going</td>
</tr>
<tr>
<td>Therapy: power holders educate citizens</td>
<td>to happen or has already happened</td>
</tr>
<tr>
<td>Informing: citizen rights and options indicated</td>
<td>Participation in information giving: people participate by answering</td>
</tr>
<tr>
<td>Consultation: citizens heard but not</td>
<td>questions posed by extractive researchers through questionnaire surveys</td>
</tr>
<tr>
<td>necessarily heeded</td>
<td>and similar methods</td>
</tr>
<tr>
<td>Placation: advice is received but not used</td>
<td>Participation by consultation: people participate by consulted on</td>
</tr>
<tr>
<td>Partnership: trade-offs are negotiated</td>
<td>problems and solutions defined by external agents. The consultations</td>
</tr>
<tr>
<td>Delegated power: citizens given management</td>
<td>may use information received but are under no obligation to do so</td>
</tr>
<tr>
<td>power for selected or all parts of the</td>
<td>Participation for material incentives: people participate by providing</td>
</tr>
<tr>
<td>programme</td>
<td>resources (such as labour) in return for food, money or other material</td>
</tr>
<tr>
<td>Citizen control: communities are at the</td>
<td>benefits. Participation stops when incentives end</td>
</tr>
<tr>
<td>forefront of identifying and implementing</td>
<td></td>
</tr>
<tr>
<td>development projects</td>
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**Functional participation:** people participate by forming groups or institutions to meet pre-determined objectives related to projects commonly instigated by external agents. These groups tend to depend on external assistance, although some may become self-reliant.

**Interactive participation:** people participate in joint analysis, leading to action plans and the creation of new local institutions or the strengthening of existing ones. People develop a sense of ownership of the created institutions or initiated activities.

**Self-mobilisation:** citizens given management power for selected or all parts of the programme.
Zimbabwe Experiences with Agricultural Extension

Agricultural extension in Zimbabwe dates to the 1900s when Emery Alvord, a European missionary, began to recruit, train and appoint demonstrators (extension staff) who provided extension service in rural areas. The staff demonstrated good farming principles practically on the ground for farmers to see, learn and adopt on their own fields.

Since then several methods ensure that smallholder farmers have access to appropriate and relevant agricultural information for both crops and livestock. The most common methodologies used are:

**Farmer Field Schools**

The Farmer Field School (FFS) approach involves farmer groups being taken through thorough training along the whole value chain of a particular commodity such as cotton, maize or tomatoes. This training emphasizes the use of hands-on training and demonstrations. It is an effective approach that imparts skills to farmers. It assumes that the extension agent has thorough knowledge of the commodity concerned. The approach has its origin in earlier programmes for plant pest management on crops such as cotton and horticulture.

**Group Development Areas (GDA)**

These were piloted in the 60's and 70's with a lot of success. They basically formed interest groups in a given area. Activities of GDAs would address managing specific crops, horticulture (group gardens) livestock and even saving clubs. There was a very strong bond between the extension agent and the farmer groups concerned. Many aspects of this approach are still being used by extension agents.

**Radio Listening Groups**

Technical messages are sent out from the national studios at specific times that are well-known to farmers. Farmers gather to listen and take notes. It is less commonly used now than in the past. It is, however, effective in creating awareness. Modern versions of these messages use podcasts, where recorded audio messages and telecasts are played to farmers on specific topics of interest.

**Study Circles**

This involves study materials that are developed for farmers to read and study on their own in groups with the help of local extension workers. The approach has had a lot of success. It was a donor-driven approach initially, but has since been integrated into conventional extension systems.

**Commodity Group Approach**

This is the more general approach where farmers receive training about any commodity of their choice from their local extension agent. Commodities can be in the form of crops, including horticulture and even livestock. This can also be offered by the private sector, especially under contract growing arrangements where issues of quality are paramount.

**Master Farmer Training Approach**

The Master Farmer Training Approach has been used by extension agents for the past 50 years. The idea is to produce a certain strata of competent farmers who consistently adopt improved methods of farming, leading to certification and provision of badges. This has produced a prestige effect amongst farmers in rural areas. The programme has an elaborate constitution that guides how it should be run, including a curriculum covering all critical aspects a farmer should know.

**The Lead Farmer Approach**

The Lead Farmer approach is a slight dilution of the Master Farmer Approach that was implemented before Independence in Zimbabwe in 1980. The idea is to identify a few “clever” farmers in a group who are given specific training on basic crop-based agriculture. Through a Training of Trainers approach (TOT), the training is cascaded to other group members. The approach has a multiplier effect since a lot of farmers are reached over a relatively short period of time. Lead farmers are chosen by their fellow members based on a loosely defined criteria including interest, proven agricultural acumen, good social relations, and in very few cases, educational qualifications.
So How Did We Get to Paravets?

An important point to make about all the approaches and methodologies described above is that they were driven by the Government, with the farmer being a recipient of service. This worked before the economic downturn, but when Zimbabwe’s economy started to deteriorate in the late ‘90s, so did the extension system. Most extension workers left to seek better opportunities in other countries in the region and abroad. In many cases, those who left were the most experienced and had both experience and technical know-how. The problem of professional brain-drain became so huge that, according to a research conducted in 2005, an estimated 500,000+ professionals across all productive sectors in the country migrated to other countries where their skills were highly sought. While the country was losing key personnel, the economic challenges prevented the Government from providing the remaining extension officers with funding for transport, or even for stationery to enable them to carry out their duties.

At this same time, the Government struggled to provide dipping chemicals to farmers. In Zimbabwe, cattle need to dip once a week in summer and twice a week in the rest of the year in order to avoid tick-borne diseases. But in addition to the threat to herds, this cut in funding had a negative impact on civic life among farmers because there were fewer opportunities for the community to meet on dipping days to discuss livestock issues. Moreover, in response to the brain drain, the Government designed a “fast track” extension programme that reduced training from 3 or 4 years to 18 months. This unintentionally magnified the brain drain because, besides providing technical support and backstopping to the communal farmers, this training program was intended to help farmers who resettled under the land reform programme which started in 2000. There was therefore a bias in the allocation of extension officers towards “new farmers”. The two major challenges of reduced technical experience and resources did not improve.

There was an obvious gap in agricultural extension but also a new entrant, non-governmental organisations (NGO). Whilst the NGOs provided extension staff (ironically most of them recruited from the Government), they quickly realised that it would not be possible for them to cover all the farmers adequately. This led to the birth of the Lead Farmer approach.
GOAL Zimbabwe Food Security and Livelihoods Programme

GOAL is an international humanitarian agency dedicated to alleviating the suffering of the poorest of the poor in the developing world. Since its inception in 1977, the agency has responded to virtually every major natural and manmade disaster in the developing world, worked in over 50 countries and spent more than $1 billion on emergency relief and development programmes. GOAL started operating in Zimbabwe in 2002 at the behest of the United Nations World Food Programme (WFP) at the height of one of the worst food crises the country has seen, with over 6 million requiring food assistance of a population of 12 million. While the organisation’s programmatic profile has grown to include Health and Nutrition and Water, Sanitation and Hygiene, its food security and livelihoods programme has continued to be the main area of focus. From 2005, the organisation worked with agencies such as the Food and Agriculture Organisation (FAO), the European Union (EU) and the United States Office for Foreign Disaster Assistance (OFDA) to promote sustainable agricultural production through technologies and techniques such as conservation agriculture. The period that GOAL started sustainable agriculture programmes coincided with the period of economic and political meltdown in Zimbabwe. As a result, the organisation adopted the lead farmer model as its main extension approach.

GOAL had carried out food assistance and food aid programmes in Buhera District of Manicaland Province ever since it established operations in Zimbabwe in 2002. From 2010, the organisation started to engage the communities on sustainable interventions. The communities in Buhera pointed out that because their area did not receive enough rainfall to sustain crop production, it was better to focus on livestock. GOAL worked with the communities and Government extension workers to develop proposals on livestock which were then funded by USAID/OFDA and the European Union. Borrowing from the experiences of organisations such as Practical Action, which had done a lot of livestock work in East Africa, GOAL adopted the lead farmer approach by working with and training community members in basic livestock husbandry and management. They coined the term “paravet” to distinguish them from lead farmers involved with crop-based agriculture.

The Paravet Model

The paravet model operates along similar lines to the lead farmer approach. The model also uses the cascading approach to reach as many farmers as possible across all livestock value chains. Paravets work closely with relevant Government departments and have become the first line of livestock disease detection while they are a primary source of knowledge about livestock health care. As of December 2015, GOAL Zimbabwe and the government departments have trained over 600 paravets in Makoni, Nyanga and Buhera districts of Manicaland Province. Sixty percent of them are women. This is quite an impressive statistic considering that livestock especially cattle is generally regarded as a male domain. Paravets must demonstrate that they adhere to the practices they are training others to do. For example, a paravet should have proper animal housing -- three-cross sectional kraal for cattle and a raised pen for small stock (goats and poultry), evidence of supplementary feed (both the quality and quantity of grazing are very poor in the three districts) and basic drugs for (vaccination and dosing) the most common livestock diseases in the area.
The Model in Practice

During the implementation of the livestock interventions, communities in Buhera pointed out the challenge of poor livestock genetics in the district. The poor genetics were mainly caused by excessive in-breeding that severely reduced the size and quality of cattle. This led to suppressed levels of income from the sale of the animals. In response, GOAL Zimbabwe entered into an agreement with Makera Cattle Company (and its partner Coopers) in 2014. Makera is a private sector company involved in the breeding, selling and buying of pedigree cattle. The agreement allowed the Buhera District to introduce pedigree bulls. Before the bulls were introduced into the communities, there were meetings at district and ward levels. One of the issues discussed was the need to have local people look after the bulls daily. Because the bulls still belonged to Makera, the company decided to engage one community member to be their agent assisting other farmers to look after the bulls.

Criteria for selection of paravets included the following:

1. Whoever was selected had to have gone through all the modules of paravet training.
2. They had to have constructed proper housing for their cattle, in this case, a three-dimensional kraal.
3. They had to demonstrate that they had adequate reserves of supplementary feed. This was particularly important because the bulls were delivered in the dry season where grazing was at a premium.
4. They had to have some reserve drugs to be able to respond to any diseases and internal and external parasites that could affect the bulls.

Since October 2014, GOAL and Makera have introduced 39 pedigree bulls into 12 wards in Buhera. Before the introduction of the bulls, a baseline study was conducted. One of the indicators focused on birthweight. At the time of the baseline, the average birthweight was 25kg. This has improved to 35-40kg. The first calf of the project dropped in May 2015 and since then an additional 330 calves have been born with an average of eight calves per bull. Goats produce at a much faster rate than cattle and by May 2016, there were more than 800 kids from the improved goat breeds. Sale of the improved cattle has not yet started, but the model encourages farmers to sell off their traditional bulls and heifers. One group sold more than 50 cattle to Surrey Abattoir in December 2015 and bought 11 cattle for pen fattening. The same group has now started a poultry project and a nutrition garden using proceeds from the sale of the cattle.

The project is now working on improved nutrition for livestock and is collaborating with the International Livestock Research Institute (ILRI) to promote growing legumes such as lablab, Lucerne and velvet bean as supplementary feed. This will reduce the number of days required for pen fattening and increase the amount of money that the farmers can get from the sale of the cattle. The project is also working with Surrey Meats to establish an irrigated pasture scheme to augment the natural grazing.

During an end of project evaluation for the OFDA Food Security and Livelihoods Centred Community Based Disaster Risk Reduction, there was a lot of praise and appreciation for the paravet model from both farmers and government extension staff:

- “Before the paravet training there was high mortality of 3-4 of cows per year and now it is zero” Male livestock farmer, Buhera District.
- “A cow can now calve once in a year whereas before, it could take even 2 years”. Livestock extension worker, Buhera District.
- “… farmers...have more interest. They value their animals more because they have been made aware, and they are jacked up. Even at dipping and supplementary feeding, people are aware now. More cattle are coming for dipping and they pay $2 because they see the importance”. District Veterinary Officer, Buhera District.
- “… before the coming in of paravets, we used to approach the local vet officer who would promise to follow up and would never follow-up due to some challenges we all knew such as transport. But when the paravets now communicate with the vet officer, the responsiveness is 100%”. Livestock farmer in Buhera District.

![A paravet using a weighing belt to take measurements on a bull in Buhera District](Photo by Tinashe Tsepete, June 2016)
Moving Forward with the Paravet Model

There is a lot of interest generated by the paravet model with the Ministry of Agriculture, Mechanisation and Irrigation Development already investigating ways to adapt the model and scale it up for the rest of the country. In line with this intended direction, GOAL Zimbabwe instituted a validation study to create a better understanding of the model and areas that need improvement for greater impact.

The validation study that examined taking the model forward drew three conclusions.

1. The paravet model complements the existing Government extension system

Local, regional and international assessments found that alternative community based extension systems such as the lead farmer and paravet systems are a strong complement to Government extension systems. These alternative systems offer a flexible and adaptable extension system that actively promotes community based extension systems across the country and are strongly supported by trained professionals from Government. To make these systems sustainable, long-term public funds can support the program’s basic needs while donors, NGOs and the private sector explore more innovative technologies to make the system more robust and effective.

2. Selection, training and mentorship is key

There is already a strong framework for the selection of paravets, requiring the ability to read and write, trustworthiness, communication skills, ability to work with all community members, as well as the proven capacity to lead other farmers in agricultural innovations and demonstrations. Training and mentorship to the paravets has been provided through farmer to farmer training. In situations where the technical expertise of Department of Livestock Production and Development (DLPD) and Department of Veterinary Services (DVS) is required, district and local level personnel of Government have provided much needed support. This system of selection, training and mentorship needs to be maintained, but Government must officially acknowledge the role of paravets in the extension system.

The paravets selection system is much more refined in areas that are endowed with livestock as the main source of livelihood. As the lead farmer model, paravets are driven to serve because they own livestock and want to help other community members. After paravets are trained, they sometimes lack access to essential equipment and drugs so that they can immediately practice their knowledge and skills. A more systematic selection, training and mentorship approach would be needed for the paravets to be recognized and trusted by communities, Government, private sector and other stakeholders. There is also need for a system of certification and recognition as has happened in other regional countries such as Kenya where certificates are provided.

3. There is a potential for paravets to be agents for agriculture input suppliers

Already some lead farmers have created centres where agricultural input suppliers provide seed that is needed by the farmers. Money is collected for payment to the input supplier. This has worked very well for the farmers, and the lead farmer gets a commission from the input supplier. This model can easily be replicated in all areas where paravets are well organized, and the organizational framework is respected by public and private sector companies.
Lessons Learned and How They Contribute to Understanding Community Development

In addition to findings of the validation study and the reflections of the authors, additional lessons were learned from implementing farmer led extension interventions that can be linked to the generally accepted principles of community development. Some key issues to be considered are that:

- Community development initiatives are more successful if they are demanded by the community, are community driven and community led. In the case of the Buhera livestock project, the community members asked for livestock interventions, designed the project and then implemented it. Less successful projects are those that are external to the context of the people that are mired in poverty.

- As long as rural communities see value, they will pursue development initiatives vigorously and with unwavering commitment. In most cases, paravets are not given incentives to carry out their work. The thrill of getting knowledge and putting it into practice for themselves and their colleagues is motivation enough.

- Sometimes, rural communities only need more knowledge and exposure to new ideas and innovations to improve their condition. The Buhera project has grown to the extent that farmers have now established communal and household feedlots. They are engaging directly with the private sector because of the training that they have gone through.

Conclusions

The paravet model has raised the livestock profile in areas where it has been used and has also improved relations between mainstream Government extension workers and communities. The model has generated a lot of interest, and the Ministry of Agriculture, Mechanisation and Irrigation Development is keen to adopt and adapt it to the national extension system. There is also a lot of enthusiasm from the private sector, which sees this as a viable model for working with farmers and for widening their business base. Granted, a lot of work still needs to be done to refine the model and increase its overall contribution to the agricultural sector. The next few years will provide the opportunity for this to happen.

An important point is that projects of this nature allow participating communities to move progressively into different levels of participation, as discussed by both Pretty and Arnstein. Besides being the first line of defence in livestock disease control, some paravets have diversified into other income generating activities. This allows them to be better able to look after their families and improve their general well-being.

The paravet model has allowed the extension system to adapt to prevailing circumstances, but it has also proven to be a reliable and relatively inexpensive way of ensuring that smallholder farmers have access to information and other support as they work themselves out of poverty.
References


A Tool to Reducing Group and Gang Violence in London

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Abstract

The purpose of this paper is to reflect on the experience of three community development practitioners working in neighbourhoods across London with communities who experience violence and violent crime, identify the common experiences and practical ways in which to support communities to reduce violence and associated trauma and grief.

In each experience, the ability to challenge the imbalance of power is a widespread problem. The practitioners share different community development techniques they have used to approach this challenge. This includes direct and indirect engagement and facilitation; collaboration, brokering relationships and partnership work. The outcome of the interventions provides initial evidence that demonstrates that when a community development approach is used there is:

A more successful community response in managing the complexity of Group and Gang Violence.

A strong collective aim from the community in stopping the issue from increasing

The paper sets out the argument for a proactive approach matched with the need to provide resources for community development in neighbourhoods most affected by group and gang violence. It identifies the need to implement a co-production model supported by community development facilitators working with communities most affected in London and that by embedding community development skills and facilitation within residents and organisations it provides an essential building block to develop robust intelligence, resilience and partnership responses to group and gang violence.
Evidence is drawn from the direct experience of working in North Brixton, Lambeth, Haringey and Westminster over five years. The organisations involved were Big Local, and the Community Development Foundation (CDF). The practitioners held specific roles; one is embedded in the Big Local in North Brixton whilst the other had dual capacity, as an Associate with (CDF) and on-going experience working for Big Local in other areas. This gave a unique opportunity to observe how community development principles could be utilised to great effect within these specific issues.

Big Local aims are to engage with the community and support those who wish to lead in seeking solutions and enabling a safer place in which to live. The CDF involvement was part of a commission by The Mayor’s Office for Policing and Crime (MOPAC) at the end of May 2015 to develop a community voice in the London Boroughs of Lambeth, Haringey and Westminster. It aimed to reduce serious group and gang violence (GGV).

The practitioners involved shared different ways of working with communities, including:

- Direct and indirect engagement work. Direct work with ex-gang members, male and female e.g. facilitating ‘talking’ meetings and indirect support to communities who experience the impacts of GGV e.g. work with local faith leaders who support the victims of GGV whilst on many occasions also supporting the perpetrators' families;

- Supporting individuals and groups take collective action using their strengths

- Supporting collaborative and partnership work

- Engagement in informal, un-recognised and relationship based activities.

- Independent and unbiased facilitation to bring different participants together

The aim of the above was to challenge power imbalances and address the needs of the community which are fundamental roles for community development. The hypothesis being that when an asset based community development approach is used it leads to the following outcomes;

- A more successful community response in managing the complexity of GGV.

- A shared and collective approach to stopping the issue from increasing.

- Increase support for those involved or affected by GGV.

Arnstein (1969) presented a view on the relationship between community and government by using a ladder as a metaphor for increasing access to decision-making power. In Brixton and Haringey, the practitioners experience from activists and leaders in this environment is that community engagement from Authorities has often been disempowering and tokenistic.

Arnstein (1969) presented a view on the relationship between community and government by using a ladder as a metaphor for increasing access to decision-making power. In Brixton and Haringey, the practitioners experience from activists and leaders in this environment is that community engagement from Authorities has often been disempowering and tokenistic.

Rather than placing an emphasis on power, the approach adopted by the practitioners was more interested in listening and enabling to influence project or policy outcomes in relation to group and gang violence. Their approach was to ensure the main messages from their engagement with community members were self-advocated by activists and leaders directly to policy makers and decision makers at subsequent meetings they attended.

Community Development is a long term value based process which aims to address imbalances in power and bring about change founded on social justice, equality and inclusion

(source CD National Occupational Standards). Foot and Hopkins, 2010, suggest that often when working with the most marginalized communities there is a default response to plug gaps, rather than build a more resilient, engaging and sustainable modal of practice. They consider that there is a more constructive way of focusing on the assets of the community looking at the healthy aspects that exist and capitalising on them.

“as well as having needs and problems, our most marginalised communities also have social, cultural and material assets. Identifying and mobilising these can help them overcome the health challenges they face... The more familiar ‘deficit’ approach focuses on the problems, needs and deficiencies in a community such as deprivation, illness and health-damaging behaviours. It designs services to fill the gaps and fix the problems. As a result, a community can feel disempowered and dependent; people can become passive recipients of services rather than active agents in their own and their families’ lives.”

(Foot and Hopkins, 2010, p7)

There is sufficient preliminary evidence to pilot this approach in neighbourhoods affected by GGV, with the aim of now gaining a more substantive evidence base of the efficacy of using a community development model to reduce GGV. (WOLA Special Report, 2008)
Group and Gang Violence - The Context

Group and gang violence is an increasing concern with 225 recognised gangs in London, comprising around 3,600 gang members (of these 58 gangs are considered particularly active). This relatively small number of people are responsible for approximately 17% of serious violence and stabbings, 7% of personal robbery, 40% of shootings and 12% of aggravated burglary in London (Metropolitan Police, 2016). Overall levels are increasing as it is estimated that in 2015 violent offences in London increased by 27% (Official Crime Statistics, 2016).

Whilst there is a growth in the support needs of young people and communities, both youth work and community development services are being cut. UNISON’s research from 168 local authorities across the UK, shows that youth services between 2012 and 2014 lost more than £60 millions of funding. This resulted in the loss of 2000 jobs, around 350 youth centres and 41,000 youth service places for young people. In addition to this, at least 35,000 hours of outreach work by youth workers was lost. (Unison, 2014).

Within wider public services there have been continuing cuts to services throughout the UK. In London, local government has seen a 60 per cent real terms reduction in core funding between 2011 and 2014 (London Councils Parliamentary Briefing, 2014). This is having a significant impact with the Local Government Association claiming that “As a result of these cuts councils in many areas will not have enough money to meet all their statutory responsibilities” (London Councils Parliamentary Briefing, 2014).

In addition, during this period community groups and voluntary organisations have faced increased funding challenges. The declining investment in support for communities and young people is impacting on communities and agencies’ efforts to reduce gang related violence. With the shrinking of public services and the increased funding challenges for community and voluntary sector organisations there is now a steadily increasing need for communities to fill the gap and play more of an active role in reducing group and gang related violence. Public sector, voluntary sector and community sector each want the same outcome but are driven by different priorities (and performance indicators.) Each stakeholder has to achieve more and do more with less.
The role of asset based community development in reducing GGV

There is an important role and range of activities for community development in the following 5 key inputs:

Programme of neighbourhood and borough based community development activity to identify, establish, form and strengthen community networks and a local voice.

Community development aims to build a picture of the people, connections and communication within communities. Community mobilisation is an important element of one of the most coherent, and best-evaluated, gang interventions, comprehensive Gang Programmes (Kennedy, 2008). This was developed by the US Department of Justice Office of Juvenile Justice and Delinquency Prevention (OJJDP) in 1993 (Pitts, 2007). Kennedy also highlighted that communities may be far more effective at deterring crimes than legal authorities (Kennedy, 2008).

Community development activity can play a significant role in strengthening the networks of local people and organisations through which to seek solutions by:

- Establishing who is who in the community
- Engaging in one to one dialogue about their experience of group violence with all parts of the community including the perpetrators,
- Identifying practices that have proved successful
- Building a picture of how the networks could work to help reduce group violence.

This approach relies on open and honest conversations being held, and relationships being built up through independent facilitation or what Gilchrist (2009) defines as ‘meta-networking’. It allows individuals to invite other people to join the discussion and signpost other connections who should be followed up. It recognises much of the informal work taking place “below the radar” and the impact this has within communities. Phillimore and McCabe with Andri SoteriProctor and Rebecca Taylor (May 2010) and McCabe and Phillmore (September 2012)

In this area of work there are many overlaps between organisations and interests and multiple community stakeholders who often wear several ‘hats’. This complex system of ‘players’ needs to be acknowledged and understood/analysed: how they are engaged in this work, their relationships with each other and with the statutory agencies as these multiple relationships are really important. Through a series of one to one conversations common understandings are developed across diverse interests. This creates a level platform of understanding which enables larger meetings to be convened. There may still be issues and different views but there is enough of a common opinion and desire to achieve change that the meetings can be focused and facilitated to a shared/agreed outcome.

Once contacts have been made and relationships built, experience shows that different people will be involved with different agendas and/or agencies and that networks are and can be created that span all levels of involvement and engagement.

Skilled external facilitation is key in developing the level ground on which to progress as some communities/organisations are and feel very excluded from the conversation, and in many forums, there are often real or perceived “favourites” who information is shared with.

The development and focus of both emerging and existing community safety and crime networks and partnerships as well as the creation of neighbourhood networks and local networks of affected communities and parents who want to see an end to group and gang violence, provide the basis and link into a Pan-London community network.

For example, in Haringey the community want to link up to the wider Pan-London network Stop Our Kids Being Killed On Our Streets group, which has over 6,000 people in London engaged, and is now forming sub groups to work on taking action.

This strategy involves supporting the local crime and community safety networks, helping to define the role for these networks, developing their influence with statutory providers, particularly local policing agencies and working to enable people to understand these structures and how to influence them.

The network can be a resource in terms of finding people who are:

- a) Linked closely to the young people at risk; young people engaged with GGV including those not on the official Gangs Matrix. This matrix is informed by Police and wider statutory partner intelligence based on violence, criminal offending and gang membership. Individuals are added to the matrix from Police and partner agencies and older people who have exited gangs thinking about locally based action to reduce violence, and spreading the message against violence (Metropolitan Police Service, 2014).
- b) Credible to the gang members i.e. families of people involved in gangs, ex-gang members and faith and community leaders who are willing to speak out and make a stand against violence in their area,
- c) Providing local ‘intelligence’ within and across the community to support confident responses to both existing and emerging challenges and opportunities, with the potential to pre-empt the need for the enforcement approaches implemented by statutory agencies (Kennedy, 2008).
Outcome: A range of GGV networks/partnerships in neighbourhoods, boroughs and London wide, of local assets within communities which support a cohesive local voice to reduce group and gang violence. By having a variety of GGV networks which are initially facilitated by impartial external facilitators, the range of individuals that are able to engage presents an opportunity to gather different ‘voices’ and perspectives and support inclusion. This range of engagement enables deeper understanding of the drivers, engines and impacts of group and gang related violence and therefore the common understandings which provide the platform for meaningful and informed discussion between and amongst networks and partnerships.

Building on the network activity above to develop a programme of mapping; capacity and facilitation to develop the voice and the role of voice within the decision-making processes across sectors.

In all local areas, there are community groups and individuals providing information, help and support to young people and communities who are living with GGV. Many of the groups and the range of support they provide will be completely unknown to the statutory agencies, and to each other. Yet they are valuable resources in terms of their local knowledge, what they are providing, much of which is informal, and how they work with young people.

In Brixton capacity building is providing the foundation for ‘talking groups’ to develop voices of girls who are or have been involved in GGV. These groups are self-help facilitated through the outreach and community development activity of the Big Local Programme. The girls support each other by discussing common concerns and experiences; are developing confidence and their trust in themselves and each other and providing invaluable information and experience about their experiences and roles of GGV.

The girls, through facilitated sessions, are starting to work to shape delivery of a more formal support and learning; to identify networks and resources of existing support and new opportunities for them; and, to educate and prevent other girls from engaging in GGV.

Through the community networks, meetings strengthening of community networks, the community development function can map and link much of this local support activity. By building the map it enables both communities and agencies to understand more about what is on offer and what is being provided, by who, who is using/accessing the offer and in what geographical area. It also starts to provide a picture of the real cost and value of provision.

Through the CDF work this mapping was carried out in Haringey. It helped both statutory and community partners understand more about the bigger picture. The ‘map’ provided a tool to understand what was going on in the area to reduce group and gang violence by providing information, links and ideas about sources for help. This also provided a basis for service providers to then start to look at the synergy and ‘pathways’ between services.

Brokering and relationship development and management between the community networks;

Capacity Building & Facilitation

a) Linked decision making and common understanding of process between different partners all wanting the same outcomes but working to different priorities;

b) Decision making and information sharing which is reliable, accurate and appropriate and therefore linked closely to the young people at risk, thinking about locally based action to reduce violence, and spreading the message against violence.

Mapping & Information Sharing

c) Information sharing which is credible to the gang members i.e. families of people involved in gangs, ex-gang members and faith leaders who are willing to speak out and make a stand against violence in their community.

d) Provision of local ‘intelligence’ within and across the community to support confident responses within the community to both existing and emerging challenges and opportunities, with the potential to pre-empt the need for the enforcement approaches implemented by statutory agencies (Kennedy, 2008)

Outcome: By supporting capacity building activity to develop common understanding, trust, confidence and skills, information sharing is enabled as a platform to provide access and support across sectors and allow efficient working to reduce group and gang violence. For many groups, experience of responses to GGV is enforcement led rather than a preventative approach. Their experience of agencies implementing enforcement are fragmented and inconsistent leading to trust and confidence issues as barriers to action. By identifying networks and partnerships and capacity building them a community development approach provides validation of the ‘voice’ and experience of those experiencing GGV. In our experience validation offers confidence to enable sharing of information and constructive discussion.
Support and broker organisational culture change across sectors to engage with and value local community networks within decision making processes around group and gang violence

To embed this way of working to tackle group violence, there needs to be an appetite from statutory partners and communities that working together is an important way to achieve results. This requires an acknowledgement from statutory partners that they need to work in this way.

There needs to be a willingness to listen and learn, an openness and lack of defensiveness, and strong local leadership to work with communities as trusted and equal partners at all stages of the process.

Partnership working also relies on communities acknowledging that statutory partners want to make a difference on the ground, and are not just the people to be blamed when things go wrong. There needs to be willingness on both sides to make this a productive and useful partnership. An important initial role for community development is that of independent unbiased facilitation – and brokering bringing partners and communities together to work in this way and enabling them to understand the benefits that partnership working bring to all stakeholders.

In Brixton engagement of some parts of the statutory sector through public meetings initiated and led by the community, have identified an appetite to work with and value local community networks and voice. Initial contact from the statutory sector was guarded based on their experience of engaging with ‘the usual suspects’ but having seen the engagement across the community underway locally through the Big Local programme parts of the sector have recognised the benefits and reach of community development approaches. The statutory services that have engaged recognise/realise that enforcement alone does not work and that the statutory sector across Lambeth does not understand how to and who to engage with community interests and local expertise. This has provided the opportunity to start an open conversation around perceptions, common understanding and how meaningful engagement can be developed.

To start meaningful discussion within the community, ongoing and consistent work to develop confidence, trust and understanding is needed through continuing to facilitate the engagement of representative organisations and individuals alongside the statutory sector.

Outcome: Partnership working and a cultural change enabling working with community networks which are representatives of the many community ‘voices’ rather than the ‘usual suspects’ including wider participation in decision making around group and gang violence. An incremental change in the range and complexity of the decisions made around local provision, prevention and enforcement towards pooling of budgets.

Pilot a measurement system for establishing the cost/benefits of working in a community focused way, and of using new commissioning and procurement principles to do this.

As outlined above the voluntary and community sector has been hit hard by funding cuts, and the change from grants to commissioned services. The public sector is hard hit also, and is having to focus on providing statutory and essential services.

Through mapping service provision and users, information becomes available to support the commissioning of many services or service offers by community and voluntary sector providers who are established and delivering services. Co design of specifications and clear commissioning and procurement routes provide the opportunity for CVS providers to access contracting processes and are well placed to be used to pilot systems to establish cost benefits analysis.

To inform the discussion around the cost / benefits of budget pooling the current NHS Devolution pilots provide a model through which to start to understand the impact of community based commissioning. Providing the argument to pilot an approach to community based commissioning of services and pooled budgets for GGV projects can be developed, using the Oracle Theory of Change model to define and measure the impact of GGV and youth programmes on the participants and widening the focus models to capture cost benefit analysis.

By targeting provision and pooling budgets, (including from police or public health) community development informed commissioning provides a transparent and accountable approach to the challenges of funding.

The Our Place model (see MyCommunityrights.org.uk) shows that looking at a cost benefit analysis approach to service delivery can achieve better results and innovative ways of looking at budgets. If the cost of one homicide is £1.7m (Hannah Mills, Sara Skodbo and Peter Blyth October 2013) then even a moderate level of investment in community based preventative and exit work could achieve a good level of payback. Social Return on Investment (SROI) is a method for measuring extra-financial value (i.e., environmental and social value not currently reflected in conventional financial accounts) relative to resources invested. However, capacity of organisations to participate in SROI models has proven resource intensive in an environment with limited and diminishing resources.

If local groups do not have the right capacity to provide services, supporting them so that they are able to develop in order to be able to do this or finding other local groups who can act as mentors or guarantors for the work,
provides the basis for a changed delivery methodology which should then lead to a positive cost benefit result.

Budget pooling and new ways of commissioning services could be considered and pilot ways of measuring cost benefit analysis for this approach should be tested.

Outcome: A framework for cross sectoral working for pooling of budgets and resources to reduce group and gang violence. Building on the models which are currently being piloted through NHS Devolution pilots and the Oracle Theory of Change information the development of a framework for community based commissioning of services which focus on youth and GGV.

Continuing and strengthening the development of the Roles 1-4 the development of safe and productive systems for better information sharing and cooperation at agency level about the link between gang related activity and group violence and serious and organised crime.

Information from communities across the boroughs/ neighbourhoods in which we have experience highlights that there is clearly a strong overlap between those involved in group violence and those involved in organised crime.

Using community development approaches are pivotal to changing GGV on a borough, London wide and national basis. The development of community ‘voices’; capacity; trust within and across communities; trust with statutory partners; community based commissioning and decision making and; pooled budgets underpin comprehensive responses to GGV in communities.

Local, London-wide and national knowledge and experience of organised crime asserts that whilst ‘supply’ of ‘foot soldiers’ drugs and weapons continue, uninhibited demand for that supply will continue. Therefore, without the sharing of information and partnership co-operation between local and national agencies around GGV, impact on communities will continue to negatively affect communities, families and individuals. (Castells, 2000)

Concerns have been raised by sections of the community about the way in which information is gathered, e.g. the Metropolitan Police maintain the Gangs Matrix to identify young people most engaged in gang activity, while the National Crime Agency maintain the Serious and Organised Crime data (SOCA). These issues are looked at as being separate and unrelated, when in fact they overlap substantially.

This separation also leads to fears of racial profiling, for example in one area that we work, there are perceptions that many of the young “foot-soldiers” are black, whilst the people on the SOCA list are Turkish. This then leads to a view that young black men are being targeted as gang nominals, whilst those that lead are not targeted.

Outcome: Improved systems and processes for sharing information and participating in decision making between agencies, partnerships and networks. The development of capacity for all stakeholders within boroughs and across London to engage constructively with discussion and decisions around GGV provides an opportunity for comprehensive responses to organised crime and the corresponding locally based GGV.

Conclusion

The methods set out above have provided a practical basis for the need to use community development practices to work with communities facing GGV and address power imbalances and the needs of the community. They have given some initial evidence that when a community development approach is used there is;

- A more successful community response in managing the complexity of GGV.
- A more collective aim in stopping the issue from increasing is developed.
- Support for those involved or affected by GGV is offered

These are, however, derived from our reflexive practice and so pilot projects need to be carried out to test the effectiveness of these ideas. There is also a need to develop an evaluation framework alongside the piloting of the wider techniques into a programme to measure impact and extract lessons for policy and practice.

This paper sets out a clear coherent argument for a proactive approach to provide resources for community development in neighbourhoods most affected by group and gang violence. The key activities show the role community development can play in supporting local communities to reduce group and gang violence. It identifies the need to implement a co-production model supported by community development facilitators working with communities most affected in London. Embedding community development skills and facilitation within residents and organisations is an essential building block to develop robust intelligence, resilience and partnership responses to group and gang violence.
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