The research context

The national picture

The issue of social exclusion, whilst recently defined, has existed for a long time, and the UK has one of the highest levels of social exclusion within Europe. Although it includes poverty and low income, the definition used by the Government is more flexible and includes several other dimensions:

‘Social exclusion is a shorthand term for what can happen when people or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime, bad health and family breakdown’. 'Preventing Social Exclusion' (2001).

Social exclusion can lead to poorer physical health, through poor diet, lack of opportunities for exercise, or higher rates of smoking and drug use. Many people who are socially excluded feel little hope for the future, especially if barriers such as disability or health problems, lack of transport, low skills, discrimination, or few local jobs limit their opportunities to work or participate in society in other ways. This feeling may be exacerbated by fear that the prospects for their children may be no better.

The Government’s three goals for tackling social exclusion are:

- preventing social exclusion happening - by reducing risk factors and acting with those who are already at risk;
- Reintegrating those who become excluded back into society; and
- Delivering basic minimum standards to everyone - in health, education, in-work income, employment and tackling crime.

Poor health is a key cause of social exclusion. It is also a consequence of exclusion - with the most under-resourced services often located in the poorest areas. The Government has focused on tackling inequalities in health, and new policies are helping disabled people into employment, whilst providing security for those who cannot work.

The SEU has identified (among others) the following nation-wide factors:

- Communities in greatest need are the least likely to receive the health services they require. 2
- GP access is unevenly distributed - for example, there are 50 per cent more GPs in Kingston or Oxfordshire than in Sunderland or Barnsley, even after adjusting for the age and needs of their respective populations. 3

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1 40 per cent of unskilled men smoke compared with 12 per cent of men in professional jobs. - DH, Our Healthier Nation, p18, 1999.


• Smoking is the biggest cause of the difference in death rates between rich and poor. It reduces birth weight in pregnancy and contributes to perinatal mortality. 4
• Healthy eating - a National School Fruit Scheme is currently being piloted, with a view to introducing it nationally by 2004, to give every child in nurseries and aged four to six in infant school a free piece of fruit every school day. Already over 80,000 children have started to benefit.

**The local picture**

Pennywell has many factors, and features, associated with it, which clearly link to issues of social exclusion, and is an area of considerable social and economic disadvantage (Townsend Deprivation Indicators, 1991). Historically, the health needs of the community were not met and so there was a clear need for a resource such as the Pennywell Community and Health Resource Project (PCHR), which is also known by staff and residents alike as the Pennywell Neighbourhood Centre (PNC). Where appropriate, we have used the two descriptors interchangeably throughout the report in line with the terminology used by most of the respondents in the research. This is supported by baseline figures (1999) relating to the Pennywell Community and Health Resource Project, which showed that:

- Pennywell had a population of 8,669 people served by 35 GPs, all located outside the geographical area.
- Out of 25 Wards, the two wards taking in Pennywell (Grindon and South Hylton) had deprivation rankings of 3 and 6 respectively. Both Wards had rankings of 30 and 53 out of 678 Wards in the Northern Region.
- The area had an unemployment rate of 53% and this was seen as a major factor in terms of poverty and ill health.
- Pennywell had a population structure with a young age profile. Almost one-third of the population was under 16. The number of lone parents and families with three or more dependant children was higher than both the local and national averages.
- The original Pennywell Neighbourhood Centre building could only accommodate one service at a time.
- The previous programme at PNC was over subscribed and the location meant those residents living outside the core area could often not participate in activities. There was also limited childcare provision, which again prohibited take-up. (Pennywell Neighbourhood Centre Appraisal Document, City of Sunderland Council, 1999).

The PNC is a physical resource which links primary healthcare services, family support services and work with children and young people. The aims of the project are to:

- Provide an integrated package of health and social care, which is responsive to the identified needs of the Pennywell community.

4 DH, NHS Plan 2000, 13.17.
• Develop an effective model for multi-agency working.
• Promote and sustain community participation, control and ownership.

Stated objectives of the PNC are to:

• Enable health service provision to adopt new methods of delivery by removing barriers and promoting dialogue between health professionals and local people.
• Reduce social isolation and isolation from services experienced by young children and their families.
• Provide opportunities for adults to increase their awareness and develop skills in relation to the needs of their children and relationships within their families.
• Provide a range of recreational and educational opportunities for children under the age of 12 based upon the principles of participation in decision-making processes.
• Establish and develop quality childcare provision and a range of support services for children and their families.
• Offer and improve training opportunities that relate to health, childcare, playwork and community development.
• Increase general awareness of health issues amongst members of the community and develop ways in which to engage them in improving their quality of life, i.e., groupwork, campaigns, etc.
• Ensure relevance of services to local need through continuous monitoring and review of services. (Pennywell Neighbourhood Centre Appraisal Document, City of Sunderland Council, 1999).

Evaluation aims and objectives

We were commissioned to complete the interim evaluation of the Pennywell Community and Health Resource Project and our wholehearted thanks and acknowledgements go to all those who took part or contributed to the research. As stated in our proposal, the key aims and objectives of this evaluation were to:

• Examine the progress and achievements of the Pennywell Community and Health Project; how do these compare with the original project appraisal and expectations set out in the delivery/implementation plan?
• Explore qualitative issues relating to the impact on target groups
• Explore the synergy between this Project and other projects and existing services
• Make recommendations for improving delivery.

We have adopted the following research questions:

• What lessons does the Project yield in terms of good practice?
• What lessons have been learnt and what are the areas of improvement for the Project’s future activity?
• Can the project, or elements of this, be used as a model for others?
Outline methodology

Essentially the evaluation has taken the form of an in-depth qualitative study underpinned by an examination of quantitative monitoring and output data. The methodologies we have employed are therefore a combination of desk-based and fieldwork techniques. These methods were appropriate given the various elements of the PNC we were researching. Data collection and analysis has taken the following forms:

Documentary analysis

Part of the evaluation has been dedicated to documentary analysis, which was ongoing throughout the research project. We have attempted to make use of the various documentation made available by the partnership and the Project. Documentation has included:

- Pennywell Community and Health Resource Project Appraisal Document
- Outcome measures; output and financial summaries up to March 2002
- Previous evaluation report(s).

Project case study

The documentary analysis and information collected was examined in depth and we aimed to understand this in the context of processes, outputs, outcomes and costs.

This case study of the Pennywell Community and Health Resource Project used a mixture of qualitative and quantitative methods. The quantitative data we collected was that which was readily available (and supplied) within the Project and/or from the Partnership Programme. It related to, for example, Project outputs, principal costs, timescales and outcomes. Such data also included information on discrete elements within the PNC such as childcare places, adult course take up, etc.

The qualitative data related to the processes within the Pennywell Community and Health Resource Project (and related activities and projects) relevant to the evaluation aims set out above. We were anxious to explore the perceptions, views and experiences of residents and service users (and where possible, ‘non-users’). Data were generated from interviews, group discussions, observation and documentary analysis. In order to examine the Project in relation to overall aims and objectives within the area, during our first level of data collection, we interviewed key players, or representatives of bodies, including:

- The Project manager
- Education and Training Manager/Pennywell Business Centre
- Neighbourhood Resource Manager
- Nurse Practitioner/Pennywell Neighbourhood Centre/Medical Centre
- Family Support Worker/PNC
- Pennywell Youth Project staff (Teenage Health Clinic)
- SRB III Co-ordinator.
These interviews usually took place on a one-to-one basis, were semi-structured in format, and to aid collection and analysis, they were tape-recorded and transcribed wherever possible.

Our second level of qualitative data collection focused on community members. We conducted focus group interviews/discussion with groups of key users (and non-users) and other participants including:

- Residents of South Hylton
- Residents of Pennywell
- Members of the South Hylton Residents' Association
- Members of Upper Pennywell Residents’ Association
- Users of the Teenage Health Clinic.

These discussions were essentially used to explore the views of the various stakeholders of the PCHRP and how it has developed and how it is now being delivered and managed. We also explored issues such as perceptions of success and implications for the future.

**Questionnaire Survey**

Once we began our evaluation, it became apparent that the issue of young men in the area – and the services that are offered and available to them as a group – was important. We therefore designed a short questionnaire, which was distributed to 20 young men living in the Sunderland area. They are currently accessing services provided by the Sunderland Springboard Trust, an organisation that provides education and training for young people between the ages of 18 and 24. Although opportunistic the aim of this questionnaire was to explore the perceptions of a small group of young men in the Sunderland area with regard to their views on local resources and services designed specifically for young men. Ten questionnaires were returned. Data from the questionnaires are included in the body of the report and analysis forms part of the research findings.

**Findings**

**Introduction**

After discussions with Members of staff at Sunderland City Council, we felt that it would be useful to provide an introductory section explaining the nature of the responses from the various stakeholders. It was made clear to us that during the data collection phase of this evaluation, there had been something of a disagreement between various groups involved in the PNC and that the nature of this disagreement may have resulted in comments from stakeholders about the PNC and SRB that were related more to the local disagreement than to issues surrounding the PNC. This unfortunately is a limitation of short-term discrete evaluations/research projects. It is only possible in a short space of time to convey something of a ‘snapshot’ of views and perceptions at a given moment. Clearly, if there are any disruptions at the time,
then views and perceptions which are collected may be at risk of being affected by such short-term disruptions and may result in views that may be imbalanced and not entirely representative of the views of stakeholders. A continuous evaluation/research project incorporating repeat visits over an extended period of time would in all probability expose any short-term disruptions and would probably yield more balanced views. It was felt that the various stakeholders may have used the evaluation as a forum for airing their views regarding the ‘disagreement’ that had occurred rather than focusing on the evaluation of the PNC itself.

While much of the data that was collected was based on the perceptions of the stakeholders, these should not be under-estimated or denigrated. While it may be the case that stakeholders hold particular perceptions of the PNC and SRB regardless of whether they are based in fact or not, it is clear that stakeholders take these perceptions as ‘true’. This will undoubtedly have an Impact on the ways they deal with other stakeholders and their views about the PNC and SRB.

PNC staff, members of the PNC management committee and the views of Pennywell residents including South Hylton, were elicited regarding the aims and objectives of the Pennywell Community and Health resource project and whether these had been achieved. The findings are presented in a thematic way, which helps to illustrate those factors and issues, which are important. It should become apparent from comments and outputs that the majority of interviewees believe that the PCHRP has achieved its aims and objectives and has benefited the Pennywell community.

**Project identity**

While respondents were aware of the aims and objectives of the PCHRP overall, it is perhaps not surprising that they tended to know more about the aims and objectives as these were articulated in their particular strand of the Project. However, all respondents were aware that the Project had multiple aims and objectives and was in a sense a holistic approach to dealing with issues in Pennywell. As one respondent pointed out:

> "I know that one of the major aims that they were trying to address was having on the doorstep health advice and health support for local people. It wasn’t just about strict GP facilities, it was about personal staff, about assertiveness skills, parenting skills, healthy eating and that kind of thing”.

Other respondents were also clear about the reasons behind the establishment of the Centre, which was established ten years ago. It now serves (in a health capacity) a patient base approaching 3000 people - "it was one of the best things that ever happened..." given the lack of GP and health resources in the area at the time. However, some respondents believe that not enough thought was given to forward-planning at the time, and they felt that the building itself "could have been made bigger for the amount of people", or should have been designed in such a way that it was possible to extend it either outwards or upwards. One told us:

> "I don't think they thought it would take off as well as it has".
The Project Manager felt that the original size of the building was suitable on the basis of estimated numbers of residents who would use it. There was obviously a concern to avoid the prospect of the PNC developing into something of a ‘White Elephant’ and this was possibly an important factor in the original size of the Centre. It is clear, however, that an extension to the medical centre is planned for the near future and with a 15 year lease this will result in £15,000 per annum rent going back into the PNCs coffers. This income generation already helps in promoting the sustainability of the PNC.

Another respondent reported how far the Centre had moved on, from being merely a health centre, to a community centre which aims to offer as many services and resources as possible:

“Initially it was just a little family centre in two houses and it’s grown into the new centre that you’ve got now which does combine the two. But certainly from the activities that get delivered it’s a real mix of courses, personal skills development, health, a lot to do with health issues, you know healthy eating, their diet and all the rest of it so, yes it’s really comprehensive.”

This view was supported by another staff member who said:

“There's been such expansion around different initiatives that are delivered out of that building - family support work, community childcare projects, after-school clubs, working with young people on issues around sexual health... it’s been very instrumental in pulling other areas of work together as well”.

Throughout our research it became obvious that the PNC is a resource that is well known and respected. Not surprisingly, staff and agency workers in the area are fully conversant with the aims and objectives of the PNC and in particular how these fit with (and vice-versa) the aims of the agencies they represent. Residents (particularly of Pennywell) we spoke to also appeared to be knowledgeable about the aims and objectives of the PNC. Residents in the surrounding areas of Pennywell also agreed that the PNC had a clear community identity and role but felt that this was restricted to the Pennywell Community only – a feature that is discussed in more detail in a later section of this report.

**Integration and collaboration**

It became immediately obvious that the PNC is regarded as a 'focal point' for services and resources in the area. Interviews with Community Health Resource Project staff indicate that there are well-established and effective links between the various partner organisations. One respondent highlighted this when she said:

“Along with the Neighbourhood Centre there’s the Youth Project at Pennywell, PCB Pennywell, Job Linkage at Pennywell so again they’ve got staff that come down and deliver, [staff member] works for Pennywell Community Business [PCB] and he delivers IT courses and stuff from the centre” [specifically at the Ford Experience building].
Interviews with Project staff reveal diversity in the range of resources and services provided through the PNC. Staff indicated that courses, activities and services were driven by residents. This suggests that the PNC is responsive to the needs of residents in the Pennywell area and that there is significant involvement from these residents in the selection of services provided. As one interviewee commented:

“I work with the local school and I’ll do questionnaires with just local residents, local groups. There are quite a few community groups based in the area as well. I suppose they’re really my first port of call. I work quite closely with the tenants group and there are a couple of community groups down here as well. Consult with them, consult with some individuals and then kind of analyse all of that and say right how am I going to address all of these issues that they’re flagging up.”.

Given the demographic components in the area of Pennywell (and the surrounding areas), over the last decade or so, there has been massive investment from various sources to tackle a range of issues such as housing, education, childcare, etc., etc. Not surprisingly, it is clear that there are several separate projects, or initiatives in the area, which have specialised. SRB funding in the area has had a huge influence, and has funded many capital and social projects. With SRB funding comes a heavy influence and coordination, with a focus on developing particular strengths of several initiatives. It was very obvious from our research that a major - if not essential - strength of the Project was the commitment to collaboration and partnership working. At the level of service delivery, this was highlighted by staff from all elements of the Project, perhaps typified by comments from a staff member at the PNC who spoke about the various courses on offer through the Centre:

“We’ve tried to maintain our identity in these courses as well because obviously we’ve got three big projects here. We’ve got ourselves, we’ve got Pennywell Community Business and we’ve got the Youth Project so I’m very keen that we should maintain our own identity and not try and do some things that they think is their preserve. So although we do courses, I don’t perceive us as really a training organisation we’re sort of more an organisation that’s pre-vocational training and perhaps the first step, you know when somebody’s perhaps at home for a long time and they just want something to build their confidence we might do those kind of courses. We do some vocational courses but they’re only linked to our own areas of expertise like classroom assistants, child care, play work or something like that...”

Although there could be a danger of repetitive working, or of ‘competition’ in the provision of services in the area, it was obvious that staff involved were anxious to avoid this:

"...I don’t want us to like muddy the waters and try and do something that PCB is doing and the same really with the Youth Project. I mean a lot of our youth work is - we are really working with children mostly apart from the youth participation project - we’re working with children below the age of eleven. So I think that we should stick to this and have a clear identity and not try and do something that somebody else is doing.”
Evidently a key role has been played by the SRB Coordinator in preventing overlap and duplication of work within the PCHRP. The manager of the SRB programme described herself as acting as "an honest broker" and as funder and co-ordinator, for example, to promote and manage partnership working among the four main agencies. There is a recognition that the PNC has a remit for family support and parenting work, leisure and community work. Another agency has a duty of education and training for adults and then there is a youth agency that delivers to young people. This co-ordination role is clearly essential, and very much valued by everyone we spoke to.

**Services Offered**

Our explorations of the views of services offered were mostly focused on community members. Many respondents we spoke to talked at length very positively about the range of services on offer at the PNC, and several spoke of ideas they had for expansion in order to deal with the changing needs of the community. Services discussed included the medical centre, sexual health clinic, the café and courses on offer.

One person suggested that the Centre could benefit from the addition of a 'minor injury surgery' or an x-ray and ECG machine, in order to relieve the burden of the local hospitals and to limit the long time that people spent travelling to the two nearest hospitals.

Centre users were also keen to highlight good practice in the Centre. There is currently in operation a 'drop-in' triage clinic, which takes place on weekdays, where people can be seen by the nurse initially, so that if the medical problem is regarded as 'non-serious', it can serve to take the pressure off the doctors.

There is a vast source of literature and leaflets on a range of subjects and issues such as bereavement, anti-smoking, drugs and alcohol abuse, Relate, etc. "and if they haven't got it, you can ask and then they will get it for you".

The users valued the coffee shop - which although small, is a resource where people can also order catering. The only negative aspect mentioned about this was that the shop was not allowed to open onto the main thoroughfare, and so respondents felt that many people still did not know that it exists. They were also not allowed to advertise in the first two years "on account of the fish shop".

The courses and services available at the Centre (that anyone can attend) were talked about at length: e.g., sugar craft, dressmaking, relaxation, massage, aromatherapy, and tai chi, etc.

Again returning to the co-ordination role of SRB, service users spoke at length about the activities and services, which are available, are a result of SRB processes and co-operation. Various residents committees work together and support whatever is going on in different areas, such as South Hylton and Pennywell. Various courses and activities take place in all areas at different times, such as the Deaf Awareness and the Hygiene Certificate Courses. However, one member said there were difficulties in trying to achieve equality, as for example, it was decided that the same courses must be offered at the PNC as well as at the community centre, but the member said "I
disagree strongly with that.... they are totally different people". This person was implying that a ‘one size fits all’ approach was not entirely appropriate as each community has members with specific needs and wants.

The Teenage Health Clinic

As part of our research brief, we also visited the Centre to explore a service offered to young people in the area, the Teenage Health Clinic. This is a service offered to teenagers (suggested as being over fourteen years old) from Pennywell. Based in the PNC, the service offers a three-hour slot every Wednesday from 3.00-6.00. The clinic is run by two Pennywell Youth Project workers (one female, one male) who also work as detached and outreach workers in Pennywell and the surrounding areas - which includes Ford and South Hylton.

Established ten years ago, the clinic offers a safe, confidential and discrete service to young people (boys and girls) where they can go and receive advice predominantly on sexual health issues. Condoms and information leaflets are also available for the young people to take away with them. The young people can attend as individuals, couples or groups, and confidentiality is assured by the workers. Numbers attending the clinic average out at six to eight young people, but have peaked at 26 in some sessions. Workers described a turnover of visitors - particularly at the start of school years. The peak time for visits also appears to be straight after the school day has ended.

Although the clinic has a room where young people can discuss any aspects with the workers in private, a key issue of importance is that the room is not a dedicated space to the service. At the time of our research, it was a room that was a dedicated crèche/playgroup environment. Consequently, the environment is particularly suited to very young children - there are toys, brightly coloured posters and reading books, and tiny tables and chairs, which are suitable for toddlers only. Given the subject matter of the clinic, the workers would like to display posters and leaflets around the room (based on sexual issues) but do not because of the time it takes to put them up and take them down. At the moment, they have a dedicated workspace of a few feet square and conversations take place with all parties standing up.

The young people who wait for their turn at the clinic must wait outside the room in a busy corridor. This not only brings attention to why they are there, but there is also a danger (due to heavy 'through traffic' of people), that the young people could be seen by friends, family members or neighbours. In addition, embarrassment and/or bravado amongst some of the young(er) people can manifest itself in disruptive and noisy behaviour - we observed this and the difficulties it caused for other people using the building.

Clearly, it would be helpful if the Health Clinic could have a room dedicated specifically for their particular purposes. This could help to establish the Health Clinic with service users. Health Clinic staff also felt that with a dedicated space, the session could be geared toward health generally, rather than specifically sexual health (although this would still be the primary remit) and the session could also be used to talk about other health issues such as smoking, or healthy eating.
The youth workers felt that a room dedicated specifically for the use of the Sexual Health Clinic could have been furnished with comfortable, relaxed furniture. Posters aimed at teenagers and sexual health issues could also have been displayed permanently, and could have become a focus for discussion or questions. There are lockable cupboards in the room, which could have been used to store materials and condoms, and equipment, which the workers would like to purchase, such as a fake penis in order to help demonstrate how to use condoms correctly. Opposite the room is a small coffee shop, which the workers had hoped to utilise as a dedicated area for young people to wait in the hope that this will resolve the problem of disruption in the corridor and offer a space where young people can sit and chat over a glass of juice. The workers also hope that the café will be a ‘safer’ space for young people to be if they are seen by anyone they know, as they can say they are there to go in the café rather than for the clinic. The PNC is in discussions with the Medical Centre regarding some involvement in the Health Clinic sessions from a nurse. In the meantime, the PNC is planning to put a youth worker in place to assist in the work.

Our observations revealed that this clinic is a valuable resource to some young people - importantly, both male and female young people. Although we were keen to talk to the young people about their views on the service, we were very anxious that we did not want to put them off attending again, or to make them feel that the clinic was less ‘safe’ for them. The workers have a very good relationship with the young people - they are approachable, non-judgemental and non-threatening. However, they are experienced enough to see beyond the bravado and "know it all" attitudes of some young people and question them in a very supportive and challenging way. The young people need to be able to feel they can trust the workers, as they were anxious that their parents did not find out. One boy attending the clinic said he would not be able to go anywhere else if the clinic did not exist, and knowledge of the clinic was spread verbally rather than by formal publicity. The workers are very proactive and responsive to the needs of the young people, and plan to issue a questionnaire to both users and non-users to explore their needs and how to improve the service. They are also keen to develop the idea of the clinic having a more dedicated space.

The PNC Medical Centre

The Medical Centre, as outlined in a previous evaluation (Pennywell PMS Pilot Report, March 2001), operates an innovative Self Managed Team (SMT) approach to primary medical care. This means that while the same primary care services are available, the way they are accessed by residents is different:

“The way we work is very different. We’re what we call a self-managed team so we don’t have a hierarchy, we make decisions here. We provide exactly what a normal surgery would provide as well. It’s how we provide them that’s probably different. The access to different professionals. Within our surgery you can come in and you can self-refer to the CPN or you can be seen by the triage nurse and be referred. In general practice you can’t do that. It would be a few months waiting list probably”.

The system clearly has benefits for patients too:
“They’re all triaged by the nurses so any patient that comes in the surgery in a morning is actually triaged by a nurse. They deal with them themselves or they refer them to myself or the Doctors or they can refer direct to other professionals like the CPN [Community Practice Nurse] or the Health Visitor so it means they get more direct access to the person who is most able to help rather than go straight to the Doctor”.

A minor problem identified by staff - perhaps related to the fact that the system is innovative and is relatively unique in the UK - is adapting to the requirements of the SMT model, especially in relation to issues of leadership and hierarchy:

“There’s no boss, we’re all the boss. That’s the only trouble, there’s no big leader. Everybody is treated as an equal and everybody has a say and if you have a problem with something, they are all tackled because it’s not an employee, employer status thing. There are drawbacks to that because sometimes nobody is leading things forward”.

However, it seems clear from staff members’ comments that the system has evolved - and continues to do so - to deal with these minor organisational issues:

“I take the lead on lots of things that people think are within my area. The primary care nurse will if it’s within hers and the GPs and so on. Different ones will emerge depending on what we’re trying to push forward so it does happen. Its benefits do outweigh how it used to work because we can do all that ourselves. We do all the nitty gritty management staff and we proved it after four years”.

It is clear that the system has developed in relation to patient demand and is able to deal flexibly with individual patient requirements:

"Once we were in post we did a survey, ‘What would you like’ and we responded with that by putting things into place. So we decided to give it a trial and that was probably two years ago and we’re quite happy and we’ve had no complaints. It works very well and a lot of it was in response to patient demand. They like to come to a drop-in. If they make a request within triage to see a particular person, they can....”.

Staff comments and evidence from SRB outputs suggests that the Medical Centre was well received by residents as soon as it opened its doors. It also appears to be the case that demand has put some pressure on resources especially concerning staff numbers:

“We had our first thousand patients very soon after opening the doors, very quickly. We’re nearly up to about 3000 now, which is slightly less per capita than other GP practices. Nursing staff has not increased since the day it opened, GPs have, but nursing staff has not increased at all”.

The initial influx of patients was apparently difficult to manage making it necessary to temporarily close the patient register until another GP could be employed:
"We closed it [the patient register] only for a short while because we couldn’t cope with the mountain of people that registered and then we got another salaried GP in December of last year so that was our second post so now we seem to be just hitting right now. I mean the surgeries are still full and between the three of us, we probably see about 45 – 50 patients on an afternoon. I think we’ve all got maybe eight, nine, appointments each”.

The Medical Centre adheres to SRB regulations regarding geographical boundary lines and which residents are entitled to register as patients. Residents throughout the Pennywell area have registered as patients indicating that any locally based divisions encountered by the Neighbourhood Centre are not as pronounced where the Medical Centre is concerned:

"We take anybody from Pennywell, we take anyone from Upper Ford, South Hylton parts of Grindon, Hastings Hill but we don’t go out of the boundaries. I mean people will come and try and register but if we start to register people from outside the area then it’s going to be less availability for people who live locally”.

Medical Centre staff felt that they were catering for the needs of all residents of Pennywell including asylum seekers:

"There’s no isolated population really. We don’t have a very big elderly population, I think there are only two or three homes within Pennywell and we look after most of them. That’s probably our biggest elderly population. It’s a very young, transient population mainly. They come and they go you know. They come and they go just moving downstairs, next door. There is extended families but in a different way from like your old village type of extended family. They’re not like I would say it’s not the same as you’re used to describing it, there is a lot of like mams, daughters, grandchildren all living around the area and have lived here all their lives really”.

The Medical Centre is also proactive in promoting health-related matters within the community:

"We do a lot of health promotion stuff in the area like smoking cessation and stress management and we’ve worked with the schools on sexual health. So we take ourselves out of here as well. We’ve been into schools and we’ve got a dietician attached and she’s gone out to the schools and to the nursery and done you know healthy eating”.

There is also evidence of active involvement and collaborative working with staff in the Neighbourhood Centre:

"We work very close together. I’m on the management committee of the Neighbourhood Centre anyway so I do have a lot of involvement with them. We worked with the Neighbourhood Centre on different initiatives that come up. I know the dietician’s done eating on a budget and the CPN’s done stress management and relaxation work and set up specific courses that had been identified, there was a need. Not just something that we thought oh I fancy
doing this. It’s been like an identified need from the people and then we’ve had somebody who could maybe do it. I mean at the moment, we’re looking around the sexual health issue since this area has high rates of teenage pregnancy.”.

While Medical Centre staff were initially involved with the Teenage Health Clinic, this was subsequently taken over by the Youth Project. Medical staff feel, however, that the Teenage Health Clinic - colloquially known as the ‘Condom Clinic’ - needs some input from a health professional to raise its status from a supplier of condoms to a service, which can provide a broader range of health-related services for young people:

“We’re going to look at the health input to that clinic because it has just become a dishing out service. There’s not the health information that I suppose I would like to see. We’re going to actually look at that again and get involved more in that service because I do family planning anyway and eventually with extended nurse prescribing I will be able to prescribe the pill and the morning after pill and all the rest of it. I think that’s what they’re looking at because they used to have a family planning service”.

Medical Centre staff felt that planning and development for their own particular area of expertise and collaborative work with the PNC were being hindered to a certain extent by the actual patient workload they have to deal with:

“Day-to-day work just takes over and the development stuff, because we’ve been so busy, has taken a back seat. I only have one admin. morning, one development morning a week”.

While the Medical Centre and the PNC have a good relationship, there is a feeling among medical staff that collaborative working can only work where there is some ‘crossover’ in terms of activities and services:

“It’s a good relationship, it’s a very good relationship. What we have found is we couldn’t be involved with each other all the time. When we first partnered up we thought we’ll do this, we’ll do that, we’ll do the other. Well you can’t, they have their specifics and we have ours. In certain areas you’ve just got to get on with your job and what we do is we marry up things that cross over you know rather than trying to think of ‘Oh we’ve got to have all this partnership, we’ve got to be doing this and this and this together’”.

A difficulty which has been mentioned by PNC staff and residents of Pennywell is the size of the Pennywell Neighbourhood Centre. This issue was also brought up by Medical Centre staff:

"We’ve got nowhere to put anybody any more. We’re a training GP practice as well so we train new GPs and we’ve run out of space. We’ve got money from I think regional health, there’s a pot of money for new developments such as this and we’re building five rooms on the back which will house some admin, clerical staff. We’ve applied and been approved an extension because of the growing practice and because we’re hoping to put on some more
community-based stuff. We were thinking of having a visiting chiropodist or physiotherapist or even more diverse than that, an acupuncturist or whatever”.

While the cessation of SRB funding will have little impact on the Medical Centre, Staff felt, nevertheless, that there would probably be an impact on PNC and the local population:

“It won’t impact on the Medical Centre. It will impact on the population, I think. It won’t impact on us as professionals doing our job because that will still be there. That need, that demand is still going to be there with or without SRB but it will impact on the provision that the community have actually already had and that, I mean from my point of view I mean I refer people over to the Neighbourhood side, different groups that they run, educational stuff, crèches, courses and that’s really been very helpful where I’ve thought oh that person, what they actually need is this we don’t provide it here. If SRB goes there’s going to be less likelihood of all those types of things”.

Finally, it is clear that the Pennywell Neighbourhood Centre and the Medical Centre have become flagships to a certain degree of regeneration work:

"It [the PNC] has got other charitable funding, it's recognised nationally as a 'Best Practice Project', and basically it's recognised as one of the best practice projects in the country”.

The impact of the Medical centre is also recognised:

"With the medical centre, it's the first time they have brought a GP into the area for forty years... everyone used to troop down to the Accident and Emergency at the hospital down the road. Now they're having to expand the building because of the uptake... In terms of cost-benefit analysis, you only have to look at how much it might save the Health Authority because of all of the emergency visits..."

**Accessing the Services Offered**

Although the PNC was established with the aim of being accessible to all residents in the surrounding areas of South Hylton, Ford and Grindon, in reality this is not necessarily the case. Respondents in outlying areas described the people (and the community) as "poor relations" in comparison to those in the immediate area of Pennywell.

The PNC was described as having "a fantastic crèche" but the community centre in the neighbouring area of South Hylton does not. This means that the women who go to the PNC cannot go to the same course at the South Hylton community centre. However, there are plans to establish a crèche and a move over to being 'Trust' managed. There is no crèche in the village of South Hylton, so a lot of young women in the village are isolated, and even if there are lots of activities and courses, "what do you do with the kids?". The PNC crèche is booked up at least a week in advance and is very well used. There is also one at the PCB. It is the case that free childcare places
are available for those parents who wish to participate in courses and activities provided by the PNC while a nominal and competitive charge is made for those parents who wish to leave their children at the crèche while they go out to work. PNC Staff pointed out that while the paid for childcare provision is being well used, the free childcare service is sometimes under utilised. According to SRB staff and PNC Management, an increase in childcare places is likely as new premises are opened in the not too distant future. Whether this will benefit parents in South Hylton and Ford is not known.

There is a general view among some residents that South Hylton is neglected "most definitely... this community Centre [a small, temporary, pre-fabricated building] was built in 1976, as a short-term measure, and we're still here!" Some of the respondents we spoke to suggested that everything had gone to Pennywell while their own area had been neglected. Sunderland City Council pointed out, however, that they have contributed £450,000 towards the cost of a new community centre building in South Hylton.

"When Pennywell was built there was nothing but two churches and some big houses, but nothing else.... But now they have everything.... But I don't begrudge them, it's lovely to have.... but they think we [residents of South Hylton] should just go there!"

Several respondents in our research drew our attention to the parochial attitude that is prevalent among many residents in the immediate Pennywell area. This attitude appears to be characterised by a reluctance of residents in specific areas outside of the Pennywell area to literally cross locally established boundaries to access services provided by the PNC. Although, as we have already stated, the Pennywell Neighbourhood Centre was established to serve all communities in the surrounding areas, the fact that it is sited in the Centre of Pennywell, and is called the 'Pennywell Neighbourhood Centre', even now, appears to put various community members off accessing the services. Residents of South Hylton highlighted some geographical restrictions that may have prevented them from accessing the resources in Pennywell. There is a very large, steep bank, between them and the PNC, which is incredibly hard work for those with children, prams, or the elderly, "it's a killer!". People are mostly dependent on the local bus, one every twenty minutes, "when it comes!". Residents complained that while it was fairly easy, and regular, to get a bus up the bank towards Pennywell, the return journey appears to be less regular and predictable- "you can wait for hours!". The metro line (to both Sunderland and Newcastle) is reported to have improved links with the village, however, still some residents can walk down the bank to the metro, but must get an additional bus back up the bank once they have got off the metro.

The project manager admitted that while there was a great deal of PNC sponsored outreach work taking place in the Ford area, there was no outreach work currently taking place in the South Hylton area. There was however, the potential for such work to take place if there was a genuine need for it.

When local residents were asked whether there were particular groups of people not accessing the services offered at the PNC, there was clear agreement:
"The over-60's, because they can't get up the bank!"

"There are a lot of people in S Hylton who are elderly..."

"There are only two men, who I think are single parent families, who attend the PNC... You need to encourage men to come in, otherwise you are being sexist..."

The idea that young men in the area are under-represented, and non-users of the services available was also discussed by other respondents. Springboard agreed to distribute a questionnaire to its male clients regarding the sorts of activities that young men like to participate in or would like to see provided by community and neighbourhood centres. We saw this as an opportunity to highlight the point that the courses and activities provided by the PNC are predominantly - if not exclusively - orientated toward female residents of Pennywell.

**Restrictions and Difficulties**

Funding regimes - which are mostly determined by geographical boundaries, such as SRB 3, or 5, or Sure Start, etc., - mean that people in the area can only access various services or resources. On paper these boundaries are rigid, and so for example, a person on one side of a street may not officially be entitled to access services on the opposite side of the street. However, in practice, this is not necessarily the case, and often, all people have benefited:

"There's like grey areas where people from that area, the area that wasn't funded - benefited from the use of things in the area that had benefited from funding".

Interviewees reported that this was very much the case for people in the nearby area of Ford, for example. Again, residents held the view that the people of Ford should have had their own community centre. More positively, it was reported that residents in Ford would benefit from the recently acquired Sure Start funding. However, South Hylton was described as an area that still fell outside of both SRB and Sure Start funding, and so was still not benefiting: "we're [South Hylton] like an island in the middle of a river...". Residents suggested the idea of outreach workers being supplied through the funding from the other areas, but with the specific remit to work in South Hylton.

Some respondents reported that a lot of European legislation and laws had made things more difficult, and so some community activities were now difficult, if not impossible to run, for example, the recent health and hygiene certificate requirement has put a stop to various luncheon clubs and community events - "you can't even open a tin of beans unless you've passed this certificate". Also with youth work, and child protection and first aid and risk assessment, and the associated European legislation has made trips and events involving children and young people practically very difficult, if not impossible.
In terms of Future plans - it is possible to apply for SRB funding as joint applicants (e.g. SRB 3 and SRB 6) and so this may strengthen applications from the South Hylton community, via the residents group, who are essentially self-funding now (through their own fund-raising) - "it doesn't only generate money, it brings our community together - that's more important to us than making any money". The residents' association members described how busy they were in their campaigns - all of those we spoke to were on several working groups or committees and attended meetings most days. They reported difficulties of getting younger people involved in the meetings, and whilst they said that the community and the people within it were very supportive and would rally round for any social event, it was difficult to get younger people involved in the groups formally.

Another Residents’ Association was not as positive in its comments regarding the PNC and suggested that there was a great deal of dissatisfaction among staff at the PNC and among residents:

“Going back to the days when we moved into the new building, there was always a list of activities. Unfortunately, what we seem to hear is a lot of dissatisfaction from workers who work in the centre, you know, the team. There doesn’t seem to be the same number of projects and things happening from there [the PNC] as there used to be. It might be that they are not getting the funding”.

While there is a perception among residents that a decline in participation rates has occurred, it is not certain whether this is an actual decline or simply that participation in the PNC had reached a peak. Reasons suggested by residents for what they perceive as a decline in participation rates, include problems securing funding for particular courses, apathy among residents, changes in key PNC staff and a perception, real or otherwise, of a decline in control and ownership among residents and committee members:

“Sometimes some of the blame has got to be accepted by the people in the area. Like all other estates, there is a big thing on apathy. Unless you can actually go out and talk to somebody and somebody says ‘I’m interested in doing that’…, I think this is the way you’ve got to attack the problem. It’s no good setting up a course and then advertising it and hope for the best. You’ve got to get their names before”.

Residents felt that key workers leaving the PNC had had something of a negative impact on the operation of the PNC:

“A couple of the key workers left. One of the posts has been filled, but another key worker who left used to organise a lot of the courses and she is a big miss and I don’t think they’ve replaced her. About a month ago [key worker] left and she was an outreach worker and I don’t know whether they have replaced her”.

Whether this sense of apathy or the perceived decline in resident participation is related to a perception that the PNC is gradually ‘winding down’ as SRB funding
comes to an end in 2004 is not known. However, residents felt that this may have something to do with it:

“I think because SRB only has another year to go, they are not exactly pushing it. This year they had great difficulty getting people to go onto the management committee at the AGM, where usually they have more than they require. They usually have about four extra... It’s all stagnating”.

These particular residents felt that there was some problem securing funding for particular courses. They referred to the success of a course in ‘Basic English’ for asylum seekers to highlight the point they wished to make:

“When the asylum seekers first came, they got some funding for Basic English classes. Now last year that stopped and I asked again and they said that if we could get 12 families interested we might be able to get some funding to do it again. What’s happened now is that most of our families who attended Basic English last year have gone to college this year. But we have a lot of new people who are Spanish speaking. They need the class, but we haven’t got 10 families and if we can’t find them they won’t run the course. I’m wondering if they are having trouble getting funding for these courses and with the SRB coming to an end it makes it harder still to know where you are going to get the funding from”.

There was also an impression that course duration may be preventing minimum numbers of residents taking part:

“If you commit yourself to a course, you are committing yourself to about ten weeks for that particular course at the same time every week. A few weeks ago they were running taster sessions and they were asking if people would be interested in taking part in some of the activities. If they ran them for 4 weeks people could commit themselves to that”.

The position regarding the setting up and running of courses, which these residents were aware of, is that there must be a minimum number of people interested in taking the courses in the first place otherwise it would be inefficient and probably wasteful to provide a course. This was highlighted by a comment from a member of the PNC Management Committee who said:

“The main problem is numbers, because a lot of the courses can only be delivered if you’ve say ten maximum or twelve people maximum. So if I get a few people down here and they say they want an aromatherapy course then I’ve got to try and bump those numbers up to twelve and sustain them. So that can be a problem if people drop out or they change their mind and there’s only five people who want to do the course. You know we’ve got to try and think of ways to recruit and get more people on. Sometimes because of that we haven’t been able to run a course”.

It seems that when residents do show a commitment to take part in a particular course, it is continued. Some residents mentioned the continuation of the course in Sugar Craft as a prime example of this.
Residents spoke somewhat nostalgically about the way the old Neighbourhood Centre had been managed suggesting that the previous manager had a more ‘hands-on’ approach to management. Residents appear to be looking for the same level of involvement from the current manager. It might be argued, however, that the early stages of the PNC required more ‘hands-on’ work to help establish the infrastructure while the focus in the present has shifted more towards maintenance and sustainability, which requires skills of a different nature.

Among these particular residents, there appears to be a perception that something has been lost in the transition from the original Centre to the new Centre. Based on comments from residents, the impression received is that a more professional style of management has emerged in which management works in a more hands off and bureaucratic way. This may have resulted in a feeling that management of the PNC has distanced itself from the residents when in fact it may be more likely that the PNC has established its place in Pennywell and has in fact entered a more settled phase that requires less high profile promotional activities. Residents, nevertheless, appear to feel that as a consequence of this their previous sense of involvement, ownership, influence and control, that was apparently evident in the original Centre, has been reduced to a certain degree. Residents used the term, ‘hierarchy’ to suggest that internal changes within the PNC are having an impact on relations with residents and residents’ associations leading to the development of a traditional bureaucratic and professional model of management with residents now at the end of a hierarchic chain rather than being closely involved in the PNC.

One resident felt that a loss of ‘neighbourliness’ had occurred since the transition from the old to the new Centre:

“It [the original Neighbourhood Centre] was more neighbourly because there were a lot more people occupying this part of the estate then. It was so easy for them to come in here. It was like a drop-in centre. There was a GP and a nurse to see babies and to sort out the baby food. They also had a clinic for teenage girls.”

It is difficult to determine whether these are genuine concerns felt more widely among residents of Pennywell or whether they are more personal in nature and limited to the key residents that were interviewed. As a counterbalance to these concerns, a key member of staff at the PNC recognised that changes had occurred with the move to the new PNC site:

“There has been some cultural change within the PNC but this was an inevitable consequence of the decision, initiated by the previous management to move the organisation from a small building housing a tiny team of staff and volunteers to a large building with a much increased staff team. Much of the time and energy of the present managers has been put into working through the consequences of this decision and into establishing a unified team comprised of a large number of newcomers who had no knowledge and awareness of working in the earlier setting together with those who did. There is certainly not less commitment to community involvement as this underpins this centre and without it I don’t think the project would be sustainable”.
This view was supported to a certain extent by another key respondent who felt that,

“*The management in the original PNC was, ‘a tough act to follow’ and that the current role of the manager is very different to that of the original manager. The role has shifted from establishment and development to sustainability and progression*”.

Again, residents’ perceptions come into play with regard to boundaries and the perceived negative impact these have had on residents in terms of capacity to participate in the PNC:

“As residents of Pennywell, we hate the boundary line. This boundary line was put in place with the SRB. There was a boundary line before, but we could cross over it. But when we are applying for funding unfortunately we’ve got to watch this boundary line. We couldn’t care less about it. If people want to come along and be part of what we do, they are welcome. It was wrong to divide Pennywell in two. It should have just been the Pennywell Estate.

Residents also suggested that efforts to prevent duplication of activities and services may have had something of a restrictive impact. The clinic for men that existed in the old PNC did not apparently survive the transition to the new PNC:

“They had a men’s health thing, well man’s thing. They don’t have that up there now. I think they think that the doctors have taken that on. In things like this you’ve got to watch out for conflicting interests. They talk about duplication of services. Those in authority are very up on that. If you are planning for funding and it’s got the slight echo of something else that someone is doing within the boundary lines they don’t want to know”.

There is a perception among these residents that the PNC is going through a period of decline:

“The Neighbourhood Centre has just lost that impetus but it can come back very easily”.

There is also a sense that particular parts of the PNC have been under-developed:

“That little café is an asset. They could do wonders in there. They always had two girls working there and now there is only the one. They are always busy. When they first started they used to have a bloke that worked there as well, a chef, and he used to do a lot of catering for working group meetings and conferences and things like that. I think that’s something they could go back to. If that was brought up to its full potential, you would find that they would be ringing in and ordering something as takeaways”.

As mentioned by PNC staff and other residents, there is a perception that there are still a number of groups in the Pennywell area that are not accessing the PNC:

“There must be still, judging by the number of people on the estate, who don’t access it [the PNC]. I think probably that they need to reach the young
parents, I mean 20’s, 30’s 40’s. These people we find hard to get involved in anything. With the aerobics you will probably find it’s the younger ones that go to that and the line dancing, that’s a mixed group. When there is line dancing on, it draws all the people and by that I mean the very old and the very young. That is a thing that attracts them all”.

Residents highlighted the divisions that existed between local residents on the basis of geographical alliances and how these divisions are, in their opinion, preventing integration of all residents into a cohesive group. This perception may have resulted from locally based ‘disagreements’ at the time of the evaluation and may have been overplayed to a certain extent. It has apparently ‘returned’ to normality since the end of the evaluation. However, it seems that apart from the internecine warfare, temporary or otherwise, that goes on between the various residents’ associations, they still have one thing in common. There is general agreement that the PNC has had a positive impact in the Pennywell area and most were keen that it should continue to do so in the future. A typical comment was:

“If it [the PNC] vanished it would be missed and so many people have benefited from it, it would be a big miss”.

Measuring Impact?

Success can be measured on a number of levels. SRB outputs are clearly important numerical measures of success. Attendance must be monitored, and targets achieved, if only for funding and justification purposes. However, while these might indicate success or failure in numerical terms, they do not reveal the impact of the Project from the point of view of staff and residents. It is through the aggregation of the various data sources that a clearer picture of the impact of the Project can be achieved.

Those outputs, which relate to residents, are the focus of this section of the report because they would appear to be the most relevant. Analysis of output data is based on two more or less complete data sets for the years 2000 and 2001, compared with the forecast outputs for the lifetime of the project. It may be more accurate to look at the 2002-2003 outputs later when up to date figures should be available. Each of the key outputs is considered in detail within this section of the report.

SRB output details

10A: Number of new childcare places provided

Figures for 2000 suggest that the number of childcare places forecast was underestimated. This is not really surprising given that the PNC was a new facility and numbers attending were likely to be difficult to ascertain. However, PNC staff suggested that there had always been enough childcare places. New developments in the area will result in the creation of more childcare places in the not too distant future.

"... PNC has since developed another base in the middle of the estate... so that will be another base for the childcare project... and there is another new
community resource at a school.... There has been an amalgamation, which has freed up the infant school and we have taken that on as a community resource building... in that building there will be another childcare and crèche facility which the PNC will manage and utilise."

Childcare places are subsidised at a level, which is realistic for the residents in the area. This means that childcare is income generating, which increases the possibility of sustainability in the future.

**1C: Number of trainees obtaining qualifications**

Forecasts for this output were more or less accurate for 2000 but there seems to have been a dip in numbers obtaining qualifications in 2001. Clearly, these figures suggest that the lifetime forecast (290) for this output may not be achieved and perhaps reasons for this should be explored with stakeholders.

**1Ci: Number gaining first qualification**

There were no actual forecasts for this output. While 64 residents gained their first qualification in 2000, only one appears to have gained a first qualification in 2001. We do not have any data on the type of qualifications gained.

**1Cii: Number gaining second or more qualification**

While 20 gained a second qualification in 2000, only one gained a second qualification in 2001. Reasons for the dip should be explored. There is no lifetime forecast for this output.

**1D: Number of residents of target area accessing employment**

There is some uncertainty about this output in terms of ‘definitions’. Does ‘accessing’ employment mean actually gaining employment or does it refer to residents who were seeking employment? Is there some objective measure in place to indicate what actually constitutes ‘accessing’ employment? Again forecasts and actuals are accurate but show a drop in numbers accessing employment in 2001. It is uncertain whether the lifetime forecast of 47 will be achieved given the current numbers of residents accessing employment.

**1J: Number of young people benefiting from projects to promote personal and social development**

While the number of young people benefiting from projects to promote personal and social development was higher than the forecast figures for 2000, there has been a dip in numbers participating in 2001. The forecast figure for the lifetime of the project may or may not be achieved. However, there must be more than 130 young people within the SRB boundaries who could be encouraged to participate. There is some uncertainty here regarding the term, ‘benefiting’. Residents are considered to be benefiting if they are attending or participating in a particular project or activity. There is apparently no SRB requirement to specify or to provide details about the ways that young people are actually benefiting. Records are apparently kept
concerning the activities undertaken by each young person, but nothing appears to be done with these in relation to ‘measurement’ of actual benefits.

Table 1: Key SRB Outputs 2000-2001

<table>
<thead>
<tr>
<th>Output</th>
<th>2000</th>
<th>2001</th>
<th>Lifetime of project</th>
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<tbody>
<tr>
<td></td>
<td>Forecast</td>
<td>Actual</td>
<td>Forecast</td>
</tr>
<tr>
<td>10A Number of new childcare places provided</td>
<td>35</td>
<td>50</td>
<td>MD</td>
</tr>
<tr>
<td>1C Number of trainees obtaining qualifications</td>
<td>20</td>
<td>25</td>
<td>40</td>
</tr>
<tr>
<td>1Ci Number gaining first qualification</td>
<td>MD</td>
<td>64</td>
<td>MD</td>
</tr>
<tr>
<td>1Cii Number gaining second or more qualification</td>
<td>MD</td>
<td>20</td>
<td>MD</td>
</tr>
<tr>
<td>1D Number of residents of target area accessing employment.</td>
<td>7</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>1J Number of young people benefiting from projects to promote personal and social development</td>
<td>20</td>
<td>123</td>
<td>40</td>
</tr>
<tr>
<td>7Bi Number using improved health facilities</td>
<td>1750</td>
<td>2603</td>
<td>300</td>
</tr>
<tr>
<td>NSO 34 Number of families accessing carer and toddler sessions</td>
<td>24</td>
<td>101</td>
<td>30</td>
</tr>
<tr>
<td>NSO 35 Number of children benefiting from personal and social development</td>
<td>125</td>
<td>236</td>
<td>75</td>
</tr>
<tr>
<td>NSO 36 Number of individuals directly benefiting from family support initiatives</td>
<td>45</td>
<td>165</td>
<td>30</td>
</tr>
<tr>
<td>NSO 37 Number of individuals directly benefiting from family support groups</td>
<td>135</td>
<td>80</td>
<td>80</td>
</tr>
<tr>
<td>NSO 39 Number of individuals benefiting from activities promoting personal and social development</td>
<td>40</td>
<td>40</td>
<td>30</td>
</tr>
</tbody>
</table>

**7Bi: Number using improved health facilities**

It is clear from this output and from residents’ comments that the Medical Centre has been well received. Medical Centre Staff mentioned the lack of space for their primary purpose, i.e., health care. It is clear that an extension for administrative staff has been planned which will set free more space for medical purposes. Numbers of residents registering as patients at the medical centre seems to have peaked in 2001 although current estimates suggest that the lifetime forecast figure of 3800 might well be achieved. Medical staff pointed out that they had patients from all parts of the SRB area including Ford and South Hylton and that asylum seekers also attend the Practice.

**NSO34: Number of families accessing carer and toddler sessions**

The forecast for 2000 suggests again that demand for this particular service was underestimated. Again this is not surprising since the facility was new and figures would be hard to estimate. Figures for 2001 suggest that new residents accessing the service have declined. Interviewees suggested that accessing the carer and toddler sessions was limited due to the size of the rooms available for the service. If more space could be found this might encourage more families to access carer and toddler sessions and may make the lifetime forecast achievable.
NSO35: Number of children benefiting from personal and social development

We have the same problem with this output as we did with 1J above. In what way has ‘benefit’ been defined and actually measured? Has an objective measure been used or is it a case of observational or anecdotal data? There appears to have been an initial under estimate of demand in 2000. Numbers declined in 2001. It may be useful to examine the reasons for the drop in numbers of children benefiting from personal and social development. The lifetime forecast (475) again appears too high to achieve unless more children are engaged in these activities.

NSO36: Number of individuals directly benefiting from family support initiatives

In what ways have individuals benefited from family support initiatives? Has some objective measure been used? What has been measured to show actual benefits? Again, demand was underestimated in 2000 but declined in 2001. What were the reasons for this? The lifetime forecast for this output may still be achieved if more individuals can be engaged. Otherwise it may be necessary to reassess the lifetime forecast.

NSO37: Number of individuals directly benefiting from family support groups

In what ways have individuals benefited from family support groups? The forecast was overestimated in 2000 and declined in 2001. What were the reasons for the decline? Was there a peak in demand after the initial rush when the PNC opened? Has the potential client base been exhausted? The lifetime forecast for this output (555) probably needs to be adjusted in line with current demand.

NSO39: Number of individuals benefiting from activities promoting personal and social development.

What measure has been employed to determine how individuals have benefited from activities promoting personal and social development? The lifetime forecast appears high (230) and may need to be readjusted in light of the decline in numbers accessing these activities.

SRB outputs Summary

It is clear that demand for services provided by the PNC was under-estimated initially as is indicated by the forecast and actual figures for 1999-2000. The initial rush of residents to access courses, activities and services in 2000 appears to have declined and stabilised between 2000 and 2002, which indicates that the number of residents accessing the Neighbourhood Centre has peaked. This is apparently a situation not uncommon to a number of SRB initiatives as recognised by a staff member who said,

"I think there's always going to be a levelling out of those things, there is a finite amount of people you can work with - there are only so many residents live here... you get to the point where you've done everything you can with people, like for example, the confidence courses for young women, and it's about progression for them onto other things. What we tend to find is that those courses at the PNC are
a mechanism for getting people onto something else... to progress to education, a
college course... we've given them the confidence and support to move on..."

However, as a number of interviewees pointed out, there is still a considerable ‘client
base’ in Pennywell that could be engaged in PNC activities and services. The Medical
practice appears to have had the greatest success overall with an influx of over a
thousand patients on opening which has continued to grow resulting in a current
patient base approaching 3000. As one interviewee pointed out:

"With the medical centre, it's the first time they have brought a GP into the area
for forty years... everyone used to troop down to the Accident and Emergency at
the hospital down the road. Now they're having to expand the building because of
the uptake... In terms of cost-benefit analysis, you only have to look at how much
it might save the Health Authority because of all of the emergency visits..."

Interviewees believe that the project should be viewed in the same holistic way in
which it was set up. From this point of view it is clear that all aspects of the Project
have ‘gelled’ well and have produced a number of positive outputs:

"The neighbourhood side of that, the community health project, which focuses on
family support, they are all well-subscribed and there is a lot of work that goes on
there. There's been such expansion around different initiatives that are delivered
out of that building - family support work, community childcare projects, after-
school clubs, working with young people on issues around sexual health... it's
been very instrumental in pulling other areas of work together as well. The
childcare project has gone from strength to strength, and it's one of the few
projects that we hope will be easily self-sustaining by the time we come to leave
the area. We've got waiting lists for subsidised childcare projects, so it's really
positive...."

**Ongoing issues**

It is clear that a great deal of the programmes and services provided by the PNC
appear to be oriented predominantly toward the female population of Pennywell. If,
however, one of the aims of the Pennywell Community and Health Resource Project
was to attract and benefit all residents, male and female, young and old, this seems not
to have happened since staff highlighted the fact that male residents were
conspicuously absent from activities provided by the Centre. A staff member
highlighted this fact when she said, “We've never really done anything to attract
men”. It may be the case that the PNC is to a certain extent caught in a vicious circle.
Clearly, it has successfully responded to the needs of the local population, but if those
requesting particular courses/activities/services are predominantly female, it should
come as no surprise that the courses/activities/services relate more to their needs than
other groups in the area. A member of staff commented in this respect that,

“Men are a problem. The people that access the courses... it’s all women and
I know that the Community Health Resource Centre would love to be able to
deliver certain services or activities where they could hook more male clients
into the centre.”
Another said in regard to non-user groups:

“... Mostly men I think are the chief sort of gap in our service apart from smoking cessation, men haven’t been attending regularly. We are going to address this. The person who’s going to do family support part-time between now and Christmas she is having a particular session for men and so I’ll watch how that goes. She’s got a lot of ideas about what can be done with men around dad’s and how they can be encouraged to play with children but also we’ve been talking about things like an allotment or something like that. Anything that might engage blokes really to come and do something - But I don’t think we have managed to bridge that gap at all”.

Potential reasons for the lack of male participation in the Centre were suggested:

“... I think it might be a perception of the building. Some of this stuff is anecdotal, but I’ve heard people say this [the PNC] is perceived as like a women’s place, maybe because we do a lot of childcare, a lot of men might perceive it like that. We’ve had one dad who came to the carers and toddlers group so there are little break-throughs but in the main it hasn’t been attended by men. It might be a reluctance from men to sort of tackle health issues”.

It is important to mention the Pennywell Business Centre at this stage because it provides an interesting contrast to the work done by the PNC. The Pennywell Business Centre (PCB) is an important agency within the Pennywell area providing predominantly vocationally orientated Education and Training courses. Clearly, one of the strengths of PCB is its focus on vocational type qualifications which staff contrasted with the more non-vocational activities provided by the PNC. PCB staff felt that there was more ‘movement’ and progression among the residents who were accessing its courses and activities in contrast to the somewhat ‘static’ core group of residents that accessed activities and services offered by the PNC.

Engaging male residents in activities at PCB appears to have been more successful than attempts to do so at the PNC. While the number of males attending courses at the PNC was negligible, PCB staff said that numbers of males attending courses there had risen recently. It was suggested that this may be related to the fact that PCB is offering courses that males find more relevant to their particular circumstances or needs, namely vocational courses.

As part of the evaluation of the Community and Health Resource Project, a questionnaire was designed and administered to 20 young men currently accessing services and activities at Spring Board. The questionnaire was designed to draw out the types of activities that would attract young men to a neighbourhood centre such as the PNC. In this respect, the PNC September Programme of activities for 2002 was a useful source of information regarding courses and activities currently being provided there. Activities provided by the PNC were inter-mingled with ‘stereotypically male’ activities and the young men were asked to indicate how likely it was that they would attend each of the activities presented. The table below presents a breakdown of the types of activities that the young men would be likely to attend and those they would be unlikely to attend. It should be stated that this is not a representative sample taken from the population of young men in Sunderland. The intention was simply to
indicate the types of activities that young men find attractive and those that they
would find unattractive. In this sense, it may be useful to consider the types of
activities that could be provided for young males in the Pennywell area.

All of the men live in Sunderland. The youngest was 18 and the oldest was 24. While
three claimed to have attended a neighbourhood centre, only one provided the name
of the centre he had attended. None of the respondents mentioned the PNC. This
might be related to the fact that they may come from different parts of Sunderland. A
break down of responses to the types of activities provided by a neighbourhood centre
is provided below. It seems to be the case that these particular men are attracted by
what might be classified as physical and vocational pursuits. Activities such as
football coaching, weight training and athletics coaching stand out as pursuits
attractive to young males. While Dance and Drama is a children’s activity provided
by the PNC, it is nevertheless clear that young men in this group would not find such
an activity attractive even if it was offered specifically for them. Aerobics and
aromatherapy are evidently viewed in the same light by this group of males. It may be
the case that these types of activities are viewed as stereotypically ‘feminine’ in
nature by young men. This is not to suggest that young males would not attend such
activities, since a number of responses can be found in the ‘not sure’ category. It is
simply the case that there is insufficient data on which to base any hard conclusions

On the vocational side of things, it seems clear that this group found the idea of
National Vocational Qualifications and work related training attractive. A similar
pattern emerges in Table 2. Gaining a qualification in something appears to be
important. Attracting young men into the PNC might involve linking courses such as
First Aid or Food Hygiene with some form of accreditation recognised by employers.
Again, the PNC provided a course in First Aid, which did attract three men to
participate, which could be viewed as giving some credence to the view about
offering vocational courses specifically for males. Three of the male respondents
stated that they had children but all three said that they were not sure if they would
attend a young fathers club. The same three men appeared doubtful about attending a
relationship education course, one stating that he was very unlikely to attend while the
other two remained unsure.

Table 2: Breakdown of course choices

<table>
<thead>
<tr>
<th>Activity</th>
<th>Very Likely to attend</th>
<th>Not sure</th>
<th>Very unlikely to attend</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aerobics</td>
<td>0</td>
<td>4</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>Relaxation classes</td>
<td>0</td>
<td>4</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>Weight training (Gym)</td>
<td>6</td>
<td>2</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Aromatherapy</td>
<td>0</td>
<td>1</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Athletics coaching</td>
<td>4</td>
<td>2</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>Relationship education</td>
<td>0</td>
<td>5</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Football coaching</td>
<td>6</td>
<td>2</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Young fathers club</td>
<td>0</td>
<td>7</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Dance and drama</td>
<td>0</td>
<td>2</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>Yoga</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Stress management</td>
<td>1</td>
<td>5</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>National Vocational Qualifica</td>
<td>3</td>
<td>6</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Work related training</td>
<td>5</td>
<td>4</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Totals</td>
<td>26</td>
<td>46</td>
<td>57</td>
<td>10</td>
</tr>
</tbody>
</table>
Table 3: Breakdown of health related courses and activity choices

<table>
<thead>
<tr>
<th>Activity</th>
<th>Very Likely to attend</th>
<th>Not sure</th>
<th>Very unlikely to attend</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor</td>
<td>1</td>
<td>4</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Well Man Clinic</td>
<td>0</td>
<td>3</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Sexual health Clinic</td>
<td>0</td>
<td>1</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>First Aid Course</td>
<td>4</td>
<td>5</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Food Hygiene Course</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Family Planning Clinic</td>
<td>0</td>
<td>5</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Healthy Eating Course</td>
<td>1</td>
<td>5</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>Totals</td>
<td>10</td>
<td>26</td>
<td>34</td>
<td>10</td>
</tr>
</tbody>
</table>

One of the main concerns expressed by some respondents in the PCHRP research was the idea of progression and moving people on from attending courses. There are many courses on offer at the centre, most of which are non-vocational, and as with any service offered, course attendees tend to go to more than one course.

“… People come back obviously and do things again. Also you know there’s evidence of people moving on to do further courses and getting jobs and things like that as I described with the management committee members so yes I think anecdotally I would say we’re having a positive impact yes”.

There is a clear need to attract those groups of residents that have not accessed any part of the PCHRP in any great numbers. Staff identified specific groups including men, pensioners and lone parents. It was suggested by a member of the PNC Management Committee that while vocational courses have been provided by the PNC leading to accreditation in child care and a qualification as a Classroom Assistant, some residents were reluctant to progress beyond courses into employment fearing that they would be worse off financially than if they remained on benefits:

“They [residents] don’t want to get through to work. It’s the whole benefit trap thing and I can see they’ve given me the figures and I sit with them and say yes you’re right if you get this job you’re going to be worse off financially. You cannot blame them really”.

This is clearly a problem not of the PCHRP’s making but nevertheless needs to be addressed. It may also be the case that the client-base for the PNC has ‘peaked’ to a certain extent resulting in something of a ‘static’ client-base composed of regular users.

While the PNC met its forecasts for numbers of residents accessing employment in both 2000 and 2001, these figures are nevertheless lower than the forecast for the lifetime of the project and it might be useful to consider why they are so low and whether more could be done to increase numbers accessing employment. It is difficult to determine the real impact of the PNC in relation to the number of residents accessing employment since a formal tracking system does not appear to be in place. However, a member of the PNC Management Committee said:
“I can track quite easily through the partner agencies. I can track through Job Linkage, if they’ve accessed the Job Linkage Service here or I can track through the Health Resource Centre to see what other courses they’ve gone on to. I suppose it’s difficult if they then went to the University or to College. I wouldn’t necessarily be able to track that. Unless I happened to see them in the street or they dropped into the Centre or whatever”.

While most respondents were satisfied with current levels of childcare provision, it is clear that a key respondent felt that some groups and geographical locations had been neglected in this respect. This interviewee believed that lone parents and low-income families had been neglected where childcare provision was concerned. This person also felt, and this is supported by comments from South Hylton residents, that areas ‘outside’ Pennywell had been neglected where childcare provision was concerned. As mentioned previously, however, it is clear that new crèche facilities will be opened up in the near future and this may remedy to a certain extent the problems encountered by these neglected groups and outlying areas. This respondent also felt that there was a need for more training in childcare and felt that an NVQ in childcare could be provided by one of the local agencies. It was felt that this would increase the numbers of qualified staff available in the Pennywell area.

Residents felt that the name of the Neighbourhood Centre may have deterred attendance among specific groups of residents, who view themselves as traditionally residing in the Ford and South Hylton areas. This was highlighted by one member of the PNC staff.

“I suppose the major issue is the base. I suppose it happens wherever you’ve got a base which happens to be Pennywell for the health resource centre, is that it’s profile and I suppose the message that it certainly gives out to the people of Ford is that it’s, that centre’s for the people of Pennywell. But it’s not, there’s a lot of outreach goes on”.

She suggested that residents in the Ford area were feeling a bit neglected,

“That’s not just from health project that’s from every other project that’s up at Pennywell. I suppose if there had been, I suppose looking at it constructively is, from a staffing point of view I can’t have full-time activities from this centre delivered from the Pennywell Neighbourhood Health Resource Centre because they just haven’t got the capacity to do that. So I suppose I just, I get outreach maybe on just a part-time basis really. Which is great but obviously the people down here would you know they’d have it seven days a week, twenty four hours a day if they could”.

She went on to say that:

“The facility’s there, it’s open access, it’s for anyone who lives you know within this area but the people down here have got a real issue with, they won’t travel up to Pennywell. They won’t walk up to Pennywell. It takes like, and I don’t drive, it takes me ten minutes to walk up to the partners up there”.
Residents from South Hylton felt that the SRB boundary lines had probably created more divisions than they had removed and that while Pennywell had benefited greatly from SRB funding, South Hylton had been, along with Ford, badly neglected. An additional complication is the newly established Sure Start Programme in the area, which encompasses yet more boundaries. In response to this view, a key respondent said,

“Whilst I agree we have not done much work in S.Hylton, this is not true of PNC at Ford, where we offer two out of school clubs, and family away day. We are also very involved in the Sure Start Partnership and at present are delivering a carer and toddler early start project every day at the school there”.

The size of the Pennywell Neighbourhood Centre was highlighted by PNC staff and Pennywell residents as problematic. Residents suggested that not enough planning had been done in relation to the size of the PNC suggesting that the potential resident base that might use the PNC was under-estimated resulting in lack of space for crèche facilities and activities. Staff in the medical centre also felt that the PNC could have been larger given the number of residents who now actually use the medical facilities. An extension for administrative staff is going to be built in the near future, setting free more space for medically orientated purposes. Whether further extensions to the PNC itself are planned or even possible is unknown at this time.

**Sustainability**

It is clear that PNC staff is proficient at seeking funding to match up with SRB funding and this experience should stand them in good stead when they have to seek alternative sources of funding in the post-SRB period.

Staff expressed concerns about the potential impact that the end of SRB funding might have on the PNC and partnerships that have taken years to establish. It was suggested that as SRB funding ceased, this might lead to the fragmentation of partnerships that were previously held together under the protective umbrella of SRB. Staff were concerned that once the coordination provided by the SRB had gone, a situation might arise where former partners may diversify into areas that were previously the domain of one of the other Project partners in the area, resulting in competition for funding from the same sources. Such a turn of events could do nothing to sustain the joint work that has taken time to develop and grow since the PNC came into existence.

“.... I’m sort of keen that we should maintain our own identity very clearly and go for very specific sorts of funding but even so as projects come to an end and everybody needs funding, everyone will be tempted to diversify into what other people do in order to preserve their project. I suppose that’s where things might be put to the test a little bit”.

Another interviewee supported this view:
"It is very positive at the moment, people do recognise that there is enough [funding] for everyone to go round, but they have got to concentrate on their own areas of work... but of course the worry for us post-SRB is that there is limited funding available for all sorts of work and that we'll all be chasing the same pot.... So then there will need to be a co-ordinated approach to funding in the future, and it might be that it is done on an area basis and that they work together to get a pot that they can share".

A staff member suggested that to prevent such fragmentation, it may be a good idea to create another umbrella organisation which could act as something of a ‘glue’ holding the various partners together as they were under SRB. While this was seen as positive by most of those who were interviewed, it is clear that one or two were not sure what impact this might have. One respondent felt that while a new umbrella organisation might act as a ‘glue’, preventing fragmentation, it could also, if not operated in a fair and equitable manner, stifle and hinder the activities of some or even all of the partners. It is clear, however, that SRB is already in discussion with Project partners about post-funding plans and concerns:

“SRB are having a series of meetings with the main projects and they’re going to ask us all about what our you know future plans are”.

With regards to developing an exit strategy, there are a few mechanisms, which are being explored. For example, the community childcare facility at Quarry View school could apply for charitable status to then access European Funds to fund the dedicated workers and therefore become more sustainable. It is also possible that agencies can take advantage of the SRB joint delivery plan (SRB 3, 5 and 6), which might help to ensure continuity through other funding programmes. Even though there is over 15 months to go until funding ends, SRB staff are making visits, are talking to agencies to question their involvement once the SRB funding ends. What is clear is that while SRB funding will come to an end in 2004, some of the SRB infrastructure will remain more or less intact and will be available to assist in the post-SRB period.

There is a lot of uncertainty at the minute about proposed changes in the housing stock in the Pennywell area. Rumours abound, which vary from a complete demolition to selected demolition. Agencies acknowledge that whatever happens it will impact on the population, the schools, the PNC, the community, but at the time of the research there was so much uncertainty that no real plans could be made. The situation is further confused because the changes are being led by a private sector housing organisation and not the City Council.

Conclusions

It seems apparent from a multitude of sources including comments from PCHRP staff residents of Pennywell and the surrounding areas, observations and output data, that the Community and Health Resource Project has successfully provided courses and activities for Pennywell residents. The PCHRP has settled and established itself well within the Pennywell area. It is clear that each of the Partner organisations i.e. the Pennywell Neighbourhood Centre (PNC), Pennywell Business Centre (PCB) and the Pennywell Youth Project (PYP) has, not surprisingly, specialised in a particular form of provision. It certainly seems to work very well since there appears to be no
evidence of duplication of effort between the Partners. This is probably the result of SRB staff acting as something of an umpire, overseeing all aspects of relations between Partners and residents, coordinating and managing where necessary.

While each of the individual projects has its own particular focus, there are nevertheless strong links and cooperation between them. The PYP, for example, uses a room in the Neighbourhood Centre as a base to provide advice on sexual health matters for teenagers. As indicated by staff in the PNC and the Medical Centre, joint activities have taken place and continue to do so. It is clear that there is potential for further health related courses and activities to develop as long as they do not impinge too much on the primary activities of the PNC and the Medical Centre. The Medical Centre has adapted to local needs through the development of an innovative self-management team and a triage system for initial patient care.

Community involvement has been promoted and maintained through a variety of community groups, resident associations and outreach work although some residents would argue specific segments of the Pennywell population have benefited more than others.

Opportunities have been created by the PCHRP in terms of health and social activities but also in terms of education, training and employment. The PCHRP is responsive to the needs of residents and constantly seeks and receives feedback through outreach work and surveys and adapts and modifies its courses and activities accordingly.

However, judging by the available evidence, it seems to be the case that participation rates have evidently peaked giving the impression that the PNC is going through a period of stagnation. This may be related to the fact that core funding from the SRB is due to cease in 2004. However, as suggested by comments from PNC staff and residents of Pennywell, it may be that there is more than one factor involved in producing the current situation. Reasons for the decline in numbers attending the PNC suggested by interviewees include:

- Key staff moving on to new jobs
- Staff deployment issues within the PNC
- A finite number of residents able and willing to access the PNC.

Residents suggested that inability to fund courses combined with apathy among residents concerning participation might have had an impact. The duration of courses (some of them 10 weeks in duration) was highlighted by residents as a factor impacting on participation rates. It was suggested that shorter courses of perhaps 4 weeks duration and the re-introduction of taster courses might help to engage those residents who have not accessed any services or activities provided by the PNC. Residents and staff suggested that since a key organiser of events and activities at the PNC had moved on there had been a decline in the planning and development of events and activities probably impacting on resident participation rates. Clearly having skilled and committed staff available for deployment within the PNC is an absolute necessity if forward momentum is to be sustained.

Pennywell has a finite number of residents who are both willing and able to access the PNC. However, having said this it is also clear, on the basis of comments from key
respondents, including residents, that there is a perception that there are still a number of discrete groups of residents in Pennywell not accessing courses and activities provided by the PNC. These groups include males of all ages, pensioners and lone parents.

While it is clear that the PNC does provide a ‘Young at Heart’ group for pensioners, which currently attracts approximately 30 pensioners, there is still a feeling that more pensioners from outside the immediate Pennywell area could be encouraged to take part in activities both at the PNC and the Ford Experience. Non-participation could be linked to mobility problems and geographical location in both the Ford Experience and the PNC. Residents of South Hylton, for example, found the steep bank leading up from the village difficult to negotiate. A member of the PNC Management Committee suggested that elderly residents found the buildings occupied by the Ford Experience not particularly user friendly.

In relation to the absence of males in the PNC, the Family Support Service is currently attempting to develop courses and activities that will appeal specifically to male residents of all age groups. There are plans to employ a full-time member of staff whose duties will include the development of male-orientated activities but also Family Support activities more generally. In the meantime, an acting Family Support Officer is in place and is attempting to generate such activities including, the possibility of developing an allotment to the rear of the PNC as a means to encourage older male residents, while activities for younger male residents might include keep fit programmes such as gym based weight training and swimming. While males do visit the PNC, it has been suggested by staff that these visits are related more to activities traditionally associated with female residents. Some men for example have collected baby milk from the PNC.

While it is clear that the PNC has provided a number of courses, services and activities and is actively engaged in outreach work in the SRB area, there is still a perception among residents that nothing much has changed. This perception is probably based on the notion of tangibility and visibility of impact. The Pennywell Neighbourhood Centre is clearly visible to all and sundry as a tangible output. What cannot be seen however, is the myriad ways that residents have benefited and may continue to benefit in the longer term. These might include an unperceived change of attitude, a more positive outlook, an increase in confidence, self-esteem, self-worth and improvements in physical and mental health. These ‘non-tangibles’ might ultimately only be realised and revealed in a longer-term study of the SRB area. An interviewee highlighted this point:

"You will talk to Ford residents and they will categorically say that SRB in particular has done nothing for Ford and everything for Pennywell... in fact I can probably give you clear figures which show that we [SRB] have invested quite heavily in Ford. However, the problem is that what we've done across most of the area - apart from something like the PNC - we haven't really done a lot of capital projects... most of our regeneration initiatives are I suppose what you would call social regeneration... it's been more about regenerating people, it's been about jobs, education, health and you can't physically see something like that. So if you have an education project in every school in the area it's not clearly visible... People want to see a building..."
This attitude among community residents is perhaps understandable given the very obvious, and huge success that has been brought about by the establishment of the PNC. Although some resources and services existed in the area before the PNC was built, it was the practical establishment of a physical base, which cemented the identity for residents. As we have recounted, once the base was established, the resources and services offered within it have continued to grow and develop, and it is now regarded nationally as an example of a 'Best Project'. It is not surprising, therefore that community members in outlying geographical areas want their own 'PNC', but whether this is practically possible or feasible is doubtful.

Recommendations

If one of the important aims of the SRB is to maintain strong links between the various Partners and to prevent duplication of effort, then a potential strategy for post SRB funding might be for the Partners i.e. the PNC, PCB and the PYP, to retain their 'specialist' focus while simultaneously developing and strengthening current partnership links. While the PNC, for example, has developed an important market niche for itself in the provision of predominantly non-vocational courses such as aromatherapy and relaxation courses, it might consider the possibility of developing its role as a 'gateway' for all the various 'populations' residing within the SRB area i.e. Pennywell, Ford, and South Hylton, priming them with non-vocational and quasi-vocational activities such as confidence building and stress management. This might pave the way for vocationally oriented activities provided by the Pennywell Business Centre. This would also tie both the PCB and the PNC closely together and may prevent fragmentation at the end of SRB funding. Non-vocational courses could still be accessed by those residents not wishing to progress onto vocational courses. The impact of non-vocational courses and activities should not, however, be underestimated or under-valued since there is a growing body of evidence to suggest that these sorts of activities can improve confidence, self-esteem and self-worth (DfEE 2000/2001). Once these essential foundations have been laid, residents may find the route to vocational courses and activities more accessible if this is what they want.

The following recommendations are meant as suggestions only but are grounded in data taken from interviews, observations and SRB outputs:

- It may be useful as part of any action to address the problem of low levels of participation to consider a needs audit to determine the requirements of all segments of the population i.e. old, young, males and females. Although the area of Pennywell is not generally regarded as an area with a high transient and changing population - there are areas, which it is, suppose to serve which are. Such a needs audit should be regularly conducted to assess the changing needs of the communities as well as the population.

- Consider a fresh advertising and resident recruitment campaign.

- Consider developing a tracking system that involves all SRB partners and other local agencies external to SRB, i.e., employment agencies. This might be a useful development especially in relation to showing a link between
residents who had accessed the PCHRP and positive outcomes such as gaining employment or accessing other health or education related activities, i.e., College or University.

- Attracting young men (as one particular group) into the centre would mean developing courses/activities/services that match up to the health and social care needs of young men in the area. Examples might be: Fitness classes for men incorporating the use of a fully equipped gym including qualified fitness instructors. This strategy is currently being used in one particular Sure Start area, for example, where the local sports centre in the area is used as a community resource and base in a similar way to the PNC. Since change seems to be a long drawn out process in, for example, SRB areas, it might be useful to conduct a survey in schools specifically targeted at male pupils to determine their likes and dislikes. This might allow the PNC to prepare some long-term plans around provision specifically for males. Paving the way for 'clients' of the future.

- Consider employing a male outreach worker specifically to encourage greater participation from males in the PNC and the Ford Experience.

- Consider the possibility of running a series of 'road show' type events in male oriented clubs in the area to advertise and attract men.

- Consider whether there are any other sports related initiatives that might be persuaded to participate in the work of the PNC.

- While childcare provision in the PNC was viewed as sufficient by a number of staff and residents, concern was raised about access to childcare affected by low incomes, parenting status i.e. lone parents and also by geographical constraints. More consideration should be given to childcare issues especially in relation to low income families, lone parents and for those areas, such as South Hylton and Ford, which appear to have been neglected in this respect. However, at the time of writing, it is clear that new developments in the Pennywell area and Ford may lead to an increase in childcare facilities anyway which, hopefully, might benefit these particular groups and geographical locations.

- Consider the development of stronger links between PNC staff (including management) and residents’ associations.

- There is some resentment and lack of integration among residents as a result of established local identities and alliances, which is probably preventing the PNC from realising its full potential. This may be a long-established and recognised difficulty which may have been exaggerated by ‘disagreements’ that occurred during the evaluation. This resentment, if that is an accurate definition, seems to come from areas lying directly ‘outside’ Pennywell such as South Hylton and Ford which feel somewhat neglected. A future consideration of such a resource may be to avoid ‘tagging’ the resource to a particular name or place.
A major issue that will require some consideration is the rumoured demolition of housing in either Pennywell in its entirety or at the very least specific sections of it. It might be important to initiate some preliminary thoughts on how this might impact on the Community and Health Resource Project, even though it is still rumoured to be between 3 and 5 years down the line. If it is the case, as has been hinted at, that the plan is for a private residency agency to move ‘more upwardly-mobile’ or ‘professional’ residents into the area, this will have far-reaching affects. Changes in housing will inevitably impact on the community in terms of demographic characteristics of the population, changes in school population, etc., etc. This could also affect opportunities for future funding from sources such as SRB, Sure Start and the European Social Fund.

Finally, since it is clear that SRB has acted in something of a coordination and management role, preventing duplication of effort, it might be advantageous to consider whether this role might be continued with another ‘umbrella’ organisation in the post-SRB period.
Bibliography


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