

A Tale of Two Countries

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Abstract

A model is presented for coordinated community planning to address multiple service needs in two countries. Two communities, one in western Texas and one in the United Kingdom, found that despite the considerable efforts of multiple organizations, the local social, educational, and health services remained uncoordinated. Furthermore, there was no unified data collection to enable determination of which efforts or which combination of efforts was successful. In each community concerned individuals concluded that residents would have to take an active role in identifying needs and solutions in order for the community to revitalize itself. Both communities made use of a theoretical model based on community action/participatory research to develop a new structure to implement coordinated programs. The article includes planning templates that provide a structure for communities to develop their own coordinated response to local needs.

Introduction

Tale of Two Countries was a participatory workshop describing how two communities used community action/participatory research to address health and social services. In the process of comparing the United Kingdom (U.K.) “Localisation” initiative and the United States Department of Education “Promise Neighborhood” initiative, the authors encouraged workshop participants to generate their own community approaches with the aid of workshop handouts. In this article we describe the two community projects and reproduce the templates used by workshop attendees.

Thus, the present article serves two purposes:

- a. comparison of the processes in the two original communities and
- b. presentation of planning templates that can be modified to accommodate individual community characteristics.

According to the U.S. Department of Education (2012), a Promise Neighborhood is both a place and a strategy. It is first and foremost a defined community with needs, but also with the poten-

tial to meet those needs. It is also a strategy that brings together resources from within the neighborhood as well as from other sources. A Promise Neighborhood strategy facilitates the active participation of neighborhood residents in community capacity-building and coordinated service delivery.

The tale of Lubbock, Texas and Norfolk, U.K. is one of two communities in two countries that differ in geography and culture. Each community, however, could be considered a Promise Neighborhood. Lubbock, in rural west Texas, is largely isolated, located within one of the world's leading cotton-growing areas. The county of Norfolk consists of its capital, Norwich, and a number of small market towns distributed across the area. In both communities, circumstances ultimately resulted in responsibility for services being focused at a local level while becoming more coordinated and effective. Service providers once operating in isolation stepped out of their respective comfort zones and engaged in collaboration across disciplines.

The work in Norfolk has been directed at addressing the challenges faced by adults with a learning disability—that is, those with an Intelligence Quotient (IQ) below 70—and helping them to be included as part of their community so they can enjoy the same freedoms and rights as others in their society. The focus in west Texas has been on schools as the center of community revitalization.

Lubbock, Texas

Lubbock, a community of 233,740, although the most populous city in northwest Texas, is surrounded by hundreds of miles of cotton fields and rangeland. Although the presence of several colleges and universities contributes to a robust economy, the neighborhood known as “East Lubbock” has not fully realized the area's economic growth. As a result of the mechanization of the cotton industry many years ago, a large number of African Americans looking for work migrated to Lubbock where, by city ordinance, they were required to reside within certain boundaries (*Amin, 1989*). Elementary and secondary schools were segregated. Today the area includes more Hispanic (49.2%) than African American (28.5%) residents, and both groups have developed strong cultural traditions and supports in the form of churches, community organizations, school alumni groups, and volunteer work.

Norfolk County, U.K.

Norfolk in the East of England has a population of 862,000. Its capital city, Norwich, has a population of 120,000. Norfolk's ethnic makeup is predominantly White British or White Irish (91.2%). From 2004 to 2009, people from Black, Asian, and Minority Ethnic (BAME) groups increased from 4.9% (39,800 people) of the Norfolk population to 8.8% (74,900 people). Norfolk's land area is approximately 95% rural, including smaller towns and their fringes, villages, and hamlets, with these areas including a little over half its population. Thus, although most of Norfolk looks rural, nearly half its residents live in an environment that can be classified as urban. Almost 47,400 Norfolk residents live in areas classified as among the 10% most deprived in England. However, for most people, Norfolk is very safe. It has one of the lowest crime rates in England (*Norfolk County Council, 2012*).

Despite its past stable demographics, Norfolk is experiencing several new trends that pose challenges and increase costs: (a) an increasing client load, (b) an aging population, and (c) an influx of legal European Union immigrants with different cultures and languages.

New Opportunities

Although both communities recognized the need for coordination of services and for community involvement in decision making, the impetus for change differed. Texas Tech University received a \$24.5 million grant awarded by the U.S. Department of Education to implement a revitalization program in East Lubbock with schools at the center of the effort. In the United Kingdom, a national "Localisation" initiative encouraged communities to review existing services and involve residents in improving services for the purpose of serving adults with developmental disabilities.

Previous segregation in Lubbock had left its mark: poor school performance, inadequate housing, lack of stores and businesses, poor health, crime, and drugs. Nevertheless, the community has many strengths: church life, community organizations, and schools as a resource for family needs. Documentation of these strengths and challenges qualified East Lubbock for receipt of a Promise Neighborhood grant.

In the case of the Norfolk initiative, changes in demographics coupled with cutbacks in government spending provided the impetus for the community collaboration. An aging population

and immigration from European Union countries called for an increase in potentially costly services.

The Norfolk community determined that there was a need for capacity building, beginning with an understanding of the community resources that already existed and a strategy for enabling the community to support itself. In East Lubbock, project staff decided to attend meetings of local groups and conduct an inventory of community needs as well as strengths and resources that would contribute to neighborhood revitalization.

Theoretical Model

A theoretical model based on community action/participatory research was used in each community. Mills (2005) noted that many community revitalization projects tend to focus on a specific shortcoming in the community. Residents come together, motivated by anger about the issue. Such an oppositional attitude about a single issue makes it difficult for groups to collaborate in a sustained effort for an integrated approach to change. An alternative method is to work on building the capacity of local residents to take a stronger leadership role in collaborative community development. Likewise, Stagner and Duran (1997) emphasized capacity building in comprehensive community initiatives that encompass a variety of programs, including health care, social services, education, and housing.

In addition to the need to build capacity, it is also important to focus on coordination of services for revitalization to be successful. Gray (1989) defined collaboration as a process in which those with different points of view can explore their differences constructively and seek solutions that supersede their individual perspectives. Amirkhanian and Ahibiby (2003) stressed the importance of having each stakeholder take an active role in the process and of encouraging community dialogue in seeking solutions. This emphasis on process has also been noted by Thomson and Perry (2006), who called for involvement of a broad base of constituents and development of a long-range vision. Focusing on outcome-based advocacy has also been cited as a factor in successful community collaboration (Alexander et al., 2003).

Both the East Lubbock and Norfolk approaches required sensitivity to change management principles (Prochaska, Norcross, & DiClemente, 1994) whereby new procedures would have to become accepted and incorporated into existing service delivery venues. In addition, both projects required a new structure to implement

the coordinated programs. In each case, the adoption of a localized approach was seen as central to building commitment to integrated service delivery among all potential partners. This course of action involved spanning traditional disciplinary boundaries.

Each community began by identifying available services and resources. The services are here depicted in “King Arthur’s Round Table” diagrams in which all partners are seen as valuable contributors. Figures 1 and 2 illustrate the Round Tables for the East Lubbock Promise Neighborhood and Norfolk, respectively.

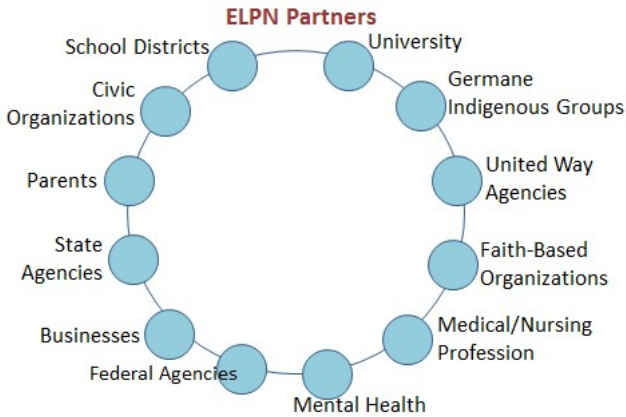


Figure 1. East Lubbock Promise Neighborhood “Round Table” of partners.

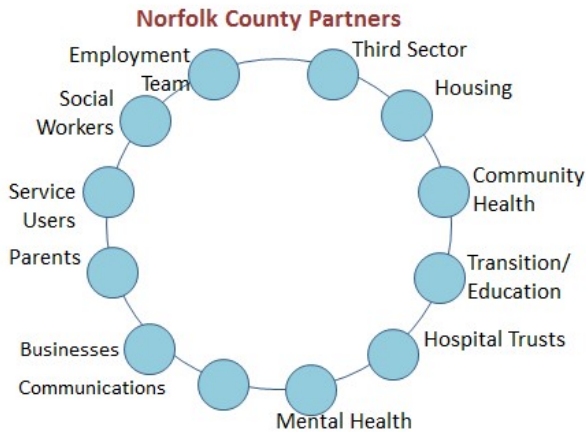


Figure 2. Norfolk County, U.K., “Round Table” of partners.

Workshop participants were invited to enter their own Round Table partners into the template that appears in Figure 3.



Figure 3. "Round Table" template for workshop participants.

Community Decision-Making Structures and Processes

As a result of the community action/participatory research approach, each community developed decision-making processes and structures that were responsive to local needs and contributed to community capacity-building. Norfolk established a county partnership board, and East Lubbock created a community advisory board.

Norfolk County began by developing five locality groups that reported to a Partnership Board comprising a wide variety of stakeholders, including representatives of adults with a learning disability as well as parent caretakers. The approach was based on the U.K. "Valuing People Now" policy and an agenda that facilitated communities' taking the lead in finding local solutions in coordination with the Norfolk Clinical Commissioning Group (NCCG) and the National Health Service (NHS). This coordinated framework enabled service recipients to take an active role in planning their services (*Norfolk County Council, 2013*).

In East Lubbock, university administration of the project was mediated by (a) an executive governing board coordinated by Texas Tech University, consisting of administrators from businesses and the local school district, and (b) a community advisory board consisting of residents, parents, pastors, and local community leaders. The latter board meets monthly, makes suggestions, has approval power for all potential services, reviews results, and sets new directions when necessary. Management for each of the components of the project—health, early learning, family and community services, academics, and service-learning—is shared by a Texas Tech University designee and a community volunteer.

The resulting process in Norfolk included an overarching partnership board of key stakeholders meeting four times a year to oversee strategy and unblock problems. Four subgroups of the partnership board also meet specifically to examine health, housing, employment, and “Our Lives” (the development of community services to enhance day-to-day living, ensure personal budgets and self-directed works, reduce hate crime, and improve local community facilities). The county is divided into five geographic localities, and each locality group meets to discuss local issues and to plan the development of services with local stakeholders. Examples of good progress being made and the problems that need to be overcome are shared at the partnership board meetings. All meetings include people with a learning disability who use services, and advocacy support is provided to enable active participation. Family caretakers are also present at each meeting to ensure their views are represented.

In both communities, the overarching goals of the programs were generated by national government funding sources. The means by which those goals were to be met were decided at the local level. Promise Neighborhood objectives nationwide focused on a broad range of outcomes, including

- medical home for children;
- children enrolled in early learning programs;
- child development;
- school performance, graduation, and postsecondary education completion;
- family involvement in children’s learning; and
- school safety.

The Norfolk outcomes focused on

- independent living,
- housing and employment opportunities,
- advocacy for legal and civil rights,
- education for youth over 16 years of age,
- decreased admissions to health and mental health facilities, and
- responsive public transport.

Both the East Lubbock and Norfolk communities made use of data collected on effectiveness of services in an ongoing process of improving coordination and service delivery. Progress in Norfolk is monitored through focus groups, use of a “Performance Dashboard,” and quarterly meetings of the County Partnership Board. Progress in East Lubbock is monitored by Texas Tech University via project management software, creation of software that merges databases from differing sources (school, health, community services), and regular reporting to a community advisory board.

Workshop participants were shown a diagram of the Norfolk structure within which this process takes place (see Figure 4) and then invited to design a corresponding structure for their community (see Figure 5).

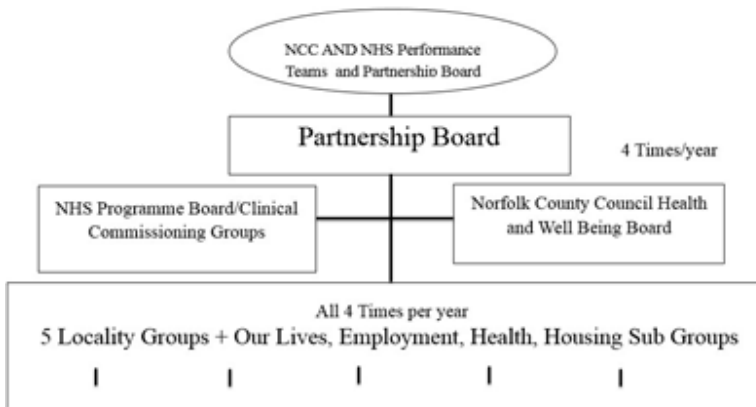


Figure 4. Norfolk structure for community decision-making.

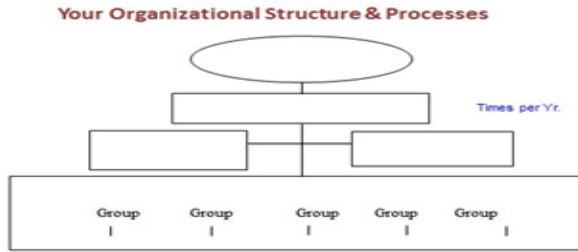


Figure 5. Community decision-making template for workshop participants.

Coordination of Services

The Lubbock approach has resulted in coordination among numerous participants: public and private health care institutions, volunteer mentors, mental health service providers, a local super-market chain, churches, libraries, and Texas Tech University students and faculty (e.g., nutritionists, exercise specialists, visual and performing artists, the School of Nursing). An example of health care service coordination is the extending of public and private clinic hours to evenings and weekends.

The Norfolk approach resulted in a coordinated response among the following: caretakers; social services; health care services; mental health services; local employers, including hospitals and a supermarket chain; advocates; and public transportation. As an example of coordination, a local public transport agency invited clients to help train bus drivers to understand and accommodate those with special needs. Local businesses increased their employment of individuals with disabilities.

Discussion

The “Tale of Two Countries” workshop focused on maximizing results through coordination of services. Both the East Lubbock and Norfolk communities are in the process of demonstrating that when services are coordinated and measured, the whole adds up to more than the sum of its parts. Quality of services is going up while duplication and waste are being minimized. Norfolk has also documented that costs were reduced while quality was improved.

Workshop participants actively engaged in completing templates for their communities, then began to discuss existing and potential interdisciplinary partnerships among themselves. A key theme for all was the need to involve community members

and organizations in the planning process. Participants indicated the templates would be helpful in conceptualizing the process of building comprehensive approaches to service delivery.

Coordinated, community-based efforts involving stakeholders from multiple disciplines and perspectives are an important component of improved services across the spectrum of client groups, cultural regions, and geographic boundaries. In both the United States and the United Kingdom, coordination of services and active participation of community members, including those who receive services, is creating a path to improved services as well as enhanced opportunities for individual growth.

Acknowledgments

The East Lubbock Promise Neighborhood project is supported by the U.S. Department of Education (Grant No. U215NI20013).

The authors acknowledge the support of Dr. Scott Ridley, dean, College of Education, Texas Tech University, and principal investigator for the East Lubbock Promise Neighborhood grant.

References

- Alexander, J. A., Weiner, B. A., Metzger, M. E., Shortell, S. M., Bazzoli, G. J., & Hasnain-Wynia, R. (2003). Sustainability of collaborative capacity in community health partnerships. *Medical Care Research and Review*, 4, 130–260.
- Amin, J. (1989). Black Lubbock: 1955 to the present. *West Texas Historical Association Yearbook*, 65, 24–35.
- Amirkhanian, A., & Ahibiby, A. (2003). Inner city economic revitalization: Universities rev up their engines. *Economic Development Journal*, 2(3), 37.
- Gray, B. (1989). *Collaborating: Finding common ground for multiparty problems*. San Francisco, CA: Jossey-Bass.
- Mills, R. C. (2005). Sustainable community change: A new paradigm for leadership in community revitalization efforts. *National Civic Review*, 94(1), 9–16.
- Norfolk County Council. (2012). *Norfolk's story: Planning, performance and partnerships*. Retrieved February 1, 2013, from <http://www.norfolkinsight.org.uk/Custom/Resources/NorfolkStory.pdf>
- Norfolk County Council. (2013). *Skills for care: Developing community skills and neighborhood workforce plans*. Retrieved February 1, 2013, from http://www.thinklocalactpersonal.org.uk/_library/Resources/BCC/

news/Developing_community_skills_and_neighbourhood_workforce_plans.pdf

- Prochaska, J. O., Norcross, J., & DiClemente, C. (1994). *Changing for good: The revolutionary program that explains the six stages of change and teaches you how to free yourself from bad habits*. New York, NY: Morrow.
- Roth, K. J. (2011). Rural downtown revitalization strategies for university and community collaboration. *SAM Advanced Management Journal*, 76(1), 35–47.
- Stagner, M. W., & Duran, M. A. (1997). Comprehensive community initiatives, principles, practice, and lessons learned. *The Future of Children*, 7(2), 132–140.
- Thomson, A. M., & Perry, J. L. (2006). Collaboration among processes: Inside the black box. *Public Administration Review*, 66(s1), 20–23.
- U.S. Department of Education. (2012). Applications for awards; Promise Neighborhoods program—Implementation grant competition. *Federal Register*, 77(77), 23675–23690.

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