

# **Community Learning and Development Training for professionals engaged in community regeneration and community planning**

**A Research study for the**

**Scottish Executive Development Department and Communities Scotland**

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## **Note**

The research team has four members. Three of these, Alan Barr, Duncan Kirkpatrick and Margaret Lindsey are responsible for the fieldwork and analysis of the evidence. The fourth, Peter Taylor, undertook the literature search.

## 1. Executive Summary

### Introduction and Background

The study was commissioned by the Scottish Executive Development Department to identify training needs and current provision of community learning and development (CLD) training for a range of professionals (other than those formally qualified in CLD) who are engaged in community regeneration and community planning (Local Government in Scotland Act 2003). It was one of a series of studies emanating from the Scottish Executive response to the review: 'Empowered to Practice – the future of community learning and development training in Scotland'<sup>1</sup>. One of the themes of the report taken up by the Scottish Executive was the need for; 'wider opportunities for joint training with other disciplines such as teachers, librarians, college lecturers, health workers and social workers'.

More broadly, the commissioning of the study reflected a changing perception of CLD in government reviews, policy and guidance from being seen primarily as a specific professional discipline to being recognised as an approach adopted by many professions. Hence it was recognised that professionals from such diverse backgrounds as planning, health promotion, community arts, policing, surveying, economic development, libraries or social care could also adopt this approach within their work.

The motivation for the study also reflected the emerging 'modernising government' agenda that was introducing commitments across the range of public services to more participatory styles of governance. This could be observed in approaches being adopted towards health improvement, community care, social housing, community regeneration amongst other fields. It was brought together in the 2003 local government legislation that not only set an obligation on community planning partnerships to facilitate a process of planning and providing services after consultation 'with such community bodies or persons as is appropriate' but also required them to 'sustain co-operation' amongst these bodies. Given the statutory obligation for local authorities, health boards, police, fire services and enterprise companies to participate, the expectation of community responsive practice is widespread.

Uncertainty about the levels of competence of the range of professions now engaging actively with communities, their learning needs and means of addressing them, prompted the study.

Whilst the primary focus of the research was on the learning needs of professions that are increasingly applying CLD methods, the overlapping practice

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<sup>1</sup> See: <http://www.scotland.gov.uk/library5/social/etp-00.asp>

relationship with those specifically trained in the field has required attention to common learning needs for both groups. It has also required recognition that different professions bring their own traditions and perspectives to the definition and application of CLD methods. As they seek to collaborate more effectively, sensitivity to clarifying and negotiating these differences is recognised to be important.

## **Methods**

A literature review of relevant reports and publications was conducted at the start of the study to ensure that the fieldwork was informed by up-to-date knowledge.

In order to obtain a sample of professionals across a range of disciplines that were actively involved in activities that would involve adopting a CLD approach, the fieldwork focussed on four Social Inclusion Partnerships (SIP). These were in a range of disadvantaged urban and rural communities. In each, the SIP manager assisted the research team by identifying 12 contributors, from a wide range of professions, active in community regeneration in their area. Many of these contributors were also involved in applying CLD skills in other contexts than the SIP. From these, three in each area were identified as key informants. The first stage of the fieldwork involved in depth semi-structured interviews with them to: explore the skills and competences considered necessary in their roles; the sources from which these were acquired, strengths and weaknesses of practice performance; their experience and knowledge of relevant training, and learning opportunities and perceptions of ways of enhancing their performance and that of the range of professionals involved in using CLD approaches to regeneration.

The evidence from the interviews was used to refine the focus of investigation, which was then pursued through the conduct of a focus group in each SIP area with the remaining contributors identified by the SIP managers. At the start of the focus groups all participants also completed a brief questionnaire.

The perceptions of the practitioners working in the SIP areas were then used as the basis for a series of focus groups with four key stakeholder groups with different interests in their performance. These were groups representing: employers/managers in different professional disciplines; regulatory bodies for different professions; training providers in different disciplines; community representatives from local groups that engage with professionals applying CLD approaches. These focus groups were invited to comment on the evidence from the practitioners and to address issues relating to training and learning that could enhance performance.

## Findings

### Responses to the Scottish Executive Definition of CLD

Scottish Executive Guidance in force at the time of the study defined CLD as<sup>2</sup>: “informal learning and social development work with individuals and groups in their communities. The aim of this work is to strengthen communities by improving people’s knowledge, skills and confidence, organisational ability and resources”.<sup>3</sup>

Asked to rate the importance to them of this definition on a scale 1 – 4, where 1 equals very important and 4 equals not at all important, the interviewees rated it at a mean of 1.8 and the practitioner focus groups at 2.1. In both cases there were wide variations of score. Even within the same professions there were widely different scores. This variability was also evident in responses of the stakeholder groups.

Overall the definition was generally seen as a description of a specialist community capacity building role. Whereas all the respondents were required to use skills relating to engaging with community representatives and groups, not all were involved in direct support to them in building up their capacity. This revealed a need to distinguish between and give recognition to the importance of different roles in CLD practice.

It was recognised that effective engagement with and action by communities requires support to the development of their skills and confidence. We have described this as ‘upstream work’, focused on building capacity. Equally it was recognised that even the strongest community groups could only be effective if there was sustained attention to the means of continuing engagement with public bodies and facilitating self-help action. We have described these as the ‘downstream work’, focused on sustaining these activities. The evidence from the study indicates that the upstream tasks are seen as the primary responsibility of appropriately skilled specialist CLD staff, whilst the downstream tasks cannot be accomplished effectively without the adoption of CLD approaches by the

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<sup>2</sup> This definition was presented in both the Scottish Executive ‘Working Draft Guidance on Community Learning and Development’ and in its response to the Community Education Training Review: ‘Empowered to Practice’ (2003) <http://www.scotland.gov.uk/library5/social/etp-00.asp>

<sup>3</sup> Since the field work stage of the study but prior to completion of the report the definition has been revised by the Scottish Executive in the final version of its ‘Working and learning together to build stronger communities’ - Guidance for Community Learning and Development (2004). In the executive summary to the document CLD is defined in the following manner: ‘Community learning and development describes a way of working with and supporting communities. We see community learning and development as central to ‘social capital’ - a way of working with communities to increase the skills, confidence, networks and resources they need to tackle problems and grasp opportunities’. Later in paragraph 10 a slightly different definition is presented: ‘Community learning and development is learning and social development work with individuals and groups in their communities using a range of formal and informal methods. A common defining feature is that programmes and activities are developed in dialogue with communities and participants’. [www.scotland.gov.uk/library5/social/walt-00.asp](http://www.scotland.gov.uk/library5/social/walt-00.asp)

professionals in the range of public bodies that have placed community engagement, empowerment and partnership at the heart of their policies.

Thus a wider definition was felt to be needed to capture the range of CLD roles of professions engaged in participatory community regeneration.

### **Skills and Competences for Practice**

Two statements of key skills or competences were tested to assess their relevance. The first from the LEAP (Learning Evaluation and Planning) <sup>4</sup>framework for CLD was found to be relevant to the Scottish Executive definition of CLD but less so for the wider range of practice noted. The second, a set of competences for community practice drawn up by CeVe (1997) <sup>5</sup>, was found to be more useful from the perspective of the range of professions. The competences it sets out are:

1. To undertake participative planning
2. To consult and negotiate with partners and participants
3. To foster a partnership approach committed to inter-agency and inter-professional practice
4. To manage conflict, diversity and change
5. To develop and implement participative approaches to accessing and managing resources and to assist others to do so
6. To devise policies, structures and programmes that promote social inclusion
7. To provide and promote empowering leadership
8. To foster a participative culture committed to organisational learning
9. To employ participative evaluation to inform strategic and operational practice

The practitioners involved in interviews and focus groups were invited to rate the importance of each of these competences on a scale 1 equals very important to 4 equals not important at all. The mean scores for the interviewees at 1.3 and for the focus groups at 1.5 indicates the importance attached to the competences. No competence had a mean score of more than 1.9 from either group. Particular reference was made to their importance in the context of developing community planning. The focus groups were also invited to score their level of confidence in using each competence. Confidence levels were generally lower than the importance attached to the competences.

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<sup>4</sup> Scottish Community Development Centre for the Scottish Executive(2000) 'Learning Evaluation and Planning – a handbook for partners in community learning' CDF publications.

A further version of LEAP was developed and published specifically for the health sector in 2003 , see: Scottish Community Development Centre: 'LEAP for health' Health Scotland

<sup>5</sup> See: <http://www.communitylearning.org/cpg.asp>

Key themes from comments on the specific areas of the CeVe competences were:

1. *Participative planning*: Quality of practice is patchy; lip service is often paid to the approach and, there is a fear in mainstream agencies of loss of control.
2. *Consult and negotiate with partners and participants*: Though it often fails to reach the most excluded, and community representation is often poor, this is an improving area but it needs to lead to genuine participation.
3. *Partnership approaches*: Experience of this is now substantial but there is concern about a 'silo mentality' in many agencies, the dominance of agency self interest and need to rationalise the number of partnerships.
4. *Manage conflict, diversity and change*: When working with communities, especially in the context of diversity, conflict between agencies, between communities, and agencies and communities is seen as inevitable but dealing with it as often avoided. Hence there is need to build trusting relationships and address conflicts effectively. Change is seen as the backdrop to practice and a generator of tensions and conflicts. Its effective management is seen as an area requiring attention.
5. *Participative approaches to accessing and managing resources*: This is important given policy commitments on local budgeting and community management but there is very different experience of it in different sectors. There is also a skill gap and lack of influence over mainstream budgets.
6. *Devising policies and programmes for social inclusion*: There is concern about effectiveness of policies and programmes. Social inclusion values are not necessary influential across professions but they are central to goals of community planning.
7. *Providing and promoting empowering leadership*: Emphasis among practitioners is on promoting leadership in communities rather than directly providing it. There is concern about how to promote representative/empowering community leadership and how to provide empowering not authoritarian leadership.
8. *Fostering participative organisational learning*: There is pessimism about commitment to this especially in mainstream agencies and a perceived resistance from senior management.
9. *Employing participative evaluation*: This is recognised in principle but not seen as widely practiced and is often a weak area. Externally determined output performance indicators are seen as dominant.

The CeVe Community Practice competences were generally regarded as defining an appropriate learning agenda. Within this particular importance was attached to community participation/engagement and partnership practice (including: role clarity, responsibilities and accountability, identifying priorities and measuring performance). However priorities need to reflect individual roles and experience.

Participants in the stakeholder focus groups generally concurred with these assessments though there was a general belief (except among community representatives) that progress was being made. Hence the levels of confidence expressed by practitioners were appropriate. However it was agreed that the comments indicated a need to support development of competence. The only areas in which the stakeholder groups differed in their perceptions were in relation to leadership and learning organisations. In the former the stakeholder groups felt more attention needed to be given to competence in direct leadership in regeneration, in the latter that this was not seen as weak an area as was being suggested.

#### **Sources of competences and preferred learning methods**

In relation to how the practitioners had acquired competences for CLD and their preferred methods of learning, the following were key points:

- Generally formal professional qualifying training (including in a few cases specialist CLD) had not prepared them for their current roles.
- Transferable skills, such as disciplined thinking and capacity to analyse, acquired from broad based (as against vocational) higher education were frequently highly valued.
- There were positive perceptions of inter-professional training as a basis for mutual learning about respective roles but limited experience of it.
- In-service training was frequently valued, especially when cross-disciplinary.
- However, specific skills for community practice had been acquired largely through experience and training was not seen as necessarily being the most useful means of learning.
- High value was placed on learning from colleagues and communities through processes such as networking, learning exchanges, secondments, co-working and placements.
- Personal values about participation/inclusion were seen as a key determinant of commitment to a CLD approach and motivation to learn.

- Mixed views were expressed about the value of a theoretical perspective.

The practitioners were asked specifically about the knowledge of and access to continuing professional development (CPD) opportunities. The majority of people reported some access but that it was frequently limited in scope and generally profession specific. It seemed to be best developed in community health. There were few examples of inter-professional developments relating to community planning. The most commonly cited inter-professional (and community involving experience) was the Scottish Executive funded Working Together Learning Together<sup>6</sup> programme for SIPs and Working for Communities Pathfinders.

In the focus groups with the other stakeholders there was recognition of the importance of a range of learning styles and it was felt to be important to reflect this in the way that training and learning opportunities are provided. It was also recognised that the focus of initial qualifying training is frequently overtaken by events and CPD opportunities are therefore important. As among the practitioners, there was considerable debate about the appropriateness of competence based learning at the expense of conceptual/theory based learning. Transferable skills were highly valued. So too were inter-professional approaches though development of them was recognised as limited in the CLD field. The importance and validity of learning from experience was acknowledged and hence the value of focusing on learning rather than solely training.

There was considerable support among the stakeholder groups for the idea of a Scottish national learning strategy to support development of competences for community regeneration and community planning that would involve all partners. In terms of who should/could be the lead body, Communities Scotland was most frequently identified as the appropriate agency. Given the evidence of application of CLD approaches across a wide range of disciplines and particularly in the contexts of regeneration and community planning, it was regarded as a responsibility relevant to the agency as whole rather than the specific Learning Connections unit that is seen as responsible for CLD as a specialist area.

### **Accreditation and endorsement**

The practitioners argued that demonstrated competence should be accredited not course attendance. They also stressed the importance of accreditation of prior experience and learning. They generally felt that recognition was important in according a value and status to CLD competence. However fears were expressed about formalisation and imposed orthodoxy that often accompanies professional registration. In relation to who should accredit, for competences specific to a discipline the relevant professional body should be responsible but,

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<sup>6</sup> For an evaluation report see:  
[http://www.communitiesscotland.gov.uk/Web/Site/Library/library\\_research.asp](http://www.communitiesscotland.gov.uk/Web/Site/Library/library_research.asp)

when, as in the case of CLD competences they were common to different disciplines, mutual accreditation/recognition was desirable between professional bodies. However there was uncertainty about who the appropriate accrediting body would be or if there was a suitable one at present.

The stakeholder focus groups endorsed the practitioner's views of the importance of validation of prior learning and experience and of inter-professional recognition. In the latter context they pointed to the value of the SCQF framework as a basis for comparing credit rating of professional qualifications but recognised that work was needed to address issues of mutual recognition of competences that would be required for CLD competences of the kind identified in the CeVe framework. The competences now required in several professions have common features so it was felt that there could be a basis for mutual recognition. However, like the practitioners they did not identify an obvious candidate to take this forward. Few examples of inter-professional training at qualifying levels were identified though there were some examples at CPD level notably in health.

#### **Specialist CLD staff**

A few of the practitioners were qualified in CLD but expressed doubts about whether it has equipped them for their current roles in regeneration and community planning practice. Policy developments have resulted as often in role and competence changes for them as other professions. Others saw the competences of CLD 'specialists' as strongest in direct work with individuals and communities and the importance of this was recognised. However there was perceived weakness in inter-agency partnership work and strategic planning. Hence it was felt that the learning agenda identified by the study was frequently as relevant to the 'specialists' as others.

The stakeholder focus groups agreed that community planning and regeneration policy has placed new demands on CLD 'specialists' and that their learning needs are similar to other professions.

#### **Role of community representatives in learning and assessment.**

Practitioners and the other stakeholders saw value in shared training between professionals and communities but not in all circumstances. Community representative particularly valued such access to learning opportunities. They also felt that they had an important role to play in assessing competence of practitioners. The latter was much more controversial among practitioners and the other stakeholder groups.

## Conclusions

Comparison of the evidence from the practitioners and other stakeholders informed the conclusions to the study. The following are the key points arising from the comments of the respondents:

- The definition of CLD needs to encompass both the upstream tasks of community capacity building and the downstream tasks of sustaining community engagement.
- The CeVe Community Practice Competences (1997) provide a well-regarded starting framework for development of learning opportunities for CLD across professions involved in community regeneration and community planning.
- The way in which the competences are addressed needs to give attention to transferability of skills to changing occupational demands.
- Among those professionals directly involved in regeneration initiative like SIPs, CLD competences are valued and there is some confidence in their performance. However there is little conviction that this extends more broadly to the wider range of professionals who will be required to demonstrate the competences in the context of community planning.
- As much of the identified learning agenda in relation to the CeVe competences needs to be as focused on organisational and inter-organisational as individual development. The concept of the learning organisation is better understood than practiced.
- Learning needs are products of particular experiences, roles and contexts. Developing learning opportunities need to be responsive to the individuality of learners and their circumstances. Attention needs to be given as much to developing and implementing individual learning plans as to developing overall frameworks setting out knowledge and skills for CLD practice.
- Particular learning needs that are commonly experienced have been highlighted in relation to community engagement and partnerships practice
  - The values of social inclusion, equalities and social justice necessarily underpin development and application of technical skills in regeneration and community planning.
- Competence in leadership in regeneration that promotes innovation and change needs to be fostered. However it needs to be recognised that whilst participatory and partnership approaches to change are likely to be

rewarding there are also potential risks in terms of tensions and conflicts that may emerge. Staff who are asked to take on these roles need to be confident of the support of their organisations and managers when difficulties arise.

- The preferred learning methods of workers should guide the way that any response to learning needs is made. Experiential and reflective learning are highly valued. Training is only one model of learning and needs to be set alongside other approaches that are often seen as more effective. These include: secondments, peer exchanges and mentoring.
- CPD opportunities are essential for all professions if they are to respond to changing demands. In the context of community planning and regeneration it is essential to develop such opportunities on an inter-professional as well as a disciplinary basis.
- Through participatory performance evaluation and reflection, learning processes should be built into the way that policy is implemented. In the context of community planning the CP partnership should in effect become a learning system.
- There is great value in shared learning with communities but it should not be assumed that this will always be the best way to meet the needs of communities or professionals.
- In the context of development of regeneration and community planning those with specific qualifications in CLD should not be presumed to have had opportunity to develop the new skills required of them. They should therefore be part of any inter-disciplinary learning opportunities.
- Development of mutual accreditation of CLD skills is required between the range of professions that now employs them. This should involve both accrediting prior and new learning whether from experience or training.
- A lead body needs to be identified to take forward the development of mutual accreditation of learning between professions. Communities Scotland, as the host for CeVe and the national executive agency for regeneration, has a particular responsibilities in this context.
- The SCQF framework provides a context for the development of accreditation.

- A Scottish national learning strategy, along the lines of the English 'Learning Curve'<sup>7</sup> could support the development of the necessary competences for CLD approaches to regeneration and community planning.

### **RECOMMENDATION**

**A national strategy should be established and implemented in Scotland to help people from all professions/ disciplines who are actively involved in regeneration, community planning and related work, to achieve and enhance the community learning and development skills that their involvement requires.**

In order to carry out this recommendation Communities Scotland should set-up linked, inter-disciplinary working groups to complete the following tasks over a limited period, say, six months:

- a. On the basis of this and other research recently sponsored or published by Communities Scotland, agree a conceptual framework and develop it into broad curricular guidance that is generally accepted by the relevant professions/ disciplines. The framework should focus on the generic community learning and development skills that people from all professions/ disciplines require when working in regeneration and related community-based programmes.
- b. Negotiate agreement to recognise appropriate learning experiences with the several professional bodies and other stakeholders with an interest. Particular attention should be given to recognition of the same or similar learning by several professions/ disciplines and to inter-disciplinary learning.
- c. Propose incentives that Communities Scotland and other influential bodies, including those disbursing funds, can use to persuade organisations and partnerships involved in regeneration to increase the provision and take-up of relevant learning opportunities. Individuals and organisations should be 'rewarded' for good learning behaviour. (For example, community planning partnerships might be required to demonstrate their commitment to continued learning as part of the their regeneration outcome agreements.)
- d. Propose practical steps that can be taken to encourage and support learning which is flexible and directly relevant to work in regeneration. This may mean funding networks, centres of excellence, which might be physical or virtual, developing methods and materials etc. Steps might be

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<sup>7</sup> Office of the Deputy Prime Minister (2002) 'The Learning Curve – developing skills and knowledge for neighbourhood renewal' <http://www.neighbourhood.gov.uk/formatteddoc.asp?id=273>

- for organisations and partnerships to take in support of their own staff, or for education and training organisations to develop on an outreach basis.
- e. Consider the specific implications of this report, and the implementation of its recommendation, for the provision of CPD for staff whose full-time commitment is to community learning and development.
  - f. Identify the resources needed to implement the recommendation.

## 2. Background to the Study

The Scottish Executive Development Department commissioned the research to identify training needs and current provision of community learning and development training for professionals engaged in community regeneration and community planning. The study was designed to respond to the changing concepts of community learning and development that have emerged over the last five years, following the 1998 report *'Communities Change through Learning'*, and to address the training needs associated with the key contribution to community planning and regeneration that is identified for community learning and development in the current Scottish Executive guidance *'Working and Learning Together to Build Stronger Communities'* (2004).

*'Communities Change through Learning'* took the view that community education, subsequently re-designated community learning and development, should be regarded as an approach that is adopted by many disciplines. In some respects this was recognition of an established reality, in others it was an expression of aspiration for wider adoption of this approach. The reality was already in evidence in fields like health where patient and community involvement had become consistent themes, social care and housing in which user and tenant involvement were respectively becoming signatures of good practice. As an expression of aspiration it was reflecting the developing momentum towards modernised government, reflected in the *MacIntosh Commission report* on the relationship between local government and the Scottish Parliament, that ultimately found its expression in community planning.

More recent reviews, in particular the Community Education Training Review, *'Empowered to Practice – the Future of Community Learning and Development Training in Scotland'* (2002), not only reinforced this view but addressed the implications of it in terms of the need to consider the competence with which a wider range of practitioners can employ community learning and development skills.

The central commitment of Scottish Executive policy to the development of community planning, particularly its associated responsibilities for progressing regeneration, has highlighted the key context for a review of training needs in community learning and development for a wider range of professionals. The legislation (*Local Government in Scotland Act 2003 Sec 15.1*) has set out the obligations of public agencies working together in community planning partnerships to facilitate a process of planning and providing services after consultation 'with such community bodies or persons as is appropriate' and 'sustain co-operation' amongst these bodies. This statutory obligation involves collaboration between a range of disciplines within local authorities, health boards, police, fire services and enterprise companies who make up the partnerships. Hence the established trend towards more community oriented

professional practice has been reinforced and institutionalised by an act of the Scottish Parliament.

Community regeneration is a central focus of community planning. Hence the Scottish Executive *'Closing the Gap'* (2002) regeneration statement was an important indicator of policy priorities. It specifically refers to community learning and development as; 'one of the main ways in which skills and confidence can be built' and notes: 'we will work with national and local partners to build a shared vision of community learning and development'. This commitment is highly pertinent in the context of this study. Identification of the necessary competences and, hence, training needs should be based on consultation with the range of regeneration partners.

The recent report for the community planning Task Force *'Capacity Building for community planning'* (Eglington Research 2002) has set out needs and potential responses in relation to the overall development of community planning partnerships. It commented on the: 'virtual absence of a learning and development culture surrounding community planning, with a dearth opportunities, formal and informal, for sharing and building on experiences'. This provides an informative context for this study that focuses on the particular contribution of community learning and development for community planning and regeneration.

It is important therefore to identify the key roles that need to be considered. These are highlighted in the guidance on community learning and development *'Working and Learning Together to Build Stronger Communities'*. This guidance has endorsed the stance that community learning and development is an approach that many professions should adopt and located it firmly in the context of community planning.

*'Working and Learning Together to Build Stronger Communities'* not only sets community planning as the central context for community learning and development but also states: 'We want community planning partnerships to target their CLD capacity to support strategies aimed at closing the opportunity gap, achieving social justice and encouraging community regeneration'. The guidance sets out three national priorities: 'achievement through learning for adults', 'achievement through learning for young people', and 'achievement through building community capacity'. It states: 'These priorities should be reflected in the CLD strategies and Action Plans developed and delivered by community planning partners.' The starting point for this study has been an exploration of the learning needs of those professions that increasingly find themselves contributing to these national priorities in the context of regeneration practice.

### 3. Methods and stages of work

The following methods were used:

- A literature review (see appendix 1)
- interviews and focus groups in four regeneration case study sites
- focus groups with key stakeholder interests.

These methods were applied in sequence and constituted two distinct stages within the study. Stage 1 consisted of the literature review and case study site investigation. The literature review informed the data collection. The case study sites enabled collection of data relating to current practice skills and training needs. Analysis of this information, in turn, informed the dialogue with the key stakeholder groups. This aspect of the study formed the stage 2.

Case study sites:

We identified four Social Inclusion Partnership (SIP) case study sites in which to investigate these issues. They were selected in consultation with the advisory group to reflect issues in a range of contexts – urban and rural. The sites were:

1. North Glasgow SIP – a large city SIP containing several disadvantaged neighbourhoods
2. Great Northern Partnership Aberdeen – a archipelago SIP in a large city
3. West Dumbarton SIP - a archipelago SIP including neighbourhood in two medium sized towns
4. East Ayrshire Coalfields SIP - an archipelago SIP covering several former mining villages in a rural setting.

#### **Stage 1:** Evidence from the field

In each site an initial telephone interview was conducted with the SIP manager, to identify the range of professions that contribute to the task of community empowerment for participation in regeneration in their area. The key informant was asked to identify individuals who had been actively involved who were then invited to participate in a local focus group.

A sample of 12 of these, three from each case study site, representing a range of different professional backgrounds was interviewed in advance of the focus groups to highlight themes to be addressed. These interviews included representatives of the following professions: health; housing; economic development; planning; social work; recreation, culture and arts, libraries/information; formal education; police.

The interviews were used to:

- Identify what competences were regarded by respondents as important in carrying out their roles in regeneration

- consider other competences that may be required in order for them to contribute effectively to community learning and development aspects of community planning
- invite comparison of their view of key priorities with those highlighted for example in the CEVE post qualifying competences for related professions and the core dimensions and elements of personal development and building community capacity set out in the LEAP evaluation framework.
- consider how confident they are that they have the necessary competences
- identify where they acquired the relevant competences e.g. through formal pre-service or CPD training, through practice experience
- identify learning needs related to the competences that they perceive to be important
- identify preferences for the way in which competences could be enhanced.

Analysis of this information formed the basis for the focus group in each site that explored perceptions of the key competences, with the wider groups of professionals identified by the key informants in each SIP. The focus groups were used to:

- Explore further the perceived competences required for effective application of community learning and development methods in other professional roles
- consider strengths and weaknesses of practice, learning needs and how these should be addressed
- enable critical examination of whether there is a common cluster of competences that is shared across professional boundaries in relation to the use of community learning and development methods
- consider potential for cross disciplinary training
- consider desirability and potential forms of professional endorsement or accreditation.

## **Stage 2: Stakeholder focus groups**

A range of stakeholders has an interest in the fulfilment of the community learning and development remit within community planning and regeneration. We identified four whose views were explored:

- Employers whose staff are required to apply community learning and development skills
- Professional bodies representing the same range of disciplines
- Training providers across a range of disciplines for whom community learning and development is becoming a significant approach
- Community representatives with whom these disciplines engage.

A focus group was conducted with each of the four groups following the case study site investigations to enable data based on field experience to be drawn

into the dialogue with the different stakeholder interests. For the first three, discussion focused on:

- Their perceptions of the competences required for the community engagement and empowerment tasks involved community learning and development in the context of regeneration
- comparison with evidence from the case study sites
- identification of strengths and weaknesses of the capacity of the range of professions and the related training needs
- views of the most appropriate ways of responding to these needs including pre-service and CPD training
- potential for cross disciplinary responses
- issues of accreditation and professional endorsement.

In relation to the community representatives the focus was on:

- Their perceptions of the competences required for the community engagement and empowerment tasks involved community learning and development in the context of regeneration and the Scottish Executive draft guidance on community learning and development
- comparison with evidence from the case study sites
- identification, from the experience of the focus group members, of strengths and weaknesses of the capacity of the range of professions and their related training needs.

The methods adopted have enabled:

- Consideration of the current patterns of engagement of a range of professionals in community regeneration
- comparison of a range of relevant perceptions of current skills and competence with perceived needs in relation to effective contributions to the community learning and development aspects of community planning and regeneration
- identification of training needs arising in the context of the relevant policies
- identification of strengths, weaknesses and gaps in current training for related professions
- identification of potential means of enhancing the range and types of training at both pre-service and CPD levels that could be developed, including inter-disciplinary approaches
- review of issues of professional endorsement and accreditation, including cross disciplinary recognition.

## 4. Interview evidence

For the first stage of the research SIP managers in the four selected sites were asked to identify a list of 12 participants from different professional groups in their area who were operationally involved in community regeneration. From this list they identified three from different backgrounds who were interviewed in depth about their perceptions of community regeneration and the particular relevance of community learning and development skills. This gave a total of 12 interviewees.

### Interviewee backgrounds:

The respondents interviewed and their professional training backgrounds were as follows<sup>8</sup>.

#### Health:

1. Community Health Project manager -No FE/HE qualifications – no specifically CLD relevant qualification
2. Health Service Public Health Co-ordinator – SRN, Certificate in renal medicine, Midwifery, Community health degree, Fellow of Queens Nursing Institute
3. Nurse Manager – General, Psychiatric, District nursing qualifications, Health Visiting
4. Health Service Public Health Manager – General Nursing, Psychiatric nursing, Health Visiting, Master of Public Health

#### Economic development:

5. Social Economy project manager – Economics degree, psychotherapy and holistic therapies, no specifically CLD relevant qualification
6. Scottish Enterprise Officer – no pre practice qualification, no specifically CLD relevant qualification, Management Diploma (CPD)

#### Social inclusion:

7. SIP manager – Engineering degree, no specifically CLD relevant qualification
8. Social Inclusion Unit manager – B Ed and Social Science degree, no specifically CLD relevant qualification

#### Police:

9. Police Superintendent – Police training, no specifically CLD relevant qualification
10. Police Local Authority Liaison Officer – Police training, no specifically CLD relevant qualification

#### Other Local Authority:

11. Housing manager – Diploma in Housing Studies, Member Chartered Institute of Housing, no specifically CLD relevant qualification

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<sup>8</sup> In tables in this section of the report respondents are referred to by their number on this list

12. Local Authority Policy Manager – Social Science degree and MPhil, no specifically CLD relevant qualification

It is noteworthy that all four SIP managers identified a health respondent for interview. This is indicative of the role played by health staff in regeneration. It is also worthy of note that seven of the respondents had trained solely in their specialist professional area whilst four had completed degree courses before professional specialisation. Only one had neither an unrelated higher education qualification nor specific professional training.

**Responses to CLD definition:**

Respondents were shown the definition of CLD from the Scottish Executive Working Draft Guidance on Community Learning and Development (2003).

CLD is: “informal learning and social development work with individuals, groups in their communities. The aim of this work is to strengthen communities by improving people’s knowledge, skills and confidence, organisational ability and resources.”

They were invited to score the definition a rating scale 1 = very important to 4 = not at all important. Set out below is the score of each respondent with the key theme of their comments.

**Table 1**

Respondent	Score	Key themes of comments
1 Health	1	Developing confidence and self esteem are key
2 Health	1+	Should inform everything we do
3 Health	1/2	Important statement but would be stronger if linked to outcomes
4 Health	1	Fully supported by the Health Board – capacity building an integral part of work
5 Economic Development	3	Importance revolves round meaning of word informal – needs to recognise that people can only improve their own knowledge and skills and needs to be clearer about what methods are implied
6 Economic Development	3/4	Agency role more about economic development
7 Social inclusion	1	Essential foundation for sustainable regeneration
8 Social inclusion	1	Strong agreement that building confidence is key to developing knowledge and skills
9 Police	3/4	Police do not work directly enough with the community for this to be relevant – may apply to

		some aspects of community policing – police have a reactive role
10 Police	3/4	Police make a secondary contribution – supportive rather than direct role in CLD
11 LA Housing	1	Crucial approach for the housing profession in context of statutory obligations to consult with tenants
12 LA policy	1	Very important to every aspect of work

Most respondents rated the definition as very important (7). One was between very important and important and this response related to a specific concern about the lack of specification of outcomes in the definition. One rated the definition 3 and three rated it 3/4.

The distribution of scores from different professional backgrounds looks significant. The two respondents from the police, whilst recognising the value of it, did not see this type of work as directly relevant to their role. One suggested that such informal work would be seen as ‘optional and as a luxury’ as the police ‘rarely had time for the informal approach’ though it might be a feature of some types of community policing which is a more pro-active approach. The other referred to the police playing a more supportive than direct role in CLD.

The remaining two more negative scores both came from the workers involved in economic development though the reasons were different. One felt that the emphasis on social development was not appropriate and that the focus was on a particular set of participants – businesses, employers and unemployed people. The other was more critical of the lack of clarity in relation to how you go about improving people’s skills and knowledge. The aim was fine but the methods were not clear.

Despite the negative scores from the police and economic development workers, the almost universal rating of the definition as very important across both local authority staff involved in social inclusion, policy development and housing and health staff indicates that the field of CLD is not viewed as belonging to a specialist group of professionals. Indeed it is seen as relevant business amongst a range of professionals.

### **LEAP skill set**

Respondents were invited to look at the list of key skills derived from the LEAP (Learning Evaluation and Planning) Framework, comment on their use of these skills and identify the four that they regarded as most important:

The skills are under two headings: community development and personal development:

Community development:

- Support communities to identify their needs and plan how to meet them
- make sure that activists and community organisations can develop the skills and confidence that they need
- promote broad based participation in community affairs
- assist communities to exercise power and influence
- assist communities to provide or manage services.

Personal development:

- Establish and maintain purposeful relationships with individuals and groups involved in regeneration, especially members of excluded groups
- create relevant learning opportunities that empower individuals and groups to deal effectively with regeneration issues
- sustain continuing involvement in such activities
- support individuals and groups to transfer what they have learned to new contexts.

Nine participants felt that they had used all of the skills identified, though some were more central than others. For some the application of the skills was not a part of their current role.

The police manager, focused on the capacity building skills as did one of the police respondents. Two other respondents, one from health and one from economic development emphasised the centrality of the application of personal development skills but as a basis for building community capacity.

It is important to note that both police respondents felt that the skill set was not central to the overall police role. This response was entirely consistent with their view of the importance of the Scottish Executive definition of CLD. However, one commented that the traditional role of the police had been to 'fix problems' but they now recognised that they needed to understand why problems were arising, what needed to change and which other partners should be involved. In similar vein the other commented that the police have operational priorities set for them, however, he also noted 'a shift in approach from one where people were told what they would get to one that involves listening to community priorities regarding policing'.

On the other hand both the economic development workers, who were also more negative about the definition, saw the skills set as very appropriate and important for them.

Not all participants felt able to identify the four that were most important. One rated them all equally important, another felt that two personal development skills were the foundation for everything else but that ultimately they were all important, whilst a third felt that just two capacity building skills should be highlighted. Two people thought that the key area was community development and two others took the view that community capacity could only be built on the basis of effective

personal development work. Overall, the broad conclusion to be drawn from the responses is that the full range of skills are seen as important and are frequently required in the work roles of the respondents.

This view is reinforced by the pattern of distribution of the top four choices of each respondent set out below. Though one person thought all the skills were of equal importance and another selected only two as foundations for the development of all the others, overall there was a wide distribution of choice with all identified skills being highlighted by at least two respondents. Only two people selected their priorities solely from the capacity building or personal development lists and in each case these were the respondents who selected only two priorities. Everyone else selected from both lists. The four skill areas scoring highest overall were also split between capacity building and personal development. In the former supporting communities to identify their needs and plan how to meet them and assisting communities to exercise power and influence were identified and in the latter the most frequently cited were: establishing and maintaining purposeful relationships and creating relevant and empowering learning opportunities.

This distribution of responses is noteworthy in emphasising that that CLD should involve a concern both with individual development and with collective activity.

Table 2

Person/skills	Needs	Skill/conf	Participation	Power/Inf	Service Dev	Estab rel	Learn opps	Sustain learning	Transfer learning
1 All imp	X			X			X	X	
2 All imp but PD foundation						X	X		
3 All imp				X		X	X		X
4 All imp		X		X	X	X			
5 All imp but PD foundation						X	X	X	X
6 All equally imp									
7 All imp	X			X		X			X
8 All imp	X		X				X	X	
9 All imp (though not for police)	X		X			X	X		
10 Capacity		X		X					

building most imp									
11 All imp	X	X	X				X		
12 Capacity building most imp		X	X	X	X				
Total	5	4	4	6	2	6	7	3	3

Respondents were asked to indicate whether they felt confident about the use of these skills and, if so, how they had acquired the skills.

Table 3

Respondent	Confidence	Source of skill
1 Health	confident	Learned in the community and workplace
2 Health	confident	In work practice settings but reinforced by training
3 Health	confident	Developed and strengthened through experience and working in partnership
4 Health	confident	On the job and working with other agencies
5 Economic Development	confident	Experiential learning in practice
6 Economic Development	confident	In practice
7 Social inclusion	confident	Primarily through practice experience but supported by short courses
8 Social inclusion	confident	Important to have theory/knowledge base to build on in practice
9 Police	confident in relation to specified relevant skills CD 1+3. PD 1+2	70% life skills and experience 30% training
10 Police	uncertain	Learning is done on the streets
11 LA Housing	confident	Experience and necessity rather than training
12 LA policy	confident	75% on the job experience 25% formal training

The respondents are generally confident about their capacity to use the identified skills yet none of them has had specialist training in these areas. One health worker even commented that she did not know she was using community development skills until she saw them described as such in a paper. It is not surprising therefore that the predominant source of skills for all respondents has

been practice experience. As one put it 'capacity to work with others is primarily a product of life skills not a product of training'. Whether this predominant view explains the preference for experiential learning that was identified in the interviews as a whole is an interesting question. Nonetheless across the whole group, irrespective of professional background, high value is placed on learning from experience.

Commenting on the relative influence of training or learning, one respondent felt that the underlying sources of the skills lay in an attitude of respect to service users. This was more a reflection of personal characteristics than anything that could be developed through training. In similar vein another commented that people learn in their own pace and style and 'in relation to things that they are motivated to pursue'. Hence those who seek training are people who may well already hold relevant values. Neither of these respondents devalued theoretical understanding but only one respondent specifically identified this a source for the development of their skills.

### **CeVe Competences**

In 1997 the validation and endorsement body for community education training CeVe (then part of the Scottish Community Education Council) worked with a network of UK wide training and development agencies in the field to devise a list of competences or skills that were seen as relevant to a range of professions that were increasingly involved in direct engagement with communities. These became known as Competences for Community Practice. We have used this formulation as a template for exploring the skills that a range of professionals in Scotland regard as relevant to their role in community regeneration. The competences are:

1. To undertake participative planning
2. To consult and negotiate with partners and participants
3. To foster a partnership approach committed to inter-agency and inter-professional practice
4. To manage conflict, diversity and change
5. To develop and implement participative approaches to accessing and managing resources and to assist others to do so
6. To devise policies, structures and programmes that promote social inclusion
7. To provide and promote empowering leadership
8. To foster a participative culture committed to organisational learning
9. To employ participative evaluation to inform strategic and operational practice

In the context of their roles, respondents were asked to rate each competence on a scale 1=very important to 4=not important at all. As in the current Scottish context these competences were seen as particularly relevant in relation to

community planning, respondents were asked to indicate whether they were, or would be likely to be, directly involved in it. Whether any training had been provided to support them, and what kind of training might be important, were explored. Respondents were asked to comment on how well they felt both non-specialist professionals and specialists used the CeVe competences.

Table 4

<b>Competence/ Respondent</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>
1 Health	1	1	1	1	2	2	1	?	1
2 Health	1	1	1	1	1	1	1	1	1
3 Health	1	2	1	1	2	2	1/2	1	1
4 Health	1	1	1	1/2	1/2	1/2	1	1	1/2
5 Economic Development	1	1	1	1	1	1	1	1	1
6 Economic Development	1	1	2	2	2	3	2	3	1
7 Social inclusion	1	1	1	1	1	1	1	1	1
8 Social inclusion	1/2	1/2	1/2	2	2	1	1/2	2	1/2
9 Police	1	1	2	1	1	1	1	2	1
10 Police	2	1	1	1	?	2	2	1	?
11 LA Housing	1	1	1	2	2	1	2	2	1
12 LA policy	1	1	1	1	1	1	1	1	1

It is immediately apparent that all respondents regard most of the CeVe competences as very important – 67% are scored 1=very important, and a further 9% are scored 1/2. Only one respondent scored any competences as less than important and they represent less than 2 % of the total. Two respondents felt unable to rate one or two competences. This reflects issues either in interpreting the meaning of the competence or how it would be applied.

It is important to note that all professional groups responded positively to these competences whereas the skills identified within the LEAP framework, though seen as very important by most respondents were not regarded as appropriate for all. The explanation for this appears to lie in the focus of the two sets. The former focus on direct development support relationships with individuals groups and communities whereas the latter have a broader focus on inter-professional as much as community relationships involved in regeneration. The latter were recognised as benefiting from effective application of the former but not seen as the province of all the professions in the way that the CeVe competences were.

With this in mind, in the focus groups that followed the interviews, we chose to concentrate on the CeVe competences rather than the LEAP skills set.

The value attached to the CeVe competences led to a wide range of comments both about their general use and the importance of specific competences. It is worth reviewing these briefly. A typical comment was that all of the competences were 'fundamental to different stages of partnership'. This emphasis on the partnership context was frequently noted. One respondent commented for example that 'the competences could only be practiced in a context where others were committed to the same principles'; another noted the importance of 'learning from colleagues in the local authorities and other agencies', yet another noted the value of the competences as a basis for training with partners though he went on to identify a range of impediments to partnership working. Finally one respondent describing partnership work as of key importance nonetheless argued that the critical issue was the genuineness of power sharing and stated: 'too often partnership is a sham'.

Several respondents spontaneously described the CeVe list as a very accurate description of primary tasks involved in their role whether in social inclusion, policing, health or other service development. Similarly many observed that these were as one put it: 'competences critical to the regeneration process'. Nonetheless the competences were frequently seen as challenging for public service agencies but expressing a participatory ethos that was essential. Lack of systematic attention to skilling people to apply these competences was noted in comments like 'they have to be picked up as you go along'.

Several respondents highlighted particular competences that they rated as most important though interestingly there was not a distinct pattern to this and indeed some contradictory comments. Several commented that participative planning was seen as essential for setting direction and that participative evaluation was essential for learning. One commented that: to consult and negotiate with partners and participants was 'an underrated competence that you ignore at you peril', another commented that this was key 'providing that it was taken to include the community as partner'. Two noted the importance of managing conflict, diversity and change, one of them saying that this was 'the only way forward but fraught with difficulties'. The same respondent noted that fostering a participative culture committed to organisational learning was 'a key role that enabled people to take action'. However, another said this was impossible to rate because whilst 'we need a culture of learning it should not be a formal organisational one'. Yet another highlighted devising policies, structures and programmes that promote social inclusion though someone else felt that the importance of this depended entirely on whether there were adequate resources to implement the policies.

Overall then the CeVe competences were highly rated as a basis for partnership based community regeneration practice though individuals rated some differently from others.

Turning to the relevance of these competences in the context of community planning it is important first to comment on the degree to which the respondents were or anticipated being involved in it. Nine already had or were shortly anticipating a significant involvement though the form and focus of this involvement varied from essentially local sub groups to strategic responsibilities across local authorities. Some were focused specifically on the community involvement aspects of community planning and most related to it solely in terms of their specialist discipline. No one was unaware of community planning though the stage of its development in each area varied with consequent differences in clarity about what its implications might be.

Generally the CeVe competences were seen as relevant to the effective conduct of community planning. As one put it: 'every competence from the CeVe list is relevant to community planning'. Several respondents described ways in which they were applying the competences. By far the most frequent concern was expressed about the quality of community engagement in community planning and the need to emphasise those competences that would enable this aspect to be conducted effectively. For example one respondent commented that it 'is important that community interests are built into the whole process and that engagement is more participative and meaningful'. Similarly a further respondent spoke of her 'first priority to support community involvement in decision making in the Council then continue that commitment to community participation into community planning with other partners'. Another, currently not involved in community planning, noted that her involvement would be entirely dependent on how far it sought to genuinely involve communities. She felt that agencies were avoiding risk and that it could end up as 'flavour of the month'. Another with a social inclusion role feared the Community Planners often preferred to talk to officers as 'gatekeepers to communities' and suggested that there 'is a rhetoric of community practice' but asked 'is it there in practice?' To achieve effective involvement the CeVe competences needed to be more in evidence. Another suggested that an important aspect of engaging the community in community planning would be 'respect and honesty'.

Though some reference was made to training that had been offered for community representatives, few participants could identify any inter-professional training opportunities that were preparing them to use the competences required for community regeneration or community planning. The police respondents were the main exception, both noting joint training with local authority staff on crime prevention and community safety (Local Authority Liaison Officers course and Crime Management Division Community Safety course). Though such training is clearly relevant to community planning it was not specifically developed with that in mind. Police respondents also referred to specific police training (such as the superintendents training and the strategic command course) that gave significant attention to the competences that are relevant to community planning.

Another respondents were able to point to specific relevant developments in the health field in one particular area of the country. However, like the courses identified by the police respondent, this training, whilst seen as highly relevant to competences for community planning, was not specifically established for this purpose. The training included training for trainers in community development and primary care and the LEAP for Health programme.

Generally then there is little evidence that any of these professional groups have had specific opportunities for training in relation to community planning either in their own profession or on an inter-professional basis.

In the light of the role anticipated in the Scottish Executive Guidance for 'specialist' CLD workers in the context of community planning we felt that it was relevant to ask respondents from other professions to comment on their perceptions of the competence with which the 'specialists' conducted themselves in this aspect of their work. Despite the fact that all respondents were involved operationally in community regeneration, three respondents felt that they had not had enough contact with such workers to provide informed comment. The responses of those who had had contact were varied but only one provided an unreserved vote of confidence and this was restricted to a particular area of joint work relating to young people and crime prevention. Three others felt that it was not possible to generalise commenting that performance was variable depending on the individual and employed phrases like: 'a mixed bag' or 'evidence of skills but not consistent'.

Most comments were more negative in relation to the application of the CeVe competences by specialist CLD professionals in the context of community regeneration and community planning. At the less critical end of the spectrum was the view that they were 'getting better but have some way to go'. Another said the competences were 'not used at all well' but that there were 'signs of improvement as community planning widened horizons'. Generally however comments were critical: 'they have a tendency to operate in their own silos'; 'they are not strategic enough in approach'; 'they don't want to share the field they think they own it'; 'paper qualifications make people think they have the skills when they have not really learned them'; 'other professionals sometimes demonstrate more competence'.

It is important to note that the respondents were being asked to comment on the 'specialist' CLD professionals in the context of the CeVe community practice competences which were seen as relevant to the tasks of community planning rather than in relation to the LEAP skills set which focuses more directly on the established role of CLD in promoting personal development and building community capacity.

Whilst the respondents were critical of the competences demonstrated by specialist CLD workers they were also critical of the performance of non-specialist professions. Those who were more positive tended to be referring to competences in partnership working rather than community participation and development. One was 'impressed by the demonstrated skills in multi agency organisations', another referred to 'seeing much broader partnerships with shared goals'. Half the group comment that there was evidence of change and that skills were improving but most also indicated that they felt that much more needed to be done. One commented that there was 'a long way to go in relation to community development' and that as 'change takes time, management needs to be sensitive to the demands of change'. Another referred to 'a steep learning curve regarding community development' but noted 'senior staff are learning skills for community engagement and training like WTLT has helped'.

One respondent made the point that it is necessary to differentiate roles within professional groups, in effect pointing out that there are specialists in CLD within professions. He referred particularly to the competence demonstrated by tenant participation officers in housing but noted that many other housing workers who needed such skills still lacked them. It is also worthy of note that some professions were more frequently cited as demonstrating progress than others. In particular, four respondent from other professions noted progress in the police.

Two respondents were not only hesitant about the progress that had been made but were also generally sceptical about how community engagement was being conducted. One referred to professionals who 'use the skills to gain advantage over others and prevent social inclusion by protecting their own professional interests'. He went on to talk of a 'rhetoric of community oriented practice not reflected in reality' and of professions 'hidebound by bureaucratic systems and lacking the decentralised authority to act'. He questioned whether such professionals really 'own the values of community engagement'. The other sceptical respondent suggested that professions may 'believe themselves to be competent when they are not because no-one challenges them'. She suggested that 'worker control of information frequently undermines a community development approach' and that 'authority is frequently used inappropriately'.

Only one respondent felt unable to comment on other professions.

These comments contrast interestingly with the self-reported confidence and competence that the respondents felt in relation to their own practice. Given that they were selected as informants on the basis that they had demonstrated active involvement in community regeneration it would be anticipated that they might be exceptions within their own professions and their general comments about community practice competences in professions with a role in community regeneration bear this out. There is a perception that whilst progress is being made there is much still to do. Given the substantial reservations about the competence demonstrated by specialist CLD professionals and the idea that

such specialists may already be parts of other professions like housing or health, in the context of community planning and regeneration it may be appropriate to drop such a distinction and think about joint learning opportunities. As one respondent put it: 'we need to get beyond deferring to specialist expertise'. With this in mind the next section of the interviews may be particularly relevant.

### **Community learning and development training needs and priorities**

Respondents were asked whether they felt that they had training needs themselves in relation to CLD and if so what these would be. They were also asked more generally about the CLD training needs of non-CLD professionals and about other areas of training that they felt would be important.

Only one respondent did not feel that he had specific current training needs though he referred to the principle of continuous improvement and needing to be alert to identifying such needs. Another commented on not needing strategic skills but needing to acquire local knowledge. In such contexts, as others noted, training might not be the appropriate method of learning. However, most respondents identified needs for themselves but inevitably they are idiosyncratic. Two respondents specifically commented that a training programme based on the CeVe competences would be desirable and many of the other individual needs might fall within such a programme. These included: management/financial management; accessing resources; power and decision making; process of community learning; teaching and learning methods; partnership working and learning how other professions/partners see things; participation; managing conflict diversity and change; LEAP training. This might suggest that selective modular training within an overall package related to the CeVe competences could be considered.

Turning to the training needs of professions more generally, a wide range of suggestions was made but within them one dominant theme emerge that is reflected in most comments. This is training related to community participation and engagement. In relation to this a range of phrases are used: linking with community reps; participatory approaches to service development; understanding community perspectives; consultation; how to work with the community; what is community involvement/community engagement; listening/responsiveness to communities; participative planning. These suggest a spectrum of approaches to community participation but an overriding sense that this is the key area of skill deficiency that needs to be addressed.

Partnership working also attracted frequent comment and again a variety of phrases are used: decision making for agreed action; how to work with partners and understand their perspectives, understanding the purpose of Community Learning partnership. In addition to these general statements about partnership several specific areas of partnership working are identified including: measuring priorities; role clarity, responsibilities and accountability, agreeing definitions.

In addition to these two areas, managing conflict and diversity was identified by two respondents as was, developing a holistic approach to regeneration. Other suggestions were: problem solving skills; what is poverty and exclusion; effective communication; financial management; sustainability.

In relation to any training one respondent felt that it was particularly important that the content should relate to a specific local context, noting that 'cities and neighbourhoods are different'.

### **Methods of learning**

Having identified perceived training needs the interview addressed the question as to the value of training relative to other ways of learning.

There was a broad consensus that the issue was to provide learning opportunity and that formal training was only one option. For some respondents formal training was the least valued approach. For some this was a reflection of their view of how people learn, whilst for others it was a matter of resources and practicality. In the former group, experiential learning based on reflective practice was of key importance. It was recognised that this needed to be structured and planned and several respondents referred to the importance of testing and externally validating competences in practice. For others, whilst training was desirable, releasing staff and covering posts were practical issues and it was argued that formal training was expensive and prone to cuts.

Whilst most respondents saw a value in formal training they felt that it should be placed alongside other methods and that staff should be enabled to participate in those forms of learning that best suited their needs. Where training was used it was generally felt to be important to ensure that learning could be applied and consolidated in practice and that it used practical approaches such as case studies and simulations. Two respondents specifically commented on the need for long-term evaluation of the impact of training.

The range of learning methods other than training that were felt to be valuable included: shadowing, job rotation, secondments, mentoring, networking, task based experiential learning, peer education and tutoring, systematic practice reflection, independent competence appraisal. In different setting all of these were already in use to some degree.

One respondent noted that in a sense CPD training provision was compensating for the failures of initial qualifying training and argued for interdisciplinary training from qualifying level.

## **Knowledge of existing training**

Interviewees were asked to identify any CPD training that they were already aware of that related to CLD competences in the context of community regeneration. Four respondents identified no such training. The most frequently referred to was the national Scottish Executive Working Together Learning Together programme for SIPs and Working for Communities Pathfinders that was seen as having been valuable. One described it as having given partners 'the chance to learn from one another which increased their effectiveness'. This programme involved partnership staff, agency and community representatives in the partnerships.

All other examples were more profession or area specific. Both police respondents referred to training provided through the national police training college, in particular the Crime Management Division Community Safety training and the Local Authority Liaison Officer course. Though run by the police they were both valued as courses that involved joint training with other professions.

Two respondents also referred to the Community Development and Primary Health Care training pack developed by the Community Health Action Resource Team funded by HEBS and Lothian Health Promotion. This was being used in Aberdeen on a cross disciplinary basis in combination with the LEAP for Health pack developed by SCDC funded by HEBS and the Health Issues in the Community pack from CHEX (SCDC). Also in Aberdeen reference was made to joint tenant and elected member training on housing business planning. These appeared to be the only significant local initiatives though several respondents referred to the value of occasional conferences and seminars.

## **Accreditation and endorsement**

Finally the interviewees were asked to comment on whether any CPD training developed in relation to CLD skills for community regeneration should be endorsed and accredited and, if so, for and by whom.

Ten of the 12 respondents were wholly in favour of endorsement and accreditation provided various barriers could be overcome. One was ambivalent suggesting that accreditation may put potential participants off rather than motivate them as most people suggested. One felt unable to comment on the issues.

Arguments for accreditation and endorsement were that it would be valuable for personal and career development, motivate participation, and establish standards for good practice. It was generally felt that accreditation needed to cross professional boundaries. Even if, as one respondent put it: 'it will be a hard nut to crack', mutual recognition by professions was of key importance. Many respondents also referred to the need for national recognition.

Given the comments about other learning methods than training several respondents pointed out the accreditation could be of assessed competence as much as formal training programmes. Presentation of portfolios of evidence of skills in practice was a suggested method.

Whatever the form of learning that was accredited and endorsed there was a recognised need to have an authoritative validating body, however, no one felt that their own profession should be precious about itself. Some suggested mutual endorsement and recognition of courses by different professional bodies, others indicated that professions could recognise validation from another profession, yet others suggested that an independent body could be used – this might be an academic institution or a new inter-professional body. One very interesting theme to the comments was the potential role of community planning partnerships in promoting and validating inter-professional training. Four respondents raised this possibility in different forms including on the one hand the suggestion of a nationally recognised inter-professional accredited programme in community planning and on the other local initiatives by specific CPPs.

One of the areas of concern about accreditation related to how levels of competence would be assessed and standards agreed. One person felt that work would need to be done that would allow credit accumulation. Another took a more radical view suggesting that accreditation should relate to individual progress against a personal learning plan.

Further problems that were highlighted were that the process of acquiring validation and endorsement of courses was frequently slow and might inhibit the development of training that was urgently needed in the field. Another concern was the costs involved in accreditation that might not be attractive to employers and be displaced onto individuals.

One parallel example that could be explored was integrated learning for partners in community schools that is validated by Strathclyde University.

### **Other issues**

All respondents were invited to identify any further issues that they felt were pertinent to the research. One suggested that cultural attitudes to learning needed to be addressed. He asked: 'do we see professional learning as a luxury that we keep on the back burner?' Another reinforced a theme of the interviews that learning should be tailored to and reflect the needs of workers and their organisations. She also suggested that cascading of learning was an important issue and that all learning needed to be located in an understanding of the context in which it would be applied.

One respondent noted that this was a period of rapid change and that there was need to be realistic about establishing new ideas and seeing them through into practice. Another commented that people should be able to identify their own training needs and that no assumptions should be made about them and their skills. The only training that he saw as relevant was that which was necessary to do the job. In similar vein, two respondents felt that the key starting point was the needs and experience of the community. One of them commented specifically on the need for training to avoid being driven by external targets and respond to local needs.

## 5. Focus group evidence - practitioners.

### Analysis of focus group questionnaire evidence

Prior to the focus group each participant was asked to complete a brief questionnaire (appendix 3). The purpose of this was to gather some comparative data with those who were interviewed, about:

- Professional qualification of each participant
- the role that they carry
- views on how well the Scottish Executive definition of CLD describes the activities involved in their role – (rating scale 1-4 where 1=very well and 4=very poorly)
- views on the importance of the competences identified by CeVe for Community Practice (rating scale 1-4 where 1=very important and 4=not at all important)
- views of their confidence in performing these competences (rating scale 1-4 where 1=very confident and 4=not at all confident).

### Participants in the focus groups and rating of the relevance to their role of the Scottish Executive Definition of Community Learning and Development<sup>9</sup>

#### Social Work/Social Care

1. Service Officer Inclusive and Community Living:
  - a. Professional qualifications - Diploma in Occupational Therapy
  - b. Role: To ensure that disability issues are included in an inclusive manner and not as separate issues. To encourage person centred approaches in the Council
  - c. Relevance of CLD definition = 2
2. Senior Community Worker (community care)
  - a. Professional Qualifications: Secondary Teaching Diploma, Youth and Community Certificate (post graduate), Social Work management training (community care)
  - b. Role: Working with users and carers in community care to help them organise around their issues and support their collective involvement in planning and implementing community care services
  - c. Relevance of CLD definition = 2
3. Manager Voluntary Sector Youth Agency
  - a. Professional qualifications: Post Graduate Certificate in Youth and Community work

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<sup>9</sup> CLD is: “informal learning and social development work with individuals and groups in their communities. The aim of this work is to strengthen communities by improving people’s knowledge, skills and confidence, organisational ability and resources.”

(Scottish Executive Working Draft Guidance on Community Learning and Development 2003)

- b. Role: Manage centre that provides long terms support and training to socially excluded and disaffected young people (13-25 years of age)
- c. Relevance of CLD definition = 3

### **Education/training**

1. Integration manager –
  - a. Professional Qualifications: Dip SW (post graduate) MSc Social Work Management, Senior Cert residential Child Care, Diploma in Education
  - b. Role: Modernisation of education in relation to integrated learning communities and social justice outcomes. Removing or reducing barriers to learning and development for children, families and communities
  - c. Relevance of CLD definition = 2/3
2. Training and Development Officer (SIP)
  - a. Professional qualifications: BA Soc Sci, Post graduate Diploma in Personnel Management, Member Chartered Institute of Personnel Management, SVQ III and Certificate in Training and Development
  - b. Role: Identifying and meeting training needs of staff and community representatives in SIP
  - c. Relevance of CLD definition = 2

### **Libraries**

1. Neighbourhood Branch Services Librarian
  - a. Professional qualifications: BEd, Diploma in Librarianship, Diploma in Management
  - a. Role: Developing literacy and numeracy and up-skilling local people
  - b. Relevance of CLD definition =1

### **Surveying**

1. Investment Manger
  - a. Professional Qualifications: Member Royal Institute of Chartered Surveyors (RICS)
  - b. Role: Develop area regeneration strategies, support to SIP/CP integration, develop registered social landlords. Member of SIP Board and CP Partnership and related groups
  - c. Relevance of CLD definition = 1
2. Head of Asset Management
  - a. Professional qualifications: BSc Land Economics, Professional Member RICS.
  - b. Role: Giving property advice and ensuring decisions are taken which in property terms are practical
  - c. Relevance of CLD definition = 4

### **Planning**

1. Head of Planning and Development

- d. Professional qualifications: Town and regional planning, Member Royal Town Planning Institute (RTPI)
- e. Role: Planning, economic development and training
- f. Relevance of CLD definition = 4
- 2. Senior Planner (Development Plan)
  - g. Professional qualifications: Post Graduate Diploma in Town and Regional Planning, Member RTPI, ECDL
  - h. Role: Preparation of Local Plan for the city, preparation of detailed planning briefs for areas of the city. Member of two local regeneration groups
  - i. Relevance of CLD definition = 3
- 3. Principal Development Officer
  - a. Professional qualifications: MSc Town Planning, Member RTPI, Member of the Institute for Environment Management and Auditing
  - b. Role: Development of frameworks for physical development, co-ordination and programming of project delivery and funding
  - c. Relevance of CLD definition = 2

### **Community planning**

- 1. Neighbourhood community planning Officer
  - a. Professional qualifications: B Comm Ed Comm Dev, SVQ Business Counselling
  - d. Role: Assisting/facilitating neighbourhood planning at a community level
  - e. Relevance of CLD definition = 2
  - d.
- 2. Principal Development Officer (Community development)
  - a. Professional qualifications: Post Graduate Certificate in Youth and Community Work
  - b. Role: strategic role in relation to partnership work on Neighbourhood Planning and corporate aspects of community objectives
  - c. Relevance of CLD definition = 2

### **CLD**

- 1. Team leader community learning and development
  - d. Professional Qualifications -Youth an community Diploma and Adult Education certificate
  - e. Role: community planning, development of adult learning opportunities, promotion of life long learning and active citizenship, reducing social exclusion
  - f. Relevance of CLD definition to role = 1
- 2. Community Learning Team Leader
  - g. Professional qualifications: Post Graduate Certificate in Youth and Community Work. MEd.

- h. Role: Support staff in local projects engaged in community learning and development work. Foster multi-agency working to this end
- i. Relevance of CLD definition = 1

### **Economic and social development**

- 1. Social Economy Manager
  - a. Professional qualifications: Post Graduate Diploma in Drug and Alcohol Studies
  - b. Role: Develop and implement economic inclusion strategy in SIP areas
  - c. Relevance of CLD definition = 1/2
- 2. Local Authority Project Officer
  - a. Professional qualifications: ITD Diploma in Training and Management, Scotvec training and assessor awards (D23, D33) Health and Safety Certificate
  - b. Role: Assisting voluntary groups develop their project and with funding packages, completing ERDF and ESF bids for Council led projects including training and employment initiatives
  - c. Relevance of CLD definition = 2

### **Employment**

- 1. Adviser Manager Job Centre
  - a. Professional qualifications: SVQ Guidance
  - b. Role: Advising clients what is available for them in their area
  - c. Relevance of CLD definition = 2
- 2. Business Manager Job Centre
  - a. Professional qualifications: no specific professional qualifications
  - b. Role: To assist disadvantaged clients to find employment
  - c. Relevance of CLD definition = 2

### **Health**

- 1. Senior Health Promotion Officer –
  - a. Professional qualifications: BA Health and Social Welfare, Certificate in Health Promotion, Professional Diploma in Management
  - b. Role: Liaison and planning in community based partnerships – building capacity in local partnerships through community development and health
  - c. Relevance of CLD definition = 1
- 2. Public Health Co-ordinator
  - a. Professional qualifications: Diploma in Podiatry Medicine, BSc Health Studies
  - b. Role: To improve the health of the population and reduce health inequalities in the community
  - c. Relevance of CLD definition = 3

## **Police**

1. Community Police Officer
  - a. Professional qualifications: police training
  - b. Role: Enhancement and development of police/public relations thus helping reduce the fear of crime
  - c. Relevance of CLD definition = 4
2. Community Police Sergeant
  - a. Professional qualifications: police training
  - b. Role: Dialogue with community groups, involvement with schools, make area a safer place to live and work
  - c. Relevance of CLD definition = 2

## **Community Safety**

1. Community Safety Officer
  - a. Professional qualifications: BA Social Policy
  - b. Role: To engage with partners and the community to improve community safety in the area
  - c. Relevance of CLD definition = 1

## **Community Arts**

1. Community Arts Management
  - b. Professional qualifications: BA Design, MA Fine (Public Art)
  - c. Role: Participatory arts activities for regeneration areas, issue based arts projects, arts as a tool for community consultation, encouraging access to cultural venues
  - d. Relevance of CLD definition = 2.5

It will be apparent from the list of participants that we were able to speak with a wide range of professions that are involved in regeneration work that involves community engagement. All but one of the participants in the focus groups were from statutory backgrounds but across a range of sectors. The substantial majority were graduates with post –graduate qualifications in at least one and in some case more than one professional discipline.

The descriptions of their roles provides an indication of the different contributions that different professions make to regeneration but also reinforces an appreciation of the interconnections that are essential to an holistic approach. Nonetheless there were wide variations in relation to how well the Scottish Executive definition of community learning and development was seen as describing the role that they carried. These scores are worthy of closer examination and set out in the table below. Comparison with responses of the interviewees is also useful though it should be noted that they were asked a slightly different question. They were asked to comment on how important they felt contributing to CLD as defined was for their profession as a whole rather than to their own role.

Table 5

<b>Respondent rating of CLD definition</b>	
Social work 1	2
Social Work 2	2
Social work 3	3
Education/training 1	2/3
Education/training 2	2
Libraries 1	1
Surveying 1	1
Surveying 2	4
Planning 1	4
Planning 1	3
Planning 3	2
Community planning 1	2
Community planning 2	2
CLD 1	1
CLD 2	1
Soc/Econ Dev 1	1/2
Soc/Econ Dev 2	2
Employment 1	2
Employment 2	2
Health 1	1
Health 2	3
Police 1	4
Police 2	2
Community Safety 1	1
Community Arts	2/3
<b>Mean score</b>	<b>2.1</b>

The mean score of 2.1 indicates that there is some ambivalence about the relevance of the definition to the range of roles encompassed. Not surprisingly the two participants carrying a CLD role felt it described their activity very well. Interestingly of the other four respondents who were qualified in CLD, three gave it a 2 rating and one a 3. This suggests that those moving beyond a specifically CLD role are frequently required to apply different, though in many cases overlapping skills.

Other respondents who felt the definition described their role well were drawn from different professions: libraries, surveying, community safety, and health. In the last three there was more than one respondent from the same professional background but it was apparent that the character of the roles played conferred different levels of relevance of the definition for different individuals. Indeed shared professional background does not generally lead to similar scores. This

suggests that CLD skills are required in the context of regeneration work to different levels according to role.

There is similarity in some respects between the responses of the interviewees and the focus group members. The police scores for example are relatively consistent in their low rating of the relevance of the definition. Similarly combining the results suggests that health staff directly involved in health improvement recognise the definition as particularly relevant to them. Overall the mean score from the interviewees was 1.9 and for the focus group member 2.1, again suggesting reasonable consistency between them.

### Importance of and confidence about using the CeVe competences

In the table below we set out the score given by each respondent for importance they attached to each of the CeVe competences.

Table 6

<b>Respondent/Competence</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>Mean</b>
Social work 1	1	1	1	1	1	1	1	1	1	1
Social Work 2	1	1	2	1	2	3	2	2	1	1.7
Social work 3	2	1	1	2	2	2	3	1	2	1.8
Education/training 1	1	1	1	1	1	1	1	1	1	1
Education/training 2	2	2	1	3	2	3	2	2	3	2.2
Libraries 1	2	1	1	3	1	2	2	2	2	1.6
Surveying 1	1	1	1	2	1	1	2	2	2	1.4
Surveying 2	1	1	1	2	2	2	1	3	3	1.8
Planning 1	1	1	1	1	2	3	3	3	2	1.9
Planning 1	1	1	1	1	1	1	1	1	1	1
Planning 3	2	2	1	2	2	2	2	2	3	2
Community planning 1	1	1	1	1	3	1	2	1	2	1.4
Community planning 2	1	1	1	1	1	3	3	1	1	1.4
CLD 1	1	1	1	1	1	1	1	1	1	1
CLD 2	1	1	1	1	1	1	1	1	1	1
Soc/Econ Dev 1	1	1	2	1	1	1	2	3	3	1.7
Soc/Econ Dev 2	2	1	1	1	2	2	2	2	2	1.7
Employment 1	2	2	1	2	1	2	2	2	2	1.8
Employment 2	2	1	1	2	2	1	2	2	2	1.7
Health 1	1	2	1	2	2	1	2	2	2	1.7
Health 2	1	1	1	1	1	1	1	1	1	1
Police 1	1	1	1	2	3	1	3	1	2	1.7
Police 2	1	1	1	2	2	2	2	2	2	1.7
Community Safety 1	1	1	1	1	1	1	2	1	1	1.1
Community Arts	1	1	1	1	2	1	?	1	1	1.1

<b>Mean scores</b>	<b>1.3</b>	<b>1.2</b>	<b>1.1</b>	<b>1.5</b>	<b>1.6</b>	<b>1.6</b>	<b>1.9</b>	<b>1.6</b>	<b>1.8</b>	<b>1.5</b>
Comparative interviewee mean scores	1.1	1.1	1.2	1.3	1.5	1.5	1.3	1.5	1.1	1.3

In the table below we set out the score for confidence in using the competences

Table 7

<b>Respondent/Competence</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>
Social work 1	3	3	2	2	3	2	3	3	2
Social Work 2	1	1	2	2	2	2	1	2	1
Social work 3	2	1	1	2.5	2	3	3	2	2
Education/training 1	1	1	1	1	2.5	1	1	1	2.5
Education/training 2	3	3	2	3	2	3	2	3	3
Libraries 1	2	1	1	2	1	2	2	2	3
Surveying 1	1	2	1	3	1	1	2	3	3
Surveying 2	2	2	1	2	3	3	4	3	2
Planning 1	2	1	1	3	2	3	3	4	2
Planning 2	2	2	2	3	3	3	3	3	3
Planning 3	2	2	2	2	3	3	3	2	3
Community planning 1	2	2	2	2	2	2	3	3	3
Community planning 2	1	2	2	1	2	2	3	2	3
CLD 1	2	2	2	3	2	2	3	2	2
CLD 2	1	1	1	2	1	1	2	2	2
Soc/Econ Dev 1	3	3	2	2	3	3	2	1	1
Soc/Econ Dev 2	2	2	2	2	2	3	3	3	2
Employment 1	2	2	1	2	1	2	2	2	2
Employment 2	2	1	1	2	2	1	2	2	2
Health 1	1	3	3	4	3	4	4	3	4
Health 2	2	1	1	2	3	2	3	3	2
Police 1	3	2	1	2	3	2	3	2	2
Police 2	3	3	2	3	3	3	3	3	3
Community Safety 1	2	2	1	2	3	1	2	2	2
Community Arts	3	3.5	3.5	2	2	3.5	?	3	2
<b>Mean Score</b>	<b>2.0</b>	<b>2.0</b>	<b>1.4</b>	<b>2.3</b>	<b>2.3</b>	<b>2.3</b>	<b>2.7</b>	<b>2.4</b>	<b>2.3</b>

For the purposes of the focus groups, we chose to use the CeVe Community Practice competences as the template of skills that we would explore with respondents. The reason for this was that these had been shown in the interviews to be regarded as a much more relevant set of skills than those from the LEAP framework. The latter relate more specifically to building community capacity and personal development than the broader processes of community engagement and partnership practice involved in regeneration. The interviews and focus groups provide directly comparable information in relation to the importance the respondents attach to each of the competences. In addition the

focus group members were asked to rate their confidence in the use of these competences. The interviewees were asked an equivalent question but in relation to the LEAP skill set rather than the CeVe competences. Answers here are not therefore comparable.

As the table on importance indicates the scores are very marginally higher overall among the focus group members and only in relation to two competences is there a notable difference in perception of importance but even these are not substantial. The two areas are promoting empowering leadership and employing participatory evaluation. Overall, the overriding impression is that this set of competences is generally regarded as important across a range of professions engaged in community involving regeneration practice.

Looking at the order of scores from different participants and correlating this with the relevance accorded to the CLD definition, apart from the CLD workers, there is no clear relationship.

Turning to the scores of the focus group participants in relation to their levels of confidence in using these competences, it is clear that there are lower levels of confidence than might be hoped given the importance attached to them, though encouragement may also be taken from the fact that no area is rated exceptionally poorly. Partnership working emerges as a competence in which there is a relatively high level of confidence. Most scores are toward the middle of the range with least confidence being indicated in relation to promoting empowering leadership, fostering a participative culture committed to organisational learning.

These competences were a primary focus of discussion in the focus groups and the comments on them illuminate the evidence for the questionnaire.

### **Analysis of Focus Group Discussions**

Twenty-six people contributed to the four focus groups. These were the 25 people who completing the questionnaire whose backgrounds are described above and one person who was interviewed and also attended a focus group. As the description of the participants indicates, focus groups were conducted with a wide range of professionals who are operationally involved in regeneration practice that requires community engagement. The participants were identified through the managers of four Social Inclusion Partnerships, North Glasgow, West Dumbarton, Great Northern Partnership Aberdeen and East Ayrshire Coalfields. But it is important to appreciate that, as with the interviewees the participants were frequently involved in regeneration activities outside the SIP areas and commonly involved in wider community planning issues. Their experience of community involving regeneration is not exclusively in the context of social inclusion partnership work though it has been a common focus.

The focus groups were each conducted with two facilitators and followed a common schedule (see appendix 4). The discussion was focused around the aspects of the interviews that had been found to be of most relevance to the objectives of the study. The sessions began with an opportunity to comment on whether the research topic itself was felt to be important or not. The CeVe community practice competences that participants had already begun to consider in the questionnaires, formed the basis of the second part of the discussion. Attention then moved to consideration of participant's perception of the relevance of their original professional training (if any) to community regeneration. It then reflected on participant's views on the most valuable forms of training and whether training or other forms of learning were seen as more valuable. Knowledge of any continuing professional development (CPD) training relating to community learning and development was then addressed followed by an exploration of the benefits and potential sources of accreditation for such CPD training. Finally, given that regeneration practice and community planning in particular is requiring more collaborative practice with specifically designated and trained CLD workers, participants were asked to comment on their confidence in the competence exhibited by them in these areas.

### **Importance of the research**

Participants were asked whether they thought that conducting research into the need for learning opportunities relating to CLD practice for non-specialist professions involved in community regeneration was important.

In general the participants regarded the research as valuable. Its importance arose from recognition of the number of new developments that required the application of relevant skills, especially in the context of partnership working and community planning, that require better understanding between professions relating to the same communities. As one respondent put it: 'professions like planning, property services, legal and accounting services need to negotiate with other professions and with the community in regeneration'. Another commented that it was 'sound to do the research' because partners often 'do not know what is expected of them in a community development approach'. Yet another, commenting specifically on the health field, described the acquisition of the competences as 'essential'.

Others commented on variable confidence and competence that was evident in the field and amongst managers and that there was a need to acquire new skills. Variability in confidence and competence needed to be related to the relevance of community learning and development skills. It was noted that within the same professions the expectation of involvement in community regeneration could be quite different. As one commented: 'Those who work directly with the community have the greatest need of relevant skills but others with less direct contact need a lower level skill set'. In addition participants commented that for

many colleagues these particular skills were not necessary for the particular roles that they carried. In the light of this one respondent commented that whilst he regarded the research as important: 'do the professionals that I relate to necessarily agree?'

In relation to managers, one commented 'there is not the confidence at management level that allows the fieldworkers to act - confident management is needed so that staff can take risks', whilst another suggested that 'bosses don't necessarily recognise the need for the skills'. In similar vein another drew a distinction between the confidence and competence of field workers and planners – 'the coal face workers are comfortable (with the approach) but planners are not'.

The view was expressed by some participants that the lack of self-confidence might relate to the lack of formal qualifications rather than actual ability. It was important therefore not to confuse lack of qualification with lack of competence. Equally it was important for the research to concentrate on what made people competent rather than specific absence of qualifications. Taking this one stage further some respondents questioned whether the competences could be acquired through training.

There was a frequently expressed view that the development of community focused practice required cultural shifts in professions that would take some time, though different claims were made for the progress made by different professions.

These arguments were generally expressed as reasons for regarding as important, research into skills for community learning and development competences for regeneration.

### **Training and other barriers to progress**

Participants were also asked to indicate whether the main issues that they faced in progressing work on community regeneration related to training and learning needs or to other barriers. It will be apparent from the previous section that a frequent distinction was made between formal training and other forms of learning and that qualifications were not necessarily seen as indicators of competence. However, the key question here related to the relative significance of weaknesses in learning relevant skills or other factors inhibiting progress.

Not surprisingly, a range of barriers was identified. These included: the characteristics of the communities themselves; inter-agency communications and lack of knowledge of one another; lack of a shared vision between partners; protectionist attitudes of agencies in relation to budgets and roles; structural and organisational weaknesses, personality conflicts; the lack of an outcome focused approach; lack of 'joined up government at the top'; hiving off of responsibility to

individuals rather than adopting a corporate commitment; lack of a long-term perspective and appreciation that effective change takes time to build. Hence as one respondent put it, it was clear that: 'we need more than just training'.

Though many other barriers were identified the overall view was that whilst some of these were not related to training and learning a large proportion of them were. Hence consideration of how people learn and what learning is required was important. As later discussion reinforced, it was not necessarily the case that participants favoured formal training as the best approach to learning, but they did nonetheless attach importance to it. The comment of one respondent is indicative of the debate: 'is it possible to train people on some of these competences? If so, it would be fairly high up my list of priorities'.

Comments about lack of learning and training as a barrier were made both in relation to most of the specific professions represented and in relation to interagency/professional practice. The following comment reflected widely held opinion: 'the problem is getting an inter-agency approach – just developing training of specific professions might not help. A range of actions is needed and mutual awareness between professions'. As another put it: 'ignorance leads to failures to pull together'. Collaboration between professions was therefore seen as necessary but it was noted that there was sometimes duplication of effort and lack of an integrated and co-ordinated approach.

It was also noted that there were different kinds of learning agendas for different participants depending on their particular role. A distinction was drawn several times between training needs of front-line workers and those with more strategic policy planning roles in major agencies.

It was made clear that participants could only see value in training that was relevant – 'right for its purpose' and accessible. In relation to accessibility, difficulties arising in relation to funding, management, time release and work cover for participants were highlighted.

Overall then, whilst a range of barriers was identified there was considerable discussion about the need for, and form of, learning opportunities related to community regeneration. As one respondent said: 'I welcome the idea that there should be community work skills developed in a wide range of organisations'.

### **Exploring the CeVe Competences**

A central feature of each of the focus groups was an exploration of participant's perceptions of the relevance and relative importance of the CeVe community practice competences. Each was explored to assess how far these competences were already demonstrated in community regeneration practice across the range of professions and to consider strengths and weaknesses in their use. The purpose of this exploration was to illuminate the training or learning

agenda that might need to be addressed in order to enhance practice competence.

The discussion in this section builds on the evidence of the questionnaires that highlighted that generally the competences were seen as important across the professions and areas but that confidence in their application, even for respondents selected on the basis of their active operational involvement in community regeneration, was not always strong.

### **a) To undertake participative planning**

In terms of the degree to which participative planning characterises the relationship between agencies and communities a frequently used word was 'patchy'. Several people referred to examples of good and even excellent practice and to improvements in performance in this area, but these positive comments were tempered, often by the same respondents, with concern that 'lip service' was sometimes paid to this approach. One respondent referred to agencies that are: 'going through the process', another to: 'different understandings about what we mean by participation' and of 'often narrow restricted opportunities'. Another commented: 'more clarity is needed on what participative planning really is'.

Nonetheless progress was highlighted in a range of professions including in health promotion and the 'Joint Futures' agenda, in crime and safety, community care and disability, policing and local planning. One referred to older people and disability groups having: 'managed to influenced strategy', another to feeling that the 'police have gone from an insular attitude to the other end of the spectrum', yet another to 'a new type of relationship, with planners as advisers rather than being in charge'.

Some of the comments referred to barriers to participative planning that needed to be addressed. These included agency fears about the consequences of the approach particularly in raising unrealistic expectations in communities and loss of control. Several comments were made about agency concerns about the long time scales that were involved in participatory approaches and the impact of this on decision making and progress. Such concerns were seen as illustration of the lack of appreciation of the value of participation

Particular strengths in participative planning were noted within the SIPs, but concern was expressed that they often failed to influence the mainstream, suggesting that there were weaknesses to be addressed in core agencies. There were also comments that individual personality and values were more important indicators of commitment to participatory approaches than agency policies, though several comments were made about the value of an explicit policy framework from the Scottish Executive that encourages this approach. The emphasis on individual personality and values was seen in part by some

respondents as related to lack of formal training opportunities for professions in this approach.

Several participants commented on the need for preparatory community work with communities in advance of engagement in participative planning. As one put it: 'there is insufficient recognition of the need for community workers to support the community'.

The questionnaire responses from the focus group participants and the responses of the interviewees indicate the importance that is attached to participative planning. There is a sense of progress but also that there is much still to be done and that this must therefore be considered an important aspect of the learning agenda for community regeneration.

One participant from a planning background commented that: 'participation has been part of planning law for years but the introduction of community planning requires much more attention to it'. If, despite the longstanding policy commitment, there is still weakness in practice, clearly attention needs to be paid to ensuring that, in the context of community planning, real progress is made in essential skill development. As the same respondent commented, it is not just 'whether these things are done but how well they are done that matters'.

#### **b) To consult and negotiate with partners and participants**

Responses to this competence indicated that there was a perceived overlap with the previous one, nonetheless a persistent theme was the need to distinguish consultation from participation. As one respondent put it: 'Participative planning must be different from consultation. It implies agreement whereas consultation can be ignored'. However, there was general consent that: 'we are moving towards participation'.

One respondent noted that 'within local government there is a lot more attention to this than was the case 10-15 years ago'. Another commented that: 'After 1996 single tier [local government] structures led to change in their community development role and a change in expectations of services'. As with participative planning there was therefore felt to have been progress. In achieving this, good leadership was seen as important but it was suggested that 'the top and bottom are getting the message and showing willing but the problem is in middle ground'.

Even so, some respondents were not convinced that the practice was as effective as it should be. In particular concern was expressed about: 'partners not consulting with people we really should be reaching' reference being made to the involvement of the 'usual suspects' and 'some community activists 'representing' their own particular views/gripes'. Similarly concern was expressed about methods of consultation, lack of knowledge of options and where to go for

guidance and support. It was suggested that there was a need to: 'think about more effective approaches to capture interests and views..... we should be getting to pubs, clubs and youth groups - talking to a wider audience'. Others referred to the need for more informal approaches and to: 'too many 'traditional' meetings'. These deficiencies were seen as combined with a lack of confidence. Hence again there was recognition of the need for learning.

In some instances learning opportunities had been available. For example in one SIP reference was made to: 'opportunities organised by the partnership over a number of years offering dedicated training sessions and on the job training'. However others referred to the need for; 'practical on the job working together, backed up with training'; but it was notable that as in other areas of competence participants referred to 'developing these skills through experience'. Such comments were general to the range of competences.

**c) To foster partnership approaches committed to inter-agency and inter-professional practice**

The responses in the focus groups revealed strong familiarity with issues of partnership working borne of substantial experience of practice. This in not altogether surprising given that this was the competence that was rated as most important and the one in which participants felt most confident. One respondent commented that the: 'ethos of partnership and inter-agency working' was 'strongly promoted' in her area. Another noted: 'good networks of contacts in other agencies - across the board' and a third suggested that: 'Community planning has done wonders for partnership working - opportunities are open to partners that they would not have worked with in the past'. Though partnerships were sometimes seen as being driven by funding arrangements that required them, the view was expressed that there was nonetheless frequently positive commitment from partners to joint working. As one put it success cannot be ascribed to funding but to 'people who have a positive approach to it [partnership]'.

Despite the obvious engagement with partnership practice, participants pointed up a very wide range of difficulties in partnership working that needed to be addressed. One that came up frequently was a concern that: 'we [agencies] are all bringing in our own agendas and sometimes don't realise we are doing it'. This concern was reflected too in several comments about the 'silo mentality' of agencies even when apparently working in partnership. As a result: 'we often don't understand other people's positions'. One respondent said: 'partly understanding partners is the main problem. It can lead to partnership breakdown'.

Another source of concern was that agencies 'sometimes send the wrong people' which for this person meant those without appropriate seniority or without real commitment to engagement. It was in this context that the word 'culture' was

used to describe the foundations of successful partnership working. It was generally felt that effective partnerships had to have a shared vision and understanding of the purposes and intended outcomes of the partnership. This was allied with shared use of resources and a consistent committed membership. Hence comments like: 'pooling resources and sharing aims are critical aspects of partnership'; 'clear outcomes are needed if there is to be useful partnership'; 'concise, targeted, clear aims provide very successful forms of joint working and joint learning'; 'people must know what is expected of them' and 'how we work together, who the partners are, developing a common vision, clarity about what we are trying to do, playing to skills and strengths are key ingredients'.

The qualities of the relationships between the partners and the individuals representing them were also seen as centrally important. Frequent reference was made to 'good communications' and relationships characterised by 'trust'. As one put it: 'you have to work at contacts, develop networks, build trust'. Or as another suggested: 'communication is important between the individual and the organisation; too often participants don't share a common vision and have not been part of the process, yet are expected to contribute to the 'partnership'".

Just as there was some debate about the meaning of participation relative to consultation so there was similar discussion of the meaning of partnership as against collaborative practice. One respondent commented: 'Partnership is a misused word. Is there a difference between co-operation and partnership?' Several references were made to different understandings of the terms. Partly these were seen as reflecting the roles and seniority of the participants but they also related to different perceptions of how formal a partnership should be. Some felt that partnerships were more formal and that co-operation was more informal but others suggested that both were necessary at different times and for different purposes. As one put it: 'creativity is helped by informality then supported by structure'. Another pointed out the complexity of the levels and dimensions with which partnerships need to working commenting: 'partnerships are 3-d rather than flat! They have to take on relationship between different strategies and implications for operational delivery'.

Similarly there was discussion of different types of partnership – some concerned primarily with interagency practice, others with community engagement. There was some ambiguity about the role of communities in partnerships and when this was appropriate. One person commented for example in relation to planning on: 'conflicts that affect the community e.g. sale of land for development versus community need for the land'. In such circumstances he suggested that: 'the decision making process may not allow for the sort of community involvement that could head off problems in advance'. Another made the more general comment that: 'developing effective relationships between workers and community is instrumental in overcoming normal barriers to partnership working'.

Finally a concern was expressed about the: 'myriad partnerships around' and that each new policy seemed to: 'add to the number' leading to need for rationalisations. This is a frequently expressed concern which the participants felt should be addressed.

Overall, partnership work appears to be well established and though there is clear recognition of its importance the complexity described suggests that there is an important agenda for learning despite the confidence expressed by these respondents about it. This was recognised by the participants but as one pointed out, the issue is: 'not just about training but the importance of investment in partnership'.

#### **d) To manage conflict diversity and change**

There was general assent that managing conflict, diversity and change was an important competence though not necessarily one that was always in evidence, though the emphasis of the discussion was primarily on the conflict management aspects of the competence. It was generally agreed that there was a need to acknowledge that there are conflicts within communities and to deal with them. A wide variety of comments echoed this sentiment: 'participative planning will bring conflicts to the surface so the ability to manage it is crucial'; 'we should not back-off from conflict and dealing with it'; 'conflict is often brushed under the carpet'; 'there is a tendency to avoid conflict – it is frowned upon, however if managed well it can be constructive'; 'very important - lack of it [conflict resolution] can endanger entire projects - there is always strife so managing it is crucial'.

There was some discussion about whether managing or resolving conflict was the issue. One person argued for example: 'it's more about resolving conflict than managing it' but another pointed out; 'it can't always be resolved so there are times when it has to be managed'. Another suggested, like others, that conflict could play a positive role and should not be seen as a sign of failure, but emphasised: 'building confidence and resilience to deal with conflict'. The importance of this was highlighted by another respondent who talked of an environment of: 'unconstructive criticism, vulnerability and hostility' that needed to be addressed.

The focus of the conflicts was seen as potentially residing in a range of relationships between community interests, between agencies and communities and between agencies themselves. All of these needed to be addressed. In relation to communities one respondent commented: 'given the nature of partnership issues and difficult decision making, there can be aggression from members of the community - some agency reps have difficulty in handling that - training in this area would be worthwhile'. However another, noting that: 'some people are very skilled at managing conflict in communities' nonetheless questioned: 'whether people can be trained to do it'. Another participant, echoing views of others, indicated that her main experience of conflict was: 'with

colleagues rather than community' but treated this positively as a way to 'gain better understanding of other perspectives, strengthen joint working and achieve change'. In dealing with such inter colleague and inter agency conflict another respondent nonetheless complained: 'you don't get support from the system' in resolving such conflicts.

In terms of conflicts between agencies and communities a planner illuminated the problems with reference to issues of access to information about potential changes or conditions in a community that would be liable to be controversial. Examples were school closures or options for land use. Having a participatory dialogue about such issues required maturity and sophisticated methods that could be properly implemented in appropriate time scales and with adequate resources. An example of the value of 'Planning for Real' was used. He suggested that there; 'must be trust about sharing such information'.

Participants saw change as a constant backdrop to practice but as one commented 'change is constant at the moment so there is too little consolidation of success'. Overall there was felt to still be 'a long way to go in managing change'. With this in mind it is apparent that there is again a recognised agenda for learning that can facilitate more effective practice in regeneration work with communities.

**e) To develop and implement participative approaches to accessing and managing resources and to assist others to do so**

The focus of discussion here was on community access to and management of resources and included themes such as local budgeting, community management of facilities like community centres and community led service delivery. In all four areas there were examples of such work but there were also differences in the degree to which this appeared to be pursued as a central feature of practice and disagreements between participants. Thus in one area the following contradictory statements were made: 'we are moving to that – but it's like moving a lump of concrete' and 'on the whole agencies are relatively strong in this competence'. In another one respondent commented: 'community groups can be responsible for substantial resources – we are seeing development of real community empowerment' whilst another said: 'we are living with previous experiences of 'dangerous/ bad practice' which constrains future opportunities'.

Partly such differences reflected perceptions of what was implied by the competence. At the level of assisting communities to access grant funding for local projects, though still needing careful management, there was general recognition that this was a significant feature of practice in all areas. However, if the focus was shifted to community access to and control of mainstream public sector resources there was less confidence about empowering practice. The position was well summarised in the comment: 'influence would be very limited

over mainstream budgets – this is a very different kettle of fish from project activity’. In relation to projects the following comment is illustrative: ‘a lot of effort is put into helping [communities] to access grant funding’. Examples included: training sessions with the community to access Lottery funding, websites on grants available, helping to make information on resources more user friendly. However in relation to community access to and management of mainstream resources the following comments were more typical: ‘the Council needs to get this right before it can expect to influence other public agencies to get them to do the same’; ‘the problem is Council structures as well as skills’; ‘...still feel agencies tend to want to control, hold onto the purse strings’; ‘there is no evidence of management of collective resources across agencies outwith joint support for project work’; ‘community groups rarely have power over financial resources – there is no hand over’; ‘can’t think of any significant inroads into mainstream resourcing - some influence but no control, mainstream procedures are very tight’.

There were indications that the approach was much more advanced in some sectors than others. This may also have contributed to the contradictory views expressed within areas. Thus one respondent from a planning background commented: ‘it’s beyond our remit’ though more frequently it was practical problems rather than remit that inhibited development of this area of work. However there were good examples. In one area community lead local transport schemes were an important development. In another in relation to social care it was suggested that: ‘if the willingness is there, it is relatively easy to find and package resources’. Examples of this, involving partnerships with voluntary agencies were cited. In the same area respondents involved in social housing were able to describe tenant management initiatives as an established feature of practice. Partly this reflected confidence about the systems that would govern such control of resources, hence the comment: ‘in the housing associations staff support community decision making within a tight regulatory system’. It was noted that: ‘within housing associations there is protection of structure, dedicated staff and formal and informal protocols’.

This issue of the regulatory framework within which responsibility for resources would be transferred was frequently raised. There was a range of aspect to the concerns including issues of: lack of ‘broad community representation’, ‘waste and mismanagement of resources’ and lack of systems to ensure ‘public accountability’ and avoidance of ‘misappropriation of funds’. One respondent described: ‘fear in the system and in officers about resources not being managed properly’. Another noted that: ‘a lot of conflict can arise out of differences of opinion about appropriate safeguards’. A further feature of the concern about a regulatory framework was the issue of whether community management of resources was likely to achieve requirements of ‘Best Value’.

Hence there was a parallel concern about enhancement of the skills of communities in such a role. Comments included: ‘communities need the skills to

take on and work with these resources'; 'communities need support to do this'; 'there is a more basic skill gap – we need to support groups in writing funding bids and in managing projects' and 'a balance is needed of respect and support for the community'. In part the need for such support was located in the demand of public agencies on community providers. One respondent noted that: 'the criteria are so narrow, accountability so high, monitoring and evaluation so strict' that support is essential. In turn these complexities were sometimes seen as placing excessive demands on practitioners. One from a community safety background talked of supporting 20 local projects and the difficulties of keeping on top of this to the extent that she suggested that she needs her 'own accountant!' Another from a health background spoke of: 'projects growing arms and legs' and 'monsters being created!' For her this raised the question of 'how to support community management rather than end up doing the management as an agency worker'.

There were also significant reservations about the motivations for this approach and whether it was necessarily in the interest of communities. One respondent suggested: 'it is less important that local people run things than that they plan and influence them'. Another said: 'people don't always want to run things and be responsible for them – but they do want them to be right', whilst a third described the consequences for community groups as frequently representing 'responsibility without power'. On the other hand some respondents pointed to the benefits of community management of assets, one noting that: 'resources and funding stimulate motivation and provide a drive for [community] activity' whilst another spoke of the benefits of being able to work with 'active/well developed groups on ideas and projects'.

A respondent from an economic development background acknowledged 'the ambivalence of agencies to working in this way' and in so doing reflected the broad flavour of the evidence. Others commented on the progress over time in this style of work. Speeding up development is not just a training issue, for example, one referred to: 'a 7 year development from Priority Partnership Area to SIP to community planning' in which practice had 'gone a long way to handle these areas but is still an issue'. Another referred to: 'big issues in how to balance reality with Scottish Executive aspirations' but felt that 'partnership/project work is becoming more enterprising and businesslike'. Another suggested they were: 'better than in the past at getting the balance right' but another suggested: 'we are still not seeing evidence of long term sustainability'. For someone else the commitment appeared 'rhetorical' – 'it is important but there are few examples of it.

All of this suggests that there is a need for practitioners across a range of professions to examine both the potential of participative approaches to accessing and managing resources and to address the development of the complex range of skills that is needed if this policy priority is to be developed effectively.

**f) To devise policies structures and programmes that promote social inclusion**

Whilst this was seen as a central feature of the roles of most of the participants it was not the case for all professional groups and frequently responses indicated that involvement by particular individuals might not be typical of their professional colleagues as a whole. Thus a participant from a surveying background whilst himself involved in such activity said: 'my colleagues would not have a clue. Older professions are not in tune – they don't know what it means, colleagues would not see it as part of their role - these are not their building blocks. They will have to be dragged into dealing with these issues'. Similarly, a health promotion worker, whose practice is driven by these principles and by policy committed to social inclusion, commented on other groups within the health profession who did not seem to have acknowledged the direction of policy. She said: 'some medical consultants and doctors exclude people from their lists because of their behaviour – behaviour which has led them to be excluded in the past'. A respondent working on employment issues noted in relation to social inclusion practice: 'there are two specialists in the Area Job Centre Office but others also need the skills but they are not there in Job Centres'. A senior planning officer also commented that in his context: 'consultants are employed to do it rather than our own staff', hence raising the questions as to whether such approaches would become mainstream.

On the other hand there was a general view that social inclusion perspectives were now built in to the practice of many professions or the particular groups within them that had a direct role in community regeneration. Thus one respondent with a community planning role felt confident in asserting that: 'there is a sense of a common vision - social inclusion is central not peripheral to the agenda', another, in a social and economic development role, said that: 'we are so used to revising policies they are coming out of our ears!', yet another, focusing on young people, said that: 'social inclusion is key for my organisation so this [competence] is central to our remit', and a fourth, from the police noticed that in relation to social inclusion: 'the system is now demanding regular review/changing of policies and it is very important to be seen to be doing it'.

An arts worker described social inclusion as: 'a main feature of my work' but went on to say: 'it is a way of thinking, but is it a basic aspect of arts education or is it just the people who choose to go into arts education?' The idea that inclusiveness was a personal value rather than characteristic of professions or a product of training was raised several times and reflected a theme of the interviews relating to whether it is established values which lead to this approach to practice rather than changed perspectives arising from training.

Despite the general recognition of the importance of social inclusion policy and practice reservations were expressed about progress. One respondent

suggested that: 'outcomes are not being achieved and there are huge problems that are not being addressed'. Another referred to 'difficult to reach groups' as 'a major problem everywhere'. This sentiment was echoed by another respondent who said: 'difficult to reach groups can be very small in number or very spread out, for example, Asian women, people with learning difficulties' and went on to suggest that there was: 'no sense of range of social inclusion we need to address'. A further concern related to the potential for social inclusion policy and practice to become stigmatising: 'social inclusion targeting has had a negative side [resulting in] stigmatised individuals and communities – it can be divisive across designated and non-designated areas'.

The role of Social Inclusion Partnerships was seen as significant by some respondents in introducing a range of more traditional professions to the principles and implications for their practice of this approach. However it was acknowledged that the changes were frequently seen in individuals rather than their professions as a whole.

One respondent commented that the partnerships were 'learning as they went along - we've not been taught to do it'. This suggested that there was scope for addressing how the competence for devising policy, structures and programmes for social inclusion could be enhanced by learning opportunity for those directly engaged in community regeneration as well as for the wider professional groupings that the respondents felt had yet to embrace the approach.

#### **g) To provide and promote empowering leadership**

There was a certain degree of ambivalence in responses to this competence. Several comments questioned what was meant by it and several implied that providing leadership might not be a key role though promoting it in communities probably was. For example one participant commented: 'I don't know if we can provide it – we can certainly support it'. He went on to comment on the benefits that could arise: 'it achieves more motivation, more involvement and commitment - better engagement with the community'. Another respondent implied that the way that leadership was provided might not always be empowering because it often related not to community needs but to 'what it would be good for people to think about'. Another said: 'for some it would be a strange competence - it is necessary to explain to people what the advantages are'.

A series of issues was raised about empowering leadership. One person asked did it really mean: 'support and funding for the loudest voices or responding to the same activists?' Another asked: 'are agencies promoting empowering leadership seen as supporting a clique?' For this reason another commented: 'we need to address accountability and responsibility, to build safeguards into the process to protect all parties'. If it were to be done well the first respondent

suggested that: 'more imaginative approaches and structures' are needed, to 'avoid endless meetings about meetings' and that it would be necessary to think much more about 'how we engage with the community and find and strengthen leadership potential'.

In considering their own leadership role respondents were conscious of the authority of their particular roles and of the decision-making structures within which they worked. Exercising leadership was conditioned by these factors and might not be a real option for some. As a police officer put it: 'how low in the pecking order am I? I can only go so far to promote ideas, I have a Police function to fulfil which can be in conflict with what I would like to do'. A similar point related to agency accountability and the importance of: 'taking care of your own credibility'. One respondent suggested: 'maybe some people and agencies see this [promoting empowering leadership] as dangerous?' This point was echoed by another respondent who suggested that for a planning agency: 'this is dynamite for us - we cannot promote but we can encourage'. The difficulty lay in being seen to promote leadership that could be challenging or criticised as unrepresentative either by other parts of the community or agencies.

Despite the evident ambivalence, overall there was general support for promoting empowering leadership within communities. As one respondent put it: 'leadership should come from the community – there is a need for capacity building and the development of skills'. In this context there were comments about the qualities of leadership. One person suggested that the; 'fundamentals are about vision and clarity of common aims and goals', another pointed to the importance of making 'informed and supported choices'. A third suggested that confrontation needed to be avoided and that gender differences should be taken into account. He noted in particular that: 'women were much less confrontational and were able to cope with different points of view much better than men'.

There is then a general assent to the importance of promoting leadership in communities but couched in concerns about how it is exercised and whom it represents. There is less consensus about the direct provision of leadership. In part this is about the roles and status that people have in their agencies but it also appears to reflect an ambivalence about the appropriateness of this role. This may well have to do with how leadership is perceived and it would have required much more time to unpick differences between empowering and authoritarian leadership. It is noteworthy however that this was an area of skill in which participants expressed particularly low levels of confidence.

#### **h) To foster a participative culture committed to organisational learning**

Across the focus groups there was a generally pessimistic view of the degree to which there was a participative culture committed to organisational learning. As one person commented: 'this is not done well, we seem to have forgotten about it'. There was more confidence that the SIPs were performing in this way than

there was about the mainstream agencies. Indeed the SIPs were seen as exceptional 'pockets'. As one respondent put it: 'We are still operating at two different levels, the SIP and Better Neighbourhood Services Fund enable organisations to work in a different way but we are not getting that learning to influence mainstream delivery or incorporating new learning and new practice into the mainstream'.

Whilst for the last respondent things were 'getting better but with a long way to go' for others there was little sign of progress. One respondent went as far as to say: 'people in large organisations have tried to change the culture and it is not possible'. Another thought that there were different cultures in different agencies as well as differences between individuals, hence: 'there are those who do participate and those who don't'. Yet another felt that while: 'front line workers see benefits of joint working they are often not recognised or valued higher up the organisation'. This was echoed in other comments such as: 'a lot of people at the top are not interested in change / making a difference', or 'key posts at the top have older attitudes and opinions'. However, the latter expressed the hope that: 'with new ways of working existing workers will bring a new set of approaches and ideas as they move up the scale'.

The relative positiveness about the SIPs indicated that these respondents valued the principles. As one put it: 'how agencies implement the vision is crucial – there is need for continuity and consistency throughout the organisation'. The main problem for the respondents was confidence about whether the principles could be more widely applied. As one said: 'you can't impose it [a participatory and learning culture], it has to be done by example and demonstration'. Another argued for more effective networking but another complained of: 'not having enough time to reflect on what we do, we are so task driven', going on to say, in much the same words as another respondent: 'we don't reflect as a matter of course'.

In an emergent field like community regeneration learning about what works is critical. Yet the evidence from the focus groups indicates a high level of pessimism about the establishment of a learning culture based on participation of either staff or communities. Addressing such a problem cannot merely be a matter of training it is at the core of the operational practices and culture of agencies and partnerships. We need to address how systems learn not just their members.

#### **i) To employ participative evaluation to inform strategic and operational practice**

As with learning organisations there was some scepticism about participatory evaluation, not because the principle was not appropriate but because the practice was not necessarily well developed. One said: 'evaluation gets by-passed – it's not used', another that: 'evaluation is creating more problems than it

is resolving'. Another person remarked that: 'there is even less community involvement in evaluation than other areas'. A further respondent said that: 'in the main [evaluation] processes are not very participative – they are all very scientific and data based; not making the most of story telling, photographs, etc which are not accepted as valid evidence'.

This final complaint was frequently echoed in criticism of externally determined performance indicators and targets that were generally seen as 'imposed' and by some as 'useless'. The potential contradiction between externally determined, target based evaluation and community empowering practice was highlighted in the comment that: 'the Scottish Executive imposes targets then says; "do community development" - when you object you are told to "be resourceful"'.

Issues of participation in evaluation were highlighted both in relation to communities and staff within agencies. Though weaknesses were highlighted in relation to both it was the former that was of most concern. In relation to staff, examples included, participation in care service plan evaluation and policing practice. In relation to communities concern was expressed by some participants that community projects were evaluated in a non-participatory manner with the result that evaluation became threatening; 'people are put off by the term 'evaluation' – especially community groups'. In one SIP evaluation visits were made to the community projects it supports but: 'the people involved in them resist. They feel that there are secret evaluations taking place and that these are a threat to funding'

Those respondents primarily involved in community learning and development reported; 'more and more pressure on them to do this [participatory evaluation]' but noted: 'it is seen by some as controversial'. Others pointed up both strengths and weaknesses of participative evaluation including positively; a range of ways of gathering evidence and capacity to measure progress against baselines. More negatively constraints on reliability of evidence and the need for information across broad areas for it to have any meaning were highlighted. The value of reliable shared information was recognised as a basis for action plans but as one person put it, it is necessary to: 'address accountability and responsibility and build safeguards into the process to protect all parties'.

Participative evaluation, though rated as important by the participants in response to the questionnaire, clearly remains an area of controversy and apparently weak practice. It is apparent that there is a need for learning and skill development in this area for both individual practitioners and organisations.

### **Relevance of original professional training for role in regeneration**

The background information about the participants in the focus groups indicates the wide range of training backgrounds from which they are drawn. Our intention had been to focus on the relevance for their current role of the specific

professional training participants had completed and consider whether this had led to acquisition of common competences across professions. In practice participants talked about all post school training, some of which was seen as, if not more, relevant to current practice than their specific professional qualification if they had one.

Generally respondents felt that formal qualifying training had not fully prepared them for the role that they now carried in the context of community regeneration. In particular the skills of community development and engagement had primarily been learned through experience. For many this was hardly surprising given that their training had been completed more than 20 year previously. Nonetheless there were specific skills that they found transferable from very different educational backgrounds.

A surveyor referred to the relevance of being taught about negotiation. A community arts worker referred to art school having taught her to 'argue a case, justify yourself and have an open mind'. A community planner referred to a history degree having taught him to 'demonstrate that things are properly evidenced'. A social work based community worker referred to a degree in geography having taught him to think clearly but down played both his teacher training and youth and community work training relative to practice experience. This reflects an interesting trend in the comments which was to highlight the benefits of diverse first degrees rather than specific professional qualifications, though there were exceptions to this notably in planning. One planner had found MBA training very relevant for example in areas like customer identification and satisfaction. An economic development worker described his economics training as useful in establishing disciplined thinking and noted that a post graduate diploma in alcohol studies had given him insight into 'what was going on, on the ground'. A drama teaching graduate regularly used methods learned in training and referred to a diploma in management studies in health as valuable in developing project co-ordination skills. Awareness of community development had come from a degree in health and social work and a post-graduate course in health promotion. A social inclusion worker felt that his social science degree had been relevant. An occupational therapist said that person centred practice training within her qualifying training had been useful and transferable to partnership working.

Overall then there was relevance from a variety of quite disparate forms of training suggesting that many of the skills required for community regeneration practice are transferable and can be acquired in many different ways.

Generally, those who had actually trained in community education or youth and community work were unable, surprisingly, to trace their current competences to their training. One said: 'there were few hard skills gained from the course though it provided a philosophical base and prompted personal commitment rather than developing specific practical skill'. Another, now involved in

community planning said: 'community education training does not correlate with the work he does now though it may have provided a philosophical background it did not provide the specific skills and competences identified by CeVe for community practice'. Another said his 'skills were developed in work not in the training' and that 'college learning was heavily theoretical and there was a mismatch with practice'. Another said though he valued his professional training 'how it assists in day to day practice is unconscious and integrated with learning from the experience of practice'. Only one of the participants with CLD/Community Education training saw it as having had direct relevance to his role. He had trained in a work-based mode.

### **Learning through training or experience**

The focus groups turned from attention to the specific training backgrounds of the participants to consider what were regarded to be the primary sources of relevant learning for their roles in community involving regeneration. In particular attention was given to the relative weight attached to professional training as against experience in practice.

For the large majority of participants their experience was seen as being as, or more, important than their training and for some their training, even in an apparently relevant field, was largely dismissed. One respondent, for example, said none of her teaching degree or master in social work management was useful and as noted previously some of those trained in community education were not convinced of its relevance to their role in regeneration.

A frequent theme of comments was that the type of person you are, your character, capacity to cope and the values you already hold may be much more important than training. In the context of community focused practice as one person put it; 'the type of person you are is key – not all colleagues can do it'. However the same person reflected a common view that: 'you can't just leave learning the skills until you are in the job. It is important to do as much as you can to prepare people in training but ultimately the job experience is critical to establishing competence and confidence to operate in demanding community contexts'. Another commented that: 'it boils down to the individual – there is a danger that with too much theoretical training the worker goes in with a text book approach rather than sensitivity and understanding'. Another argued that: 'personal interest in the job and the people is at the core of being competent. Training can add to this but learning comes from day to day experience'. Others were less convinced by these arguments and gave more weight to the value of a theoretical base for practice. As one put it: 'individual attributes are important but training should provide the theoretical underpinning for the work that you do - theory and practice should go hand in hand'. For another participant it was therefore important to recognise that: 'you can't just leave learning the skills until you are in the job'.

For some people, such as the police officers and the employment workers, training had been entirely associated with on the job experience. For them this in service training was a valued basis for learning, as such training also seemed for those who had also had higher education and professional qualifying courses.

The participants were not therefore dismissing training but setting its value alongside other bases for learning. Training, whilst valued, was seen generally as a supplement to the acquisition of competence through experience rather than the source of it. As the comments on their original professional training indicate, the value of theories and tools for practice were not dismissed. Indeed references to useful continuing professional development training were also frequent (see next section). However, it was understanding and skill development from doing that was seen as the foundation. As one person put it: 'formal courses are OK but it is better to get them as part of a wider learning process'. Another noted that some knowledge could only be acquired from engagement with communities: 'some competences require particular local knowledge, for example, local community dynamics'. Another said: 'learning doesn't come from training but working with clients – learning on the job is key - it is the contact with service users that informs you most'.

If access to training was to be available to supplement acquisition of competence through experience it was important that it related to the tasks in hand and that there was scope and opportunity in the way that practice was managed to enable training to be applied. Several comments can be used to illustrate this theme: 'too little return is expected from training so there is usually no follow-up on change within organisations as a result of in-service commitments'; 'in local government the day-to-day agenda dominates everything'; 'the potential to work in different ways can be illustrated in training but the conditions have to exist to be able to use these' and 'managers say that training is important but don't necessarily give time for it'.

Learning from experience was equated with learning from others involved in shared activity. This was primarily from professional colleagues but also from communities and service users. Hence there were frequent references to the value of networking and exchange as a means of learning, such as: 'it [networking] allows you to look at best practice that others are doing and to avoid reinventing the wheel', and, 'you don't understand another organisation until you have been there and seen it'. However, though such exchange based learning was seen as very valuable there were reservations about how well it was done. One person commented: 'Scotland is small but we still don't share information across the country. There is a need for staff, partners and community members to be able to do so better'. Another said: 'my department does not create time for people to share learning with one another from different parts of the city. Why not close down for occasional days to learn from one another?'

The idea that structured means of exchange could be developed to foster learning was illustrated in the Working Together Learning Together Training programme commissioned by the Scottish Executive for the Social Inclusion Partnerships and Working for Community Pathfinders. Several participants in the focus groups had participated in this training which had involved agency staff and community representatives working in clusters of programmes who were enabled to exchange practical experience in the context of wider training on social exclusion, partnership and participation. Positive comments about the value of this learning exchange opportunity were frequent.

Participants were invited to comment on other methods that might be used to foster learning from experience and from colleagues. Work shadowing met with a mixed response. Whilst attractive, those who had been involved in it commented on difficulty in managing it and the time commitments involved. Secondments were a more common area of experience and there was positive comment, for example: 'secondments are good – they allow agencies to work together on specific projects'. There seemed to be more positive views about part time secondments. As one person put it: 'having people still in the organisations can bring in a 'champion' role for the projects to which they are seconded'. Positive illustrations were given of part-time secondments, for example, in relation to community planning in West Dumbaron. However secondments were also seen as potentially posing problems especially when they were full time. Several people referred to the risk of secondees leaving to work for the other agency. As one put it: 'they see it as a career move and we lose them - secondment can be 'liberating' in more ways than one!' It was also noted that there were: 'significant practical issues to be solved with secondments, for example, pensions'.

### **Knowledge and use of Continuing Professional Development (CPD) training related to Community Learning and Development skills in regeneration**

In reviewing the relative influence of experience and training on learning, participants had already begun to highlight CPD opportunities and indicated that they could be a valuable contributor to the development of practice competence. In the focus groups we were interested in what range of opportunities were known to be available and to discover how useful they were seen as being. We were also interested in finding out to what extent such CPD opportunity crossed professional boundaries bringing different professions together in shared learning.

Not all participants had had access to CPD training though most commented on some. In three of the areas CPD training was reported as being related primarily to specific professions. In the other, driven by community planning in particular, there had been much more development of shared learning opportunities.

In relation to specific professions, a police officer noted: 'a big increase in training in the police focused on in-house skills' but he was not sure that it 'has helped with partnership working'. Health sector staff also frequently commented on their CPD training opportunities and participants from other professions noted that they felt that the health sector was much better organised in this regard. A Community Health Co-ordinator noted that they: 'have had lots of training opportunities because this is a new post in each local authority'. Training for them has been provided by CoSLA and Learning Blend and has focused on partnership and organisational change to support the task of getting local authorities to take on a health improvement role. It covers issues like conflict management and organisational change. Whilst this training appears to address aspects of the competences for community practice, the respondent noted: 'that the training should not have focused on the individual Community Health Coordinators but on the organisations in which they are working because their culture needs to change to enable the workers to play their role'.

A Community Safety Officer noted that there is a Scottish Community Safety Forum that has provided training days and information. Within this the themes identified in the CeVe community practice competences have been addressed. The training is provided by Strathclyde University.

A planner said: 'our CPD training is all internal to our own department' and others in social work and education referred to specific training within their own fields though it was not clear how far this addressed relevant issues for community involving regeneration. It appeared that the participant would frequently need to adapt and transfer learning into this context. For example a planner referred to the value of marketing training within an MBA, a community worker to aspects of a module in social work management and community care.

An education worker noted that her Education Authority: 'used to provide few opportunities for CPD but now it is built in there are other problems – it can be seen as a burden or an escape from work'.

Reference was made to some short course programmes specifically focussing on CLD skills, in particular Achieving Better Community Development (ABCD) Learning Evaluation and Planning (LEAP) and Health Issues in the Community all offered through the Scottish Community Development Centre and Community Health Exchange. In one area reference was also made to CPD training in Participative Appraisal methods. In one area these short course programmes were described as readily available with agency support for attendance.

Several people said that they had no access to CDP in CLD field but 'just picked it up' as they had 'gone along'. One respondent commented that he: 'now has a new job in a local authority to do with regeneration at strategic level – no training was offered but it was needed. He felt: 'local government assumes that CPD is not needed but quangos seem better'. Commenting on this another said: 'local

government does not identify with the Scottish Executive priorities in the same way that quangos do therefore commitments to in-service training for the purposes of long term development are low'. But it was also suggested that there is a problem when it comes to helping staff to access training, particularly leading to qualifications, arising from time and funding constraints on local authorities.

As noted above, in three areas there was little experience of joint training though in one of these there had been some opportunities through the SIP and the New Community Schools, including in the latter an accredited course on partnership working. In this area one respondent commented: 'there is a lot of ad hoc activity but we are not really making the most of common interests and links with the same client groups. Only recently have we begun to look at a more structured approach'.

Despite the limited level of joint training in these areas participants felt that this would be very valuable if time and resources were made available for it to happen. Comments included: 'it is needed to break down barriers'; 'it is important to learn from one another and understand cross-over areas, opportunities and constraints, etc'. 'There is continuing need to understand how other agencies work - how our partners work!' and: 'it is especially important over the next year as new areas of work and new ideas are being introduced in relation to community planning'. These comments reinforce the finding of the previous section that participants placed particular value on exchange based learning opportunities. Some participants nonetheless anticipated that joint training might present difficulties. One suggested: 'the mindsets of people from different professions' as a problem, another talked of people bringing 'different baggage'. It was suggested by these respondents that, before bringing professions together, it is important to tailor preliminary training to the particular need of each profession.

The fourth area, Aberdeen, had much more developed joint training initiatives arising in the context of community planning, neighbourhood regeneration and health improvement. Here the Neighbourhood Services Team had provided training for Neighbourhood community planning Officers, Change Managers and Community Education Team Leaders. This included: 'induction training and on how to do consultation, participation etc'. Plans are being developed to cascade such training on a half-day per month basis. Neighbourhood community planning Officers are to do seminars for wider ranges of staff across sectors. It was anticipated that there should be something every three months. community planning drives all of this. It was noted that some groups, such as health workers, are not yet involved in this but the health sector is leading on multi-disciplinary community development and health training. The Public Health Coordinator said: 'health workers need to see community development as part of their role. This training has brought some very good inter-actions and continuing contacts which are very important'. This sentiment is echoed by others who have

been involved, one of them referring to: 'good disagreements' and 'seriousness of approach about what a "CD approach" means'.

Also in Aberdeen, seminars on regeneration are being planned. These are aimed at looking at how to roll out the experience of the SIP (the Great Northern Partnership) city-wide. Reference was also made to an inter-disciplinary conference on Partnership in Practice that was useful. However it was noted by one respondent from a surveying background that: 'there is a lot going on in community education and health but these don't impact on the traditional professions - surveyors are not even invited to these courses – but if they came they wouldn't have the basis or background for it'. This view reflects those from other areas relating to the need for preparatory involvement of different professions before joint involvement is likely to be helpful. As another participant noted: 'just getting people together doesn't necessarily work'. An example cited was of a SIP open space event at a time when people: 'didn't know what their roles were, were from too many different levels and the timing wasn't right'.

Whilst it is apparent that many of the participants have had access to CPD, some parts of this has been much more focused in CLD competences than others. Generally speaking the principle of cross professional training is not well established though in one of the four areas there is evident progress.

### **Accreditation**

Though there was clearly some ambivalence about the relative importance of training versus other forms of learning opportunity, development of CDP training was seen as having a valuable role to play in supporting development of relevant community practice skills. In the context of the debate about the importance of development of cross disciplinary approaches to this we were interested in views about whether such training should attract formal accreditation and if so who should provide it.

Though there were some caveats, there was a generally held view that accreditation of CPD training relating to competences of the type set out in the CeVe community practice framework would be valuable. Arguments for validation included: 'raised awareness', 'increased currency' and 'improved status' of both the work and the training associated with it. It was felt that it could add value for organisations and individuals. There was a predominant view that this value would be substantially enhanced if both the training provisions and its accreditation were cross-disciplinary – either recognised by or simultaneously validated by several professional bodies. Cross-disciplinary approaches would: 'be beneficial to broadening understanding between workers and also broadening the (professional) agenda'. There was a generally felt need to: 'to get to a wider range of workers within mainstream agencies'. Mutual recognition of competence would, as one respondent put it: 'influence other's acceptance of you'.

Set against such benefits, some respondents feared that if qualifications were 'formalised', it might: 'take the life, energy and spontaneity away'. Others were concerned that there was 'fear and trepidation' about accreditation linked with the idea of registration of professionals. It was these kinds of issues that led others to comment that there should be 'choice'. As one put it: 'not everyone would chose to go for accredited training – a range of opportunity is important to suit job circumstances, where you are situated in the organisation, time available, etc'.

As a reminder of a theme of the evidence one respondent remarked that is she was appointing staff: 'I'd go for the one with experience over the one with the certificate'.

In terms of who should provide the accreditation, there were a variety of suggestions but also a high degree of uncertainty. In one group it was felt that it should not necessarily be a professional body. It could be an academic institution such as an Accreditation Centre or an FE College/University. Indeed they suggested that as long as a partnership approach was the focus, it might be valuable to have an independent centre to linking with range of professional bodies.

In relation to competences specific to their own disciplines participants were clear that it was their own professional bodies that should be responsible and could identify who that would be, however identifying appropriate bodies for cross professional recognition proved difficult. CeVe was mentioned in one group but this was not a common view. In the light of lack of an obvious body, the question was raised as to whether accredited training would be credible in one discipline if it is accredited by another. Again there was no clear answer though a planner commented that it would depend on whether the other body was respected. There are then some important issues to be addressed if accreditation is to be based on mutual recognition of a common qualification. It was noted that there might be legal issues for example if practitioners had to be licensed to practice by a particular agency and that it could also affect issues like professional indemnity insurance.

Whilst most of the discussion related to accreditation of CPD training there was significant interest in whether accreditation of prior learning might be a possibility. This was felt to be advantageous in enabling competence developed through practice to be validated. For some the possibility of portfolio assessment of evidence of competencies was very attractive.

### **Competence of specialist professionals**

Whilst the focus of the research was on the training needs of a range of professions whose primary training is not in the field of CLD, it will be apparent from the discussion and from the fact that a few people with this training

background came to the focus groups, that in practice partnership working brings 'specialists' and 'non-specialists' together in shared tasks. These are particularly associated with the developments in community planning in which Scottish Executive guidance on CLD gives a prominent role to the 'specialist' workers in supporting community engagement.

Those with a specialist training background themselves expressed doubts about how well this had prepared them for the roles that they were now carrying in the context of community regeneration and community planning. This reinforces our conviction that it was appropriate to ask other professions how confident they felt about the use of the key competences by the 'specialist' staff. There is a danger in the context of this study that their competence is assumed when, in fact, the changing practice agenda may present them with a similar set of learning needs to those in other professions. The responses of the participants tend to support this contention.

There was frequent recognition that the policy environment and associated skills that were required was changing for CLD workers as it was for other professions directly engaging with communities. As one respondent put it: 'like everyone else their role has changed – they are now a central part of Scottish Executive policy on community planning'. A worker with a CLD background commented: 'some people were appointed years ago to a job that changed around them. Community Learning Planning staff now require competences of the type described in the CeVe [community practice] guidelines but were not trained in them - the skills required are beyond personal development and growth skills'. Another, also from a CLD background said: 'Community planning is key – at local level staff may not yet know what they need; good local workers may not be equipped for the new demands – there is a knowledge and skill gap'. This perception was echoed in the comment in another area of a planner who said his: 'confidence in their competence is fairly high' but that he would note: 'that these workers cannot do it on their own because they don't understand the complexities required for particular aspects of regeneration'. He felt that the workers: 'have been asked to get involved in the social inclusion process too quickly without having the skills to do it – a year out to plan things would help'.

Though as would be expected in relation to any profession there were positive and negative examples of competence, there was frequent recognition of the importance of a group of workers who: 'work on generic skills, developing community capacity' and of the need for an effective collaborative relationship with them. One respondent talked of a 'very productive relationship'. On the other hand, frustrations were frequently expressed about a perceived isolation of these workers from shared endeavour. One respondent said he was; 'not confident in community education as partners'. He felt their attitude was: 'we will work with you on our terms/ you are there to support not really as a partner'. Another said: 'most agencies make effort in partnership but Education is a 'closed shop''. However, in the same group another respondent suggested that:

‘probably some work is needed to promote a better understanding of community education strengths and skills and the potential for their work to be complementary’. Another talked of; ‘the need to look again at who does what - tap into what resources, contacts and skills are there’.

The findings of the focus groups reinforce comments in the interviews. There is concern about whether the term ‘specialist’ is really appropriate in the context of a situation in which the changed focus of practice in relation to regeneration and community planning is placing new demands on workers for which they may be ill prepared. It is noteworthy that in Aberdeen, where the most significant levels of shared learning to address the new agenda were in place, that CLD staff are equal participants in the programmes with other professions. This is not a reflection on their skills in the traditional areas of competence but of a need for a range of professions to acquire new skills that are pertinent both to their own role and to the quality of collaborative practice. It is worth remembering that the purpose of CPD training is to retain competence in a changing working environment. This is no less true for CLD workers than it is for any other profession.

## **6. Focus group evidence – other stakeholders (employers, training providers, regulatory bodies, community representatives)**

### **Introduction**

Following the completion of the interviews and focus groups with key informants and the range of professionals involved in each of the areas, further focus groups were conducted with representatives of four interest groups:

- Training and professional regulation bodies
- Employers across a range of professions
- Training providing agencies
- Community representatives

The purpose of the first three was to test the perceptions of practitioners against those of the bodies and interests that would be likely to have a bearing on the potential to respond to learning and training needs that had been identified. The groups were used to assess their views of the importance of responding to these needs and to consider ways forward including inter-professional collaboration.

The purpose of the focus group with community representatives was different. It was to assess perceptions of people with whom the range of professional actually work in communities, about their view of the competences and learning needs that these professionals might have.

Participants in final focus groups were:

1. Employers: Police (Association of Chief Police Officers), Social Work (Association of Directors of Social Work), Housing (Communities Scotland), Enterprise (Scottish Enterprise), Community Learning/Culture and Leisure (Glasgow City Council), Health (Ayrshire and Arran Health Board)
2. Regulatory bodies: NHS Education for Scotland, Institute for Economic Development, Scottish Social Services Council, Scottish Police Federation
3. Training providers: University of Dundee (Community Learning and Development and Regeneration), Strathclyde/Glasgow University (Glasgow School of Social Work), Scottish Council for Voluntary Organisations, North Lanarkshire Council of Voluntary Service, Scottish Urban Regeneration Forum, Highlands and Islands Enterprise, Health Scotland, Community Health Exchange (CHEX), Scottish Arts Council.
4. Community: 5 community representatives from community organisations in Glasgow and Paisley involved in health, housing, ethnic minority and other regeneration issues.

Given the small number and the particular location from which these community representatives were drawn caution needs to be taken in making generalisations from their specific experience. On the other hand, in the case of the other three

groups, participants were speaking from influential roles and reflecting the perspectives of their agencies, many of which had a national remit.

The approach adopted in these focus groups was largely to invite responses to the findings of the interviews and practitioner focus groups. They were conducted using a powerpoint presentation of major findings on each theme and using trigger questions to prompt discussion. The trigger questions were:

- From your perspective to what extent do you regard this research topic as important?
- In the context of community regeneration, from your perspective how relevant to the role of your profession is the definition of CLD from the Scottish Executive Working Draft Guidance (2003)?
- What is your reaction to the assessment of the practitioner interviewees and focus groups of the importance of the CeVe Community Practice competences for Community Practice and their confidence in using them?
- What are your reactions to the main points raised by the practitioners in each competence exploring both the importance of the competence and how to enhance performance?
- In the light of the comments on: sources of competence and preferred learning methods; identified training needs and, level of development of relevant CPD, can a response be made to the issues identified and what is the best way of doing it? How highly would you rate inter-professional approaches?
- In relation to learning for community regeneration practice, what is your view of the issues of accreditation and endorsement? How far is inter-professional collaboration possible? How can it be progressed?
- In the context of community regeneration and community planning, should we treat CLD staff any differently from other professions?
- Can and should training include community representatives as well as professional staff?
- Can and should community representatives play a role in assessment of professional competence?
- Is there a need for a Scottish training and learning strategy for community regeneration and community engagement in community planning? If so who should be responsible for it?

#### **Views in the importance of the research**

There was a general consensus that the research was addressing an important topic. Indeed it was frequently referred to as of 'key' importance. In particular it was argued that the context of community planning requires inter-professional collaboration in community engagement and there is progress that needs to be made on this.

Frequently comments were made that indicated that the specific professions represented were all increasingly giving attention to working with communities but the issues that they were working on were relevant to others with whom it was important to collaborate. One participant, from a social work background,

commented for example that: 'practitioners need these skills in modern public services. At grass roots level there needs to be an understanding of other disciplines – working in a supported multi-disciplinary partnership can be very empowering for practitioners.' Another, from a Police background, identified three key issues: better joined up working; how we train leaders for the future, and the need to support key 'movers and shakers' to understand and jointly address cross cutting issues. Yet another, from an economic development background, talked of the need for economic development workers to engage with communities but to recognise that other professions also had important roles.

Though the principles of community involving practice by a range of professionals were endorsed, there were concerns about how well this was being done and how universal the commitment to it was in the field. These points reinforced the value of the research. One respondent from a housing background commented that: 'some managers see community learning and community development as a bit of a distraction', another from an enterprise background talked about the need to develop tools to take the approach forward and recognise that achieving the change of a approach would be 'a long term process'. A health professional referred to lack of common understanding of terminology and methods feeling that at times the term community is 'banded about to justify or give a good feeling for the work that people do'. A police officer referred to problems arising from 'silo mentalities' of service sectors focused first on meeting their own performance targets. Community representatives could cite good, bad and indifferent performance of professionals in their communities. Within the same professions performance could be quite different. Sometimes there was concern among the community representatives that professions want to be 'seen to be doing something' but were in practice not fully committed. They also cited many more examples of good practice from front-line workers than from senior officers who were described as often being patronising.

Interestingly in some fields there were recognised to be contradictions between intent and performance. All three participants from a social work background for example commented on what one of them called: 'opposing tendencies in social work'. The current approach was seen as dominated by social welfare as against community development approaches despite a competence and value base that implied both. Historically more attention had been paid to community approaches than now. One said: 'we have tried to get a community development approach in the past but the professionals got in the way of it'. It was noted that voluntary sector practice more frequently embraced a community approach. Similar inconsistencies were noted in other professions though in the case of social work there was a feeling that if anything the profession was in retreat from the approach whereas others were in transition towards it.

#### **Views of the CLD definition**

CLD is: *“informal learning and social development work with individuals and groups in their communities. The aim of this work is to strengthen communities by improving people’s knowledge, skills and confidence, organisational ability and resources”*. (Definition taken from Scottish Executive Working Draft Guidance on CLD 2003)

Views of the usefulness of the definition were variable both between and within professions. Not surprisingly those whose focus was on specialist training provision or employment in this area were most positive. A community learning and development employer, for example described it as very useful but went on to note that other professions might not see the whole of it as relevant. In fact, some of those from other professions, for example the police federation representative, felt it was appropriate and described it as ‘150% important’ and as ‘core business of the police’, whilst a health employer described it as ‘clearly linked to health for all principles’.

On the other the employer representative from the police felt that it was focused too directly on the capacity building aspects of engaging with the community, important as these were, they were not necessarily the role of the police. This was a more common position, hence, from an economic development perspective another respondent commented that the definition had a specialist focus on community empowerment in which colleagues from his profession would not take a lead. A health respondent from a regulatory body also commented that, for example, different groups of nurses might respond quite differently to it as a reflection of the particular roles they performed. A similar comment was made in relation to different kinds of housing officers, whilst a social work employer felt that in the past it would have been much more relevant than it is now. Two social work respondents, one from a regulatory body and the other an employer, saw the retreat of their profession from this approach as a product of workforce shortages and hence the relevance of the definition depended on capacity to respond.

Generally the view of the professionals was that a wider definition was probably needed to capture the roles of the range of professions engaged in community regeneration. This is consistent with views expressed in the earlier interviews and focus groups.

From a community perspective, there seemed to be a gap between the definition and experience of practice by many agencies. The tasks involved were seen as important but in practice there was concern about how well equipped some officials were to support communities. Two particular areas of practice in which deficiencies in practice competence were identified were the development of community engagement in community planning and the arrangement for transition of SIPs to community planning partnerships.

**Views of the CeVe Community Practice Competences and responses to them of the practitioners**

The respondents were shown the following table. It sets out the competences and the mean scores for important of them from the interviews and focus groups. It also presents the score for confidence in applying them given by the focus groups. The scores are on a range 1-4 where 1 equals very important or confident and 4 equals not at all important or confident. (For discussion of these results see section?)

Table 8

<b>Importance of the Community Practice Competences (CeVe 1997)</b>	Mean Interviews	Mean Groups	Confidence Groups
1.participative planning	1.1	1.3	2.0
2.consult and negotiate	1.1	1.2	2.0
3.partnership approach	1.2	1.1	1.4
4.manage conflict, diversity and change	1.3	1.5	2.3
5.accessing and managing resources	1.5	1.6	2.3
6.promote social inclusion	1.5	1.6	2.3
7.promote empowering leadership	1.3	1.9	2.7
8.participative organisational learning	1.5	1.6	2.4
9.participative evaluation	1.1	1.8	2.3
<b>Overall mean score</b>	<b><u>1.3</u></b>	<b><u>1.5</u></b>	<b><u>2.2</u></b>

In relation to general views of the competences, whilst one respondent particularly felt that there was a need to add negotiating and influencing skills and political sensitivity, and another that more attention needed to be given to business and economic development, the competences were generally regarded as helpful in defining key areas of practice skills. This response was very similar to that from earlier interviews and focus groups.

Though the respondents were not asked to score the importance of the competences the scores given by the practitioners were viewed as appropriate. Some general observations were made about the relative scores for importance and confidence. It was noted that those that had been interviewed or participated in focus groups were practitioners with an active involvement in community regeneration, hence they might be likely be much more confident than others from their profession. (It is important to note that many of the practitioners involved earlier in the research also thought that generally their professional colleagues would be less confident in these competences than themselves).

Amongst the respondents to the final set of focus groups, an arts training provider commented that competence areas identified by CeVe were not likely to be ones that would have been given attention in training and would therefore have to have been acquired through experience. A health employer and an

enterprise employer both expressed surprise about the relatively high levels of confidence. A housing employer thought there was particular lack of confidence and competence in organisational learning and evaluation. An economic development regulator commented: 'it's a good list' but went on to add 'our experience is that staff are stretched in these areas'.

Overall the professionals thought that progress was being made in relation to the competences identified but the community representatives were much more sceptical. The latter were particularly influenced by current and specific local issues, particularly relating to the development of community planning and the SIP transition process. There was frustration that professionals could often talk about the competences but were not necessarily competent. One commented that there were: 'a lot of tick boxes going around – paperwork and strategies - but nobody doing anything!'

The focus group respondents were then asked to comment on particular competences

**1. Participative planning:** The participants were asked to note the general conclusions from the discussions with practitioners. These were that:

- Quality of practice is patchy
- lip service is often paid to the approach
- there is fear in mainstream agencies of loss of control.

The specific experiences of the community representatives made them the most negative group of respondents. However taken together the groups echoed the findings from the practitioners.

The community representatives were particular critical of the imposition of what they saw as artificial geographical boundaries for participation in planning, lack of access to participation in planning and poor access to information to enable them to participate.

The professionals agreed that performance in relation to participatory planning was patchy but also noted that it was a very difficult area in which, as a police participant put it: 'there are no one size fits all solutions'. Another respondent from a community learning and culture background felt that there was a lack of skill in understanding how to involve communities in partnerships. Another police officer recognised the fear of mainstream agencies about the implications of participatory planning and acknowledged the difficulty in reaching the most excluded. Another from a social work training background commented that; 'service users are not really recognised as stakeholders in the process'. A health regulator said she was not surprised by the use of the term 'lip service'. A housing employer felt that there was a particular issue about building in time to allow participatory approaches to planning to be adopted, not as one-off events, but as a continuous part of the process.

**2. Consultation and negotiation:** Here the key point from the earlier interviews and focus groups were that competences in consulting and negotiating with partners and participants were:

- Improving but need to lead to genuine participation
- failing to reach the most excluded
- characterised by poor community representation.

The community representatives were again most critical. Though they were able to identify positive examples there was frustration that professional performance seemed to be falling short of the expectation created by policy. The professionals were more positive, several indicating that consultation and negotiation were competences that were increasingly being demonstrated. However, comments were also made about significant room for improvement. A social work employer for example commented on the need for agencies to 'get smarter' and 'join up their practice on consultation'. A housing employer commented on the need to move beyond 'reliance on traditional methods of consultation'. A police employer noted the need to rationalise different planning cycles and geographical boundaries.

**3. Partnership approach:** The overall comments on the earlier data on this competence were that practitioners felt that:

- Experience was now substantial but ...
- a silo mentality and agency self interest were dominant
- there was a need to rationalise the number of partnerships.

The participants in the final round of focus groups largely concurred with these views. Typical comments were that partnership was still seen as an 'add on'; that there are 'too many priorities leading to multiple partnerships that stretch agencies and reduce quality'; that 'partnership is more difficult than it appears on the surface', and that there is a need to 'enable practical partnership practice at front-line level'. Others commented on the degree to which partnerships were seen as inter-professional rather than community involving. Further there was reflection among community representatives and some professionals that partnership was the focus of policy but in practice often not carried through effectively. Among the training providers, particular comment was made that the Scottish Executive itself might need to develop its competences in following through the direction set by its own partnership based policies.

There was concern across the range of participants that progress at the level of community planning partnerships was patchy and this might reflect deficiencies of competence in partnership working.

**4. Managing conflict, diversity and change:** In this context the main points raised in the earlier discussions were that:

- Conflict is endemic between agencies, between communities, and agencies and communities, but is often avoided
- there is need to build trusting relationships
- change tends to generate conflicts that need resolution.

That conflict is inevitable was recognised. As a health regulator commented: ‘we need to normalise this’ and develop ways of dealing with it. An economic development regulator commented similarly that: ‘conflict is inevitable but we don’t know how to deal with it’. He went on to add: ‘we also have to ask if conflicts can always be resolved’. A police officer commented that leaving unresolved conflicts to fester is a real danger and also felt that employers were frequently ‘risk averse’. Interestingly the source of conflicts was sometimes seen as lying in the ‘silo’ approach to partnership. Rather than maximising use of scarce resources this resulted in competition for them.

The community representatives noted that for them conflicts were sometimes with elected members as much as officers and that there was as much need for them to develop competences, including this one, as there was for others to do so.

**5. Accessing and managing resources:** The main points from the previous focus groups and interviews were:

- Important given local budgeting and community management policies but a skill gap
- very varied experience across sectors and areas
- lack of influence over mainstream budgets.

The community representatives made few comments on this particular competence but these indicated concern about the limited degree to which communities were able to influence resource allocation particularly from mainstream budgets.

Whilst noting the success of models of community ownership in the housing field, a housing employer referred to a frequent mismatch between community expectations and actual financial resources available. In this regard a police employer referred to community parochialism – not ‘taking in the bigger picture’. He also commented that, though it was a valuable and potentially influential approach, it was difficult to get commitment from agencies to community budgeting because agencies feared loss of control. A health employer felt it was important to look beyond money to other resources. A social work regulator noted that in joint areas of work, for example between health and social work on community care, this was a well-recognised competence operating within agreed procedures.

Overall then the views expressed endorsed the importance of the competence but recognised that it is often a complicated and difficult area of practice.

**6. Promote social inclusion:** Key findings here from the practitioners were:

- Social inclusion values are not necessary influential across professions
- they are central to community planning
- there is concern about effectiveness of policies and programmes.

Several professional respondents commented on the need to recognise the scale of the challenge of social inclusion and expressed frustration about what one regulator called the 'short-termism' of policy. Another, referring to New Community Schools, expressed frustration about evaluation of impact in unrealistic time-scales. A police officer commented on differences in culture between professions and the need to recognise them, noting that his own profession was 'action oriented' and tended to adopt shorter-term perspectives – as he put it 'fixing things and doing something'.

The importance of this competence was recognised in relation to community planning, which, as noted earlier, was generally seen as the most significant context for the research project.

An arts trainer stressed the importance of inclusiveness in regeneration practice but noted that competence required commitment to the values of inclusion as well as technical capacity. The training providers spent some time exploring the importance of underpinning values and were generally of the view that the competences required prior commitment to the values. Hence in training, value issues relating social inclusion and social justice were given prominence in several fields including: community learning, social work, community health, and community regeneration. They recognised that the underpinning values would not necessarily be diffused through all the professions involved in community regeneration. Among the regulators one suggested that expecting professionals to operate from inclusive values was difficult in a society that in his view was moving in the opposite direction. He recognised that social inclusion had been 'politically pushed' but felt that this did not mean that the culture of many professions that were now expected to engage with the issues was oriented towards them. Whereas the training providers identified areas of training in which these values were central, this regulator expressed doubt about how far the issue were built in to the training of many professions.

A community representative involved in equalities work felt strongly that social inclusion values were not necessarily in evidence in mainstream agency practice, commenting; 'they talk about it but don't do it!' Another involved in community health activity also commented on a gap between policy and practice and said: 'policies sit on shelves – they only bring them down when it suits them'.

**7. Promote empowering leadership:** The earlier focus groups and interviews highlighted:

- Emphasis on promoting leadership in communities rather than directly providing it
- concern about how to promote representative/empowering community leadership
- concern about how to provide empowering not authoritarian leadership.

In relation to the issue of direct leadership and the apparent ambivalence about it, it was suggested that this was a particularly difficult area for local authorities because there was a tension between politicians and officers. As an economic development regulator put it; 'there is a tension about leadership because it may be seen as by-passing representative democracy'.

It was suggested that leadership involved taking risks but that there had to be risk management and a safety net. As a police employer put it: 'Risk management tools are needed to support entrepreneurial behaviour – there is anxiety – will the organisation shoot you if you make a mistake?' The issue was seen as about being risk aware not risk averse. Another employer from an economic development background commented that; 'political masters hand down dictates so the scope for risk taking is limited'. He felt, before practitioners would take direct leadership roles, that there needed to be a political culture change that gives permission for risk taking and offers support in the event of difficulty.

A training provider from the social work field spoke of the need for leadership from the top in his profession to produce cultural shifts in terms of participatory regeneration. He located his comments in the observation that in his profession power and authority to determine operational priorities were highly centralised and that the mandate for social work had been increasingly narrowed.

A regeneration training provider, noting that the organisational cultural shifts required for joined –up participatory regeneration practice were inevitably slow, nonetheless noted the key influence that could be exerted by powerful players taking a lead. In this context he particularly cited the role of civil servants in the housing field and went on to note the value of support from 'political heavyweights' which he felt was more in evidence in England than Scotland. In this case strong political leadership was seen as desirable but for others it was felt to stifle creative leadership in the field.

Overall then the final round of focus groups gave much more emphasis to the importance of direct leadership competence but recognised factors that might inhibit its exercise. On the other hand they gave much less attention to the skills involved in developing community leadership.

**8. Participative organisational learning:** Two key themes were identified from the earlier interviews and focus groups:

- Pessimism about commitment to this especially in mainstream

- perceived resistance from senior management.

This area of competence did not elicit extensive comment. One regulator felt that the perceived resistance of senior managers to organisational learning might reflect different needs of managers and practitioners. On the other hand a voluntary sector training provider commented on a tendency to run lots of pilot initiatives where learning experience was gained but not used to influence and change practice. She argued that there needed to be much more 'commitment to learning from and sharing the outcomes of such pilots'. Community representatives felt it was an important area and was closely related to the theme of evaluation, however, comments were made about the lack of 'follow through' by agencies in relation to examples of effective practice and general agreement that there were big difficulties in mainstreaming the results coming from evaluations. Similarly an economic development employer commented that lessons from evaluation were 'not fed well in to the planning of new services' and a health regulator commented: 'it is important to use the evidence of evaluation for learning and enhancing practice'. But she went on to add: 'this would be a culture change'.

**9. Participative evaluation:** The main themes from earlier data collection were:

- Recognised in principle but not carried through in practice
- externally determined output performance indicators dominate
- a weak area of practice.

This theme was seen as linked to the previous one. A health employer felt that common weaknesses were the lack of involvement of communities from the start and the (often associated) use of externally determined performance indicators. A health regulator expressed similar concerns. She argued that externally determined output performance indicators were an issue and that more attention did need to be given to qualitative and outcome based participatory evaluation. It was generally agreed among the regulators that this was an important area for development but that skills were growing. They were also agreed that chosen indicators must be relevant and useful to those involved. There was some debate about the utility of quantitative versus qualitative data. There was general agreement as one put it that 'qualifying training needs to encourage recognition of the importance of evaluation before people get into work'.

A housing employer felt that progress would be made with the emergence of regeneration outcome agreements as part of the SIP transition process to community planning. He felt it was important to have both output and outcome measures and to recognise the need to assess progress against national as well as local criteria.

Community representatives all talked about involvement in participatory evaluation and felt that it was an important feature of good practice which some, though not all, agencies were taking seriously. Returning to the learning organisation theme

they argued that there was a need, as one person put it: 'to share good practice much better than we do now'.

**Views on sources of competences and preferred learning methods, priority training needs and knowledge of continuing professional development opportunities (CPD):**

The participants in the final focus groups were asked to comment on the views expressed by the practitioners about the sources of the competences and preferred learning methods, priorities for training and knowledge of CPD that they felt that they could draw on. As a trigger to discussion the following summaries were provided in relation to each area:

**Sources of competence and preferred learning methods:**

1. Generally formal professional qualifying training (including specialist CLD) has not prepared them for their current roles
2. Skills acquired from broad based higher education are often transferable e.g. disciplined thinking and capacity to analyse
3. Specific skills for community practice are acquired largely through experience
4. Personal values about participation/inclusion are a key determinant of commitment to CLD approach and motivation to learn
5. Mixed views about the value of a theoretical perspective
6. Positive perception of inter-professional training as basis for mutual learning about respective roles
7. In-service training frequently valued - especially when cross-disciplinary
8. Value placed on networking and learning exchange - Learning comes from colleagues and communities
9. Secondments useful

**Learning and Training needs identified:**

1. Priority needs reflect individual roles and experience...but
2. Needs were identified in relation to all Community Practice competences
3. Most common areas identified were:
  - Community participation and engagement
  - aspects of partnership practice including: role clarity, responsibilities and accountability, identifying priorities and measuring performance. (NB implication for inter-professional learning)

**Knowledge of CPD training**

1. Some access for majority of people but frequently limited in scope and generally profession specific
2. Best developed in community health
3. Some inter-professional developments relating to community planning (especially in Aberdeen) but generally little access to such training

4. Most commonly cited inter-professional and community involving experience – Scottish Executive funded Working Together Learning Together programme

Amongst the employers there was general agreement with the comments of the practitioners. In particular reservations were expressed about increasing emphasis on competency based training. The police employer for example shared the view of the importance of broad based higher education and went on to use the term training in 'capability' which he saw as relating to capacity to be able to respond to constantly changing conditions. In relation to competency based training he expressed concern about 'cheap and cheerful tick box approaches' and 'playing to the lowest common denominators'. Similarly the health employer feared the competency based approaches have a tendency to 'limit people's development'. The importance of a theoretical base for practice was emphasised by the CLD employer. There was general agreement in this group too that professional development in terms of both knowledge and skills comes through experience. In this context the value of secondments was endorsed. A particular value of them was seen as their potential for building partnership relationships. There was general recognition of the importance of inter-professional engagement in learning particular at CPD level where partnerships in training were seen as valuable.

Among the trainers there was similar support for the value of inter-professional learning and illustrations were given of it though these were not widespread. Examples included, the police representative identifying progress on community safety training and the Dundee University representative highlighting interdisciplinary modules at the start of courses for teachers, social workers and CLD workers. Particular note was made of emerging CPD opportunities in relation to community and public health that were crossing disciplinary boundaries. Several participants commented on the difficulty for qualifying training which focused on competence at initial field level but was then held responsible for deficiencies relating to management or strategic planning when people had moved to promoted post. A health trainer reflected a commonly held view when he commented on the need to 'recognise individual differences in learning styles and avoid one size fits all approaches'. There was general agreement in this group about the need for diverse and adaptable approaches to training. Perhaps not surprisingly, the comments in this group related primarily to training rather than other forms of learning, though one respondent from a regeneration background noted that there were: 'mixed views among professionals about whether they wanted training at all'. In thinking about learning needs it was noted that it was important that practitioners were clear about what they needed to know, what they needed to be able to do and what their own and the responsibilities of other professionals with whom they engaged actually were.

Like the other professional groups the regulators also endorsed the value of inter-professional training especially at CPD level. For example, a police representative said it would be 'arrogant' not to recognise the need to learn from others and an economic development regulator commented on the 'practical value of sharing perspectives' and 'learning to work together'. However the health respondent, echoing a view expressed by the trainers, commented: 'if your own professional identity is not secure you can't work well with others'. In this group there was also recognition of the importance of different learning styles and recognition of the need for a range of opportunities for learning. Thus for example the health representative commented on the importance of different learning methods including secondments, shadowing and portfolios. This group was generally more positively disposed to competency based learning than either the employers or the practitioners. In relation to the CeVe community practice competences, the social work regulator commented that they would be 'at the leading edge of current developments'. However, he also noted that academic institutions seemed to value academic learning more than competences.

The community representatives did not comment directly on these issues.

#### **Views on accreditation and endorsement:**

The focus groups were asked for their views of the issues of accreditation and endorsement, how far they felt that inter-professional collaboration was possible and how it could be progressed. Again as a trigger to discussion they were given a summary of the comments of the practitioners. This indicated:

- General support for validation of prior learning
- recognition of the value of inter-professional recognition
- that the SCQF framework was seen as a valuable basis for comparing credit rating of professional qualifications
- some positive examples at CPD level notably in health
- competences now required in several professions have common features so the basis for mutual recognition could be there
- the CEVE Community Practice competences were generally regarded as helpful.

But

- That work was needed to address issues of mutual recognition of competences
- there are few examples of inter-professional training at qualifying levels
- recognition that community planning and regeneration policy is placing new demands on CLD.

Whilst in relation to specialist professional roles specific recognition of competence was necessary there was agreed to be considerable scope for recognition of common features of practice across professions. Recognition of the transferable elements of qualifications was seen as necessary. One employer said there was a need for a 'sieve through which to compare common elements'. In this context it was generally agreed that matching in different

professional qualifications through the SCOTCAT/SCQF approach was helpful. However, though the SCQF framework allows professions to understand each other's qualifications as yet it does not deal with common recognition<sup>10</sup>. It is noteworthy that the examples cited of collaboration on recognition all related generally to collaboration between different elements of the same sector, for instance between the Nursing and Midwifery Council and Skills for Health<sup>11</sup>. The SCVO training respondent specifically noted that the issue of common recognition was raised in relation to the SCOTCAT rated Glasgow Caledonian University Voluntary Sector Management Certificate.

Several respondents commented that developing collaborative inter-professional training would be inhibited if systems were not further developed to enable this to happen. Several comments were also made about the need for the Scottish Executive to do more, to model through its own practice, the potential of inter-sectoral working especially in the context of community planning.

A health employer noted that there were already aspects of health work in which qualifications from other sectors were recognised but noted that there were significant differences in the tightness of the boundaries of professions and their associations. The social care regulator noted that the Scottish Social Service Council already recognises qualifications from other disciplines, for example nursing in the context of residential care. It is also accepted that registration may remain with another professional body than the SSSC.

Only one example of inter-professional training at qualifying level was given. This was at Dundee University where social workers, teachers and CLD workers share some modules in their first year. However the respondent noted that this was a product of recognition of common values and interests but that: 'where that sits with the professional bodies is a matter for them to address'.

All the professional groups endorsed the importance of recognition of prior learning.

One further concern that was raised by regulators related to a tension in Scotland between devolved training responsibilities and the role of UK wide Sector Skills Councils.

Community representatives did not comment extensively about accreditation though they commented that recognition of professional competence was

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<sup>10</sup> Exploration of SCQF website only indicates examples of people being able to use SCOTCAT credit points within the same professional area or discipline e.g. an HND in engineering giving credit rating for a degree in the same area. The comparison is between levels of demand in different forms of training relating to the same broad subject discipline. The site talks about 'related qualifications'. There is no indication of transferable recognition of common competences across disciplines.)

<sup>11</sup> Skills for Health was established 2002 by the 4 UK health departments, the independent health sector, voluntary sector and staff organizations to create a new independent organization to develop the skills of the workforce of the health sector.

important and were keen to see opportunities for them to access training that would accredit their competences.

### **Views on the needs of CLD staff**

It was noted that the practitioners, including those from a CLD training background, had questioned whether, in terms of learning and development needs in the context of community regeneration, CLD staff should be regarded differently from other professions. In the final focus groups we therefore asked, in the context of community regeneration and community planning, should we treat CLD staff any differently from other professions?

It was generally felt that there was a specialist role for CLD staff focusing on supporting community engagement but to play this role it was necessary to have a clear understanding of the wider issues of partnership working and policy development. Most CLD staff had not been trained for working in this context and whilst they had specialist skills to bring they were not seen as properly prepared for the complexities of the changing context of their practice. As one employer put it: 'to play the specialist role in the field we need to keep them up to speed'. Another said they are: 'not yet responding to the changing role of cross cutting support for inter-professional groupings'.

### **Views on involving communities in training and in assessment of professional competence**

The respondents were asked: Can and should training include community representatives as well as professional staff, and can and should community representatives play a role in assessment of professional competence?

In relation to the first question the community representative unanimously felt that they should be involved. However, whilst several professional respondents saw a role for this it was seen as challenging and only appropriate for some purposes. One employer. For example commented that the Working Together Learning Together Training, which adopted this approach, had been limited by the fact that it had to appeal to the common denominators between the participants. Among the professionals the trainers were most positive about this. In giving attention to the potential for community leaders to enter professional practice through training they generally felt that it was important to create a ladder of opportunities and to be as open as possible about who could participate. They noted that the potential of community participants was often underestimated. As one put it: 'there is a need to break down barriers – people get opportunities that they don't expect and they blossom!' Among this group the value of bringing people though to professional roles from disadvantaged communities was given considerable importance.

Though it was not extensively discussed, involving communities in assessing professionals was also seen as a controversial area. As one employer put it: 'it raises huge issues'. However the community representatives thought it was extremely important for them to have a role and cited several illustrations of where it was already happening, for example, through involvement in appointment committees and participatory evaluation. They noted that community representatives in voluntary projects or housing associations were frequently employers who needed to be able to make such assessments. Examples were not given of any direct involvement in assessment of performance in training programmes but the case for so doing was illustrated by the roles that some community representatives already play in regeneration agencies.

#### **Views on a Scottish Training and Learning Strategy:**

Finally the participants in the final focus groups were asked: is there a need for a Scottish training and learning strategy for community regeneration and community engagement in community planning? If so who should be responsible for it?

There was considerable support for the idea of a strategy. An enterprise company representative commented particularly on the need for an equivalent to the English 'Learning Curve' document and was impressed by the driving role of the DTI in England. A regeneration trainer felt that there had been prominent and heavyweight political support for this that had been absent in Scotland. The employers also generally supported the idea of a strategy. As one put it: 'it should inform the different sectors and support joint approaches and joint resourcing'. The regulatory body representatives strongly supported the need for a strategy and suggested that Communities Scotland might be the lead body that should develop this. However one also noted that regeneration has 'fuzzy boundaries' and that it would be necessary to be clear to what the strategy related.

## **7. Conclusions**

### **1. Importance of the research topic**

From all perspectives there is agreement that the topic of the research is important. It is felt that there is a need to address how to enhance the skills, knowledge and collaborative practice of the wider range of professionals, whether from health, housing, social care, planning, arts and culture or other disciplines, who are now required to develop engagement with communities in the context of regeneration and community planning. Though not all the respondents are yet involved in community planning and their engagement with it will differ according to their roles, almost all of them saw this as a key context for the study.

However the response to the research needs to recognise that there may be significant differences between individuals as to how far their roles require the application of CLD skills and which of these would be most prominent. It is important to be clear that generalisations about the needs of particular professions may be unhelpful. What is important is the specific role that the particular professional is playing. Professionals from the same disciplines, even when working in the same area, may require different clusters of primary competences. Hence it is not one but a series of learning agendas that need to be developed with a view to responding to the individuality of the roles associated with particular posts and community needs.

### **2. Relevance of the definition of CLD**

Given that the focus of the study was on learning needs in relation to the application of CLD skills in the context of regeneration, all of the participants were invited to comment in the relevance of the definition of CLD that was provided in the Scottish Executive Working Draft Guidance 'Working and Learning Together to Build Stronger Communities' that was current at the time of the study. This stated that CLD is: "informal learning and social development work with individuals, groups in their communities. The aim of this work is to strengthen communities by improving people's knowledge, skills and confidence, organisational ability and resources".

Though this definition was felt to be very relevant to many, it was generally seen as too narrow. Two thirds of the interviewees and practitioner focus group participants rated the definition important or very important. This is a clear indication that these CLD roles are a feature of the work of many professions. However it does not necessarily indicate that this is their primary role. In discussion of the competences that they regarded as important a wider range of activities is described, whereas the focus of the definition is particularly on personal development and community capacity building. It was generally agreed

that the latter were essential tasks for effective community regeneration but concern was frequently expressed that the definition related to a specialist set of tasks that was not the sole or primary responsibility of many of the respondents. The majority were directly involved in these tasks but for others their community engagement role followed and was dependent on good capacity building work having been done, but it was not their responsibility to do it. What the latter required were skills in community engagement and participatory policy development and implementation, working with service users and community interests. These were seen as CLD skills but the definition seemed to focus more on upstream tasks of supporting individuals and communities to build knowledge, skills and confidence for involvement, rather than downstream tasks of actually working with them. Both are seen as necessary.

It is reasonable to conclude that the definition in the draft guidance<sup>12</sup> has a specialist focus. However it is not reasonable to conclude that this is the peculiar province of a particular group of professionals in a specialist discipline. There are two reasons for this. Firstly, the majority of the respondents, including representatives of all the professions involved, saw these skills as important for them in their role. Secondly, even those who did not see the definition as a description of their role recognised that it had importance for others across a range of professions. In addition the latter all described involvement in activities that arise from the applications of a CLD approach to policy development and implementation even if their role was to respond to, rather than build community capacity.

In terms of addressing learning needs for CLD it is therefore essential to recognise that these cross professional boundaries. However, it is also important to note that many respondents expressed confidence in their skills though their training had not been in the specialist discipline of CLD.

As a post-script to this section it is also worth commenting that the discussion facilitated by the research suggests that there are different traditions and different usages of language by different professions that are engaged in CLD activity. In particular the strength of involvement in this approach that has developed in the health sector has been in evidence. Since the 'Working and Learning Together'

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<sup>12</sup> Since the field work stage of the study but prior to submission of the completed report the definition has been revised by the Scottish Executive in the final version of its 'Working and learning together to build stronger communities' - Guidance for Community Learning and Development (2004). In the executive summary to the document CLD is defined in the following manner: 'Community learning and development describes a way of working with and supporting communities. We see community learning and development as central to 'social capital' - a way of working with communities to increase the skills, confidence, networks and resources they need to tackle problems and grasp opportunities'. Later in paragraph 10 a slightly different definition is presented: 'Community learning and development is learning and social development work with individuals and groups in their communities using a range of formal and informal methods. A common defining feature is that programmes and activities are developed in dialogue with communities and participants'. Though it was not possible to test reaction to these definitions their closeness to the version in the draft guidance suggests that the emphasis is still likely to be seen as on the up-stream aspects of CLD.

guidance was influenced largely from community education history and perspectives, it will be particularly important to ensure that future development takes account of other routes into CLD and their associated use of language and differences of approach.

### **Skills and competences**

In the initial round of interviews we tested out the relevance of two descriptions of core skills or competences for CLD. The first was drawn from the LEAP (Learning Evaluation and Planning Framework (1999) the second from the CeVe competences for Community Practice (1997). The former represents a narrower focus that relates closely to the boundaries of the definition of CLD in the Scottish Executive Guidance whilst the latter relates to broader professional practice that involves engagement with communities.

The interviewees generally saw the LEAP skill set as relevant to and important for their role. In addition they expressed confidence in their own performance of the skills. However the broader CeVe competency list captured the breadth of their working relationship with communities more fully. This reinforces the need to recognise that many professions are engaged in the personal development and capacity building tasks of CLD but that their involvement with communities is of a wider nature. It was in the light of this that the decision was taken by the research team to concentrate on exploration of the CeVe competences in the focus groups.

The competences were generally seen as having relevance from all points of view as a basis for defining a learning agenda and assessing current levels of relevant skills. The spread of positive responses to the competences indicates that they should be taken as a set that represents interdependent activities that build up to a whole that is greater than the sum of its parts.

Across the competences the focus groups revealed higher scoring of the importance of the competences than confidence in using them. However levels of expressed confidence did not indicate a sense of major incapacity in any area. Whilst it is reasonable to suggest that development of learning opportunities to build confidence is desirable, for these workers it would not be required as a response to a crisis but as a means of promoting improvement.

Though this is quite a positive conclusion, it is important to be clear that this relates to the needs of workers, like those involved in the study, who are already directly active in community regeneration. It is essential to recognise that they frequently remarked on their relative lack of confidence about the capacity of their professional colleagues, who were not yet involved in regeneration or community planning, to apply these competences. This is particularly worthy of note as the implementation of community planning extends the range and frequency with which various professions will need to work more directly with

communities. The priorities that may need to be tackled in developing a learning agenda for community regeneration are more fully revealed by the comments in relation to specific competences.

**1. To undertake participative planning**

Both sets of focus groups were agreed that there were issues relating to patchy performance in this area. They felt that there was a danger that it could be discredited by 'lip service' rather than genuine commitment to involving community representatives. There was also a feeling that participatory approaches to planning were not built into the culture of mainstream agencies and that there were anxieties about loss of control. All of this indicates the importance of addressing how to develop competence in this area not just at individual but equally at organisational and inter-organisational levels.

**2. To consult and negotiate with partners and participants**

Again both sets of focus groups were broadly agreed that whilst there was evidence of good practice there was nonetheless room for improvement. Again the learning agenda was as much organisational and inter-organisational as individual. In particular there was concern about use of appropriate and stimulating methods and 'joined-up' practice between agencies.

**3. To foster a partnership approach committed to inter-agency and inter-professional practice**

Though partnership practice was an area in which practitioners generally expressed confidence, it was also an area that was identified by them as needing particular attention. Their concerns about the difficulties in practice, despite the growing level of experience of partnerships, were shared with the other stakeholders. Partnership practice like the previous areas requires skilled individuals and organisational competence. Both need to be central to any learning agenda.

**4. To manage conflict diversity and change**

Again the views of both sets of focus groups are largely consistent. The comments of the participants reflect an acknowledgement of the normality of conflict as a part of community regeneration that frequently addresses the needs of diverse communities and, through its emphasis on change, inevitably presents challenges to different parties. There is a recognition that there are risks involved in community learning and development approaches and in partnership working but, as these are necessary and inevitable, skills in handling them are very important.

**5. To develop and implement participative approaches to accessing and managing resources and to assist others to do so**

Variable performance in practice and lack of impact on mainstream budgets were generally recognised. Given policy commitment to local budgeting and community management it is an area of competence that its required but in which there has been much more progress in some sectors, particularly housing, than in others. As with much of this learning agenda the issues appear to focus as much, if not more in this case, on organisational cultures rather than individual competence. Individuals can only be effective practitioners in such an area if their agencies are committed to the approach.

#### **6. To devise policies, structures and programmes that promote social inclusion**

In all the discussions it was apparent that whilst there was commitment to promotion of social inclusion amongst the respondents, this arose not from technical skills but from underlying personal commitment to the idea of social justice. Whereas many other competences might be treated technically there is a strong sense that the learning agenda in this case must address the value base of practice, demonstrating commitment to equalities principles. Several professions, including social work, health promotion and CLD itself noted that there were explicit requirements that those entering these professions demonstrate commitment to such values. However, even amongst these professions there was concern that there might be a difference between expressed perspectives and real commitment to them among practitioners. Among other professions, such as surveying or planning, there was a concern that in many instances the value issues would not have been addressed and might indeed be a source of controversy.

Stating a competence that requires workers to devise policies, structures and programmes that promote social inclusion therefore requires more than technical capacity. Such public policy goals are an expression of values that, as community representatives pointed out, need to be apparent in the performance of practitioners. This requirement emphasises that community regeneration has a theory as well as a practice and that they cannot be divorced from one another. It is for this reason that participants frequently expressed reservations about a view of learning needs as primarily technical. We share this concern and would emphasise the need for any learning programme to develop explicit commitment to the values of CLD set out in the 2004 Scottish Executive Guidance. These include: 'empowerment', 'participation', 'inclusion, equal opportunity and anti-discrimination', 'self-determination' and 'partnership'. It is these words that inform the vision of change that lies behind a CLD approach to regeneration and define the basis of the culture shift in agencies that the Scottish Executive has frequently referred to.

#### **7. To provide and promote empowering leadership**

This was one of the few areas in which there was significant difference between the practitioners and the employer, regulator and trainer groups. Whereas the former focused on the importance of supporting the emergence of empowering leadership within communities the latter, though recognising the value of this, gave much more attention to the importance of direct leadership roles of regeneration professionals. Indeed they were quite critical of the lack of attention to it, though they identified reasons why this might be the case. Especially in local government, taking a leadership role was seen as potentially risky because it courted tension between political and administrative authority. Providing leadership in local regeneration within a hierarchical and centralised organisation was recognised to be likely to reveal the contradictions of the rhetoric of policy and the practical reality of practice. Practitioners had noted these points, but they had indicated little inclination to address them. Some had also taken the view that the key task was to enable local empowerment rather take a lead themselves.

Once again the learning agenda that emerges may have as much, if not more, to do with the need for organisational as against individual change.

#### **8. To foster a participative culture committed to organisational learning**

Though differences have been noted in relation to the previous competence, those differences may in fact have a common base. They were, at least in part, associated by both groups with the organisational context of practice. However, the practitioners gave much more attention to the importance of the issue of fostering a participative culture committed to organisational learning than employer, trainer or regulator stakeholder groups. On the whole they were quite pessimistic about the potential for achieving this. The evidence of the discussion of the CeVe competencies nonetheless suggests that this is a crucial area. Much of the learning agenda appears to relate to organisational as much as individual performance. Hence opening up the opportunities for this to happen becomes a crucial skill. It is though a leadership skill that may not sit comfortably in organisations that have not established a commitment to mutual learning.

#### **9. To employ participative evaluation to inform strategic and operational practice**

In relation to this competence there was a return to consensus across the contributors to the study. Participatory evaluation was generally seen as a critically important aspect of practice and as the basis for participatory learning culture. Yet it was not widely practiced. Indeed evaluation was frequently criticised for adopting externally determined output and outcome indicators and being conducted without the involvement of key informants. Where community representatives had been involved in a participatory approach they were very positive but it was apparent that

there was need for much wider commitment to this approach. Again whilst individual practitioners could see its value they were in a difficult position if this was not part of the culture of their employing agencies.

Models and tools for participatory evaluation are available. The learning agenda may in part relate to how to use them but it appears to relate as much to appreciating the benefits that organisations can gain from this approach.

The CeVe competences therefore provide a broadly agreed set of skills that are needed but discussion of them reveals that their development and application depends as much on developing a supportive organisational environment as it does on individual ability.

#### **Other identified learning needs**

Whilst the CeVe competences have been found to provide a framework for learning, the study has also identified some more specific areas of learning that have been identified by participants. In many cases these reflect their particular roles and it is important to repeat that the assessment of priority learning needs should relate both to individual and organisational/systemic requirements.

Examples of learning need that were commonly identified included: management/financial management; accessing resources; power and decision making; process of community learning; teaching and learning methods; partnership working and learning how other professions/partners see things; participation; managing conflict diversity and change; LEAP training. Within this list two particular areas were prominent in the discussions. The first was the development of community engagement skills. Within this practitioners referred to: linking with community representatives; participatory approaches to service development; understanding community perspectives; consultation; how to work with the community; what is community involvement/community engagement; listening/responsiveness to communities; participative planning. The second was partnership working in which more specific themes were: decision making for agreed action; how to work with partners and understand their perspectives; understanding the purpose of Community Learning partnership; measuring priorities; role clarity; responsibilities and accountability; agreeing definitions.

Many of the specific areas identified would potentially form part of a response to addressing the CeVe competences. This suggests that the competences may provide a framework within which local priorities can be identified.

#### **Acquiring and enhancing skills and competences**

The way in which people learn is a key starting point for development of a learning strategy. The comments of the practitioners and the other stakeholder contain some critical points that should inform any development.

A primary lesson from the study in this regard is the importance attached to experience over training as a basis for learning. There can be little doubt that for many of the practitioners there was little alternative but to learn from experience as they had not had opportunity to access training that was specifically relevant to CLD approaches to regeneration. Expediency may therefore have an influence on their perceptions. However, even those that had had relevant qualifying level training, including those who were CLD trained, tended to emphasise the importance of reflection on experience. This does not indicate a dismissal of the value of training *per se* but a need to place its importance in relative context. Skills and qualifications are not necessarily equated.

Interestingly too the comments about the type of training that had been experienced as most valuable indicated that it was frequently broad based higher education rather than courses focused around specific competences that participants had found most helpful. They referred to the value of transferable skills of problem assessment, analysis and planning and conversely to the difficulty that training that was too focused on specific competences became dated as policy and practice priorities change. Within this there is therefore an important message about our own attention in this research to the potential application of the CeVe set of competences. These have been seen as relevant by all parties but, if they were to become a basis for development of a learning programme, it would be important to think carefully about ensuring that they are promoted in a manner that embraces a broad range of potential contexts for application and hence their transferable qualities.

The study has explored the availability to practitioners of continuing professional development (CPD) training opportunities. There was little awareness of specifically relevant CPD for development of CLD skills or for community planning and regeneration more widely. The latter suggests little progress since the Eglinton report of 2002. There was positive comment on the value of the Working Together Learning Together Training for SIPs and Working for Communities Pathfinder projects. This was seen as a rare example of genuinely cross-disciplinary and community involving CPD training. However it was also noted that its scope was limited and inevitably responded to the common denominators of learning need between the participants. It was therefore not a means of addressing specific and more sophisticated learning needs of particular professional contributors to community regeneration. In terms of more focused CPD opportunities the best examples were in the health sector including; Community Development and Primary Care and Health Issues in the Community. Whilst these did involve participants from other disciplines the focus was on community health issues rather than CLD and regeneration more broadly.

Another feature of the comments that has been noted is the degree to which the participants have suggested that openness to learning may be conditioned by predisposition to values that are congruent with the character of CLD. Frequently participants referred to the kind of attitudes that they already held having influenced both what they chose to learn and what interpretation they put on what they were learning. This raises interesting questions about whether selection for practice in CLD approaches which focuses on appropriate values and attitudes may be as important as specific skills. This is not to suggest that the skills should not be in evidence but it is to suggest that it is the way that they are applied that will have the most critical bearing on whether they promote the outcomes of CLD and regeneration envisaged in Scottish Executive policy statements.

In general terms there was limited experience of inter-professional training. Where respondent had had this experience they were generally very positive about it. Similarly the practitioners had generally valued training that had also involved community members though the other stakeholders had pointed out limitations to this in terms of the focus only on those areas that were of common interest to the professionals and the community. In general terms we endorse the value of inter-professional training and of community involving training but with recognition of what it can and cannot do. In relation to the former it is evident from the comments of participants in the study that the capacity to use inter-professional training opportunities is related to clarity about and self confidence in your own professional role. We are not therefore promoting the case for inter-professional initiatives as an alternative to, but as complement to, appropriate opportunities within contributory disciplines involved in community regeneration.

However, given the importance attached to other sources of learning than training it is essential to comment on the need to develop a range of opportunities. Positive comments were made about the value of secondments to other agencies, peer exchanges and mentoring. Several practitioners commented on the value of simulated or real shared problem solving tasks and particularly to the development of systematic reflection with colleagues on the lessons to be drawn from experience. This tied in closely with recognition of the value, if not the extensive practice, of participatory evaluation as a learning tool.

The view that learning is acquired from many other sources than training raises the question as to whose agenda learning is. In particular it suggests that it may not be the training agencies that need to be taking a lead, though they will have a role to play. Rather it is the way in which policy is implemented by agencies that should be building into itself the opportunities for systematic reflective learning and exchange that are seen as so valuable. This brings the debate back to a persistent theme – the idea of the learning organisation. It is the fostering of this that should take precedence in any strategy for improving practice competence.

In the context of regeneration and community planning it is the community planning Partnership itself that should be the learning organisation. Within these partnerships there are already Community Learning and Development Partnerships that are responsible for promoting CLD strategies and local Action Plans. At present these focus out into the community but it may be relevant to consider how far they should also be addressing learning strategies and plans for the community planning partners including the representatives of the community itself. If community planning is a shared endeavour there is a strong case to be made for a learning strategy to be developed by each partnership.

### **Specialist CLD staff**

The focus of the study has been on competences of a range of professions that use CLD skills in the context of regeneration and community planning. In the light of the prominent role accorded to CLD staff in Scottish Executive Guidance, particularly in supporting community engagement in community planning, in the process of the study we have also asked other professionals about their experience of the 'so called' specialist staff in this context. Since several of the respondents have been trained in CLD we have also been able to reflect on some perceptions from within this group.

In many instances there was positive comment about specific practice in relation to adult learning, youth work and work with local community groups. However, there were widespread reservations, including among those trained in this field, about how well equipped CLD practitioners are for the wider tasks involved in community planning and regeneration. It is important be clear that these comments are located in a recognition that the widened responsibilities may be making demands on such workers for skills in strategic partnership working for which they have had no more preparation than other professions. It may be beneficial to review the issues more directly but we feel that it is reasonable to conclude that there may be as much need to involved CLD practitioners as any others in a shared learning agenda that facilitates best practice in CLD approaches to community regeneration and community planning.

(It is pertinent to comment that until the shift in policy brought about by the 'Communities Change through Learning' review of 1998, community capacity building would not in any case have been at the core of the work of many community education practitioners<sup>13</sup>.)

### **Accreditation and endorsement**

Whilst the study has identified a significant learning agenda it has also revealed reservations about whether training is the key to developing effective learning. It

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<sup>13</sup> For evidence of this see: Barr, Hamilton and Purcell 'Learning for Change – Community Education and Community Development' (1996) CDF publications – a study for the Scottish Office Education and Industry Department.

is seen as having a role to play but in an integrated relationship to a range of other learning methods that constitute the characteristics of learning organisations or systems. In the context of community planning those delivery systems become increasingly cross disciplinary, thus the case for inter-professional learning has become much more pressing. Practitioners value this and their employers recognise its importance. Training providers and regulatory bodies also recognise its importance but as yet the level of practical development relating specifically to the CLD approach to regeneration has been limited. Nonetheless if progress is to be made the question of what form of accreditation or endorsement should be given, by whom, for demonstrated learning, remains open.

Though reservations were expressed about accrediting learning the general view was that it was desirable that competence was recognised. This was seen as providing a basis for confidence of and about practitioners. Given the importance attached to experience as against training, the form of accreditation needs to take account of this. It would therefore be important to look at evidenced portfolio assessment based on demonstrated practice competence, rather than simply at credits for training course completion.

However, the discussion of the way that accreditation or endorsement should be organised may seem somewhat academic given the lack of evident commitment to the development of inter-professional learning opportunities. Whilst in general terms the participants in the regulatory bodies focus group were positive about inter-professionalism, examples of it were not cited in relation to CLD. Those representatives of regulatory bodies that participated could see the potential for development in the CLD field but, understandably given their specific remits for particular disciplines, none of them was promoting its role as a lead agency for this task. Since CLD is not the core focus of their concern, it leaves the question, what is the appropriate body to promote inter-professional accreditation and endorsement in this field.

Ironically we have found that a framework developed by CeVe (then part of the Scottish Community Education Council) in 1997 offers a well regarded set of learning priorities. Yet this unit, now housed in Communities Scotland, is in a weak state. At present we think it would be unlikely to have the capacity to take forward the complex tasks involved. Nonetheless we think that it would be in the interests of Communities Scotland as the national regeneration agency, with a cross-disciplinary perspective, to be taking a lead in this area. The achievement of its mission is to a significant extent dependent on the competence of practitioners across a range of disciplines to use CLD approaches in relation to community planning and regeneration.

It was a commonly held view that Communities Scotland should be playing the lead role in accreditation. If it is to do so it will need to give real attention to revitalising and expanding the functions of CeVe or perhaps, more appropriately,

developing an alternative that would have a recognised profile with other relevant professional bodies. Our strong preference is for the latter on the grounds that, if real progress is to be made, it will be founded on genuinely collaborative inter-disciplinary approaches that require institutional forms that engender shared ownership and commitment.

In developing any initiatives to develop accredited learning it will be important too to take account of the relationship between any Scottish response and wider development through the sector skills councils in the UK as a whole.

Accreditation of practitioners from a range of professions in the use of CLD methods would necessarily involve commitment from employers, and in so far as training was a method of learning, from training providers. Whilst the representatives of employers who participated in the focus group recognised the need for skill development and inter-professional approaches to it, it is important to note that the practitioners themselves were less convinced about the commitment of their employers to this agenda. Consideration therefore needs to be given to establishing a broad based commitment among employers. This may most helpfully be addressed through community planning partnerships and advice to them from the Scottish Executive, CoSLA and the community planning Task Force with regard to supporting the skill development required to achieve the vision of participative governance.

In relation to training providers there is a need to acknowledge there are issues at qualifying level and in relation to CPD. In relation to the former the example of the Dundee University regeneration degree supported by planning and CLD is a pointer to the potential. But in higher education there is much more potential for integrated training between different professional disciplines that may contribute to community regeneration than is evident at present. Where innovative CPD training has been developed it has often been outside the formal training agencies and remains somewhat marginal.

### **A national learning strategy**

Several times reference was made to the value of the English 'Learning Curve – Developing skills and knowledge for Neighbourhood Renewal'<sup>14</sup>. The strategy developed by the Office of the Deputy Prime Minister is described as responding to the 'Government's commitment to a step change in the skills and knowledge of everyone involved in neighbourhood renewal'.

Community regeneration and community planning demand a similar step change in Scotland. This has been recognised in the Consultation Draft Guidance on community planning that states:

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<sup>14</sup> Office of the Deputy Prime Minister (2002) 'The Learning Curve – developing skills and knowledge for neighbourhood renewal' <http://www.neighbourhood.gov.uk/formatteddoc.asp?id=273>

*'There is still a need for on-going change to working cultures, behaviours, skills and attitudes to achieve partnership working and a genuine community focus.... The legislation represents the beginning.... Cultural change will have a longer time scale.'*

If achieving such a step change has included the development a strategy for English neighbourhood renewal, an equivalent may be required for Scotland. This proposition was tested in the final focus groups and given support.

## 8. Recommendation

The conclusions have already indicated the need for a collaborative inter-professional response that supports a range of professionals for whom the emergence of more participatory styles of governance requires enhancement of competence in the application of community learning and development skills. Achieving and sustaining a highly skilled workforce will be a long-term task. We conclude this report with a single recommendation to put in place the means to achieve this goal:

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**A national strategy should be established and implemented in Scotland to help people from all professions/ disciplines who are actively involved in regeneration, community planning and related work, to achieve and enhance the community learning and development skills that their involvement requires.**

In order to carry out this recommendation Communities Scotland should set-up linked, inter-disciplinary working groups to complete the following tasks, including addressing their resource implications, over a limited period, say, six months:

- g. On the basis of this and other research recently sponsored or published by Communities Scotland, agree a conceptual framework and develop it into broad curricular guidance that is generally accepted by the relevant professions/ disciplines. The framework should focus on the generic community learning and development skills that people from all professions/ disciplines require when working in regeneration and related community-based programmes.
- h. Foster inter-professional partnership practice by negotiating agreement to recognise appropriate learning experiences with the several professional bodies and other stakeholders with an interest. Particular attention should be given to recognition of the same or similar learning by several professions/ disciplines and to inter-disciplinary learning.
- i. Devise methods of promoting a learning culture within organisations, and propose incentives that Communities Scotland and other influential bodies, including those disbursing funds, can use to persuade organisations and partnerships involved in regeneration to increase the provision and take-up of relevant learning opportunities. Individuals and organisations should be 'rewarded' for good learning behaviour.
- j. Propose practical steps that can be taken to encourage and support learning which is flexible and directly relevant to work in regeneration. This may mean funding networks, centres of excellence, which might be physical or virtual, developing methods and materials etc. Steps might be

for organisations and partnerships to take in support of their own staff, or for education and training organisations to develop on an outreach basis.

- k. Consider the specific implications of this report, and the implementation of its recommendation, for the provision of CPD for staff whose full-time commitment is to community learning and development.

**In taking forward the results of this research, it must be clear to all interests that it is, and must be, a collaborative effort, regardless of who is in the lead. As we have emphasized throughout, CLD focuses on a coherent set of skills, methods and approaches that are practised by a wide range of professions in the field of regeneration, and are not the exclusive province of a particular professional group or sector.**

## 9. Appendices

### Appendix 1 Literature review

In this section we review briefly the extent to which a need for training of non-specialist professions in aspects of community learning and development has been identified in the literature. We take into account academic research, and investigations by professional bodies and reports produced by or for government agencies. We try to identify the key Scottish material, but also look at some debates conducted largely south of the Border.

Firstly we look at the extent to which general investigations of the need for inter-professional education have considered community learning and development skills to be part of the shared skill needs of various professions. Secondly we consider whether the evaluative and investigative evidence on regeneration and social justice programmes provides evidence of the need for these skills. These two sections draw strongly on an update of parts of the material reviewed for Communities Scotland in Taylor (forthcoming).

We then look at the development of the concept of 'community practice' as an integrative way of understanding the community learning and development skills that the current policy environment demands of people from a wide range of professional backgrounds, and consider the related and recently developing area of needs arising from community planning. Finally we review the implications of recent Scottish thinking on community learning and development as reflected in reports to and from official bodies.

#### Inter-professional perspectives

In recent years there have been extensive investigations of the need for inter-professional training in order to enhance understanding and co-operation amongst the health professions, between them and other social care professions and, more recently, among professions dealing with the 'built environment'. Many references to similar needs can also be identified in other professional settings.

But it appears to us that much of this literature has had its main focus on the needs of professions to understand each other, rather than on common approaches to working with other sections of society such as communities.

Alternatively, some of this literature looks at the need for common approaches to 'regeneration'. This may be viewed as a wider agenda within which community learning and development may be recognised as playing a part, but it could also

be seen as offering a restrictive view of the potential scope for inter-professional working in the developing community planning environment.

The United Kingdom Centre for the Advancement of Inter-professional Education (CAIPE) was founded as early as 1987 to promote inter-professional education as a means to improve collaboration between practitioners in health and social care. A review published by CAIPE (Barr H., 2000) notes that inter-professional education has developed in parallel with moves towards 'community-oriented education in health sciences', from which it cannot (and arguably should not) be distinguished. It has developed models and methods for collaborative learning that could be applied more widely in community settings.

But we have otherwise found little specific mention of community learning and development in the extensive literature on inter-professional training in health and social care.

However in Scotland, policy for the NHS specifically identifies the needs for enhanced skills in order to support public and client involvement. *'Patient Focus and Public Involvement'* (Scottish Executive, 2001) argues that

'if the principles and changes ... are to succeed, staff will need training in communication skills and a patient focused approach. NHS organisations must ensure that the principles of a patient-focused approach, including effective communications and public involvement, are incorporated into training and development activities, including... continuous personal development and professional training'.

The Partners in Change project, which was responsible for developing part of this agenda, has reported on discussions between patient and community representatives and people from a wide range of NHS, local authority and voluntary bodies (*Partners in Change, 2001*) about the potential outcomes of greater partnership between health service users and health service staff. In relation to training and support for staff, the outcomes could be:

- A difference in medical training - a broader focus and a broader view of what health is
- a difference in the attitude of all professionals and in their behaviour
- staff education would cover what advocacy is and people would understand how it can help services improve as well as helping individuals
- staff training would emphasise compassion, and helping people with the practical things in their lives.

Similarly, workshops at the four regional events aimed at 'Building Strong Foundations' for 'Patient Focus and Public Involvement' in NHS Scotland, held in autumn 2002, identified a 'lack of expertise, skills, knowledge and awareness' amongst NHS staff as one barrier to greater public and patient involvement, and

part of the solution as being training for staff at all levels to show that involvement is 'how you do your job', and also possibly secondments to experience other perspectives (Taylor, 2003).

This view of the roles of health and health related professionals does now seem to be reflected at UK level in influential work by the Institute for Public Policy Research on "*The Future Health Worker*" (Kendall & Lissauer, 2003). This explores the implications for the future health workforce of delivering patient-centred care. It argues that attention should shift from reforming NHS structures to changing the working practices and cultures of NHS staff. More fundamental workforce reforms could contribute to aspects of patient-centred care such as promoting and restoring good health and informing and empowering patients.

The discussion of the role of the 'built environment' professions in regeneration was greatly stimulated by the 'Rogers report', the report of the Urban Task Force on urban development (*Rogers of Riverside, 2000*). Research by Price Waterhouse Coopers for that Task Force produced a list of needs for continuing development across urban development professions. This included a wide range of management, partnership working and technical issues. But 'community participation' features only as one aspect of one proposed CPD topic on 'economic development issues'!

Although this report has been very influential in promoting the principle of enhanced, interdisciplinary learning for all involved in regeneration it does in some versions, including the original report, have a potential narrowness in approach. This can include an excessive focus on the professions dealing with the built environment, and on the belief that urban design is a key discipline. More fundamentally, perhaps, the insistence that specific skills are required for regeneration, whilst valuable in moving away from exclusive disciplinary specialisation, can obscure the need and opportunity, admittedly perhaps only a potential one at present, for similar skills to be applied across a wider range of community planning issues.

Nevertheless the work that Rogers has influenced at English and/or UK level appears to have involved a gradual broadening of perspective. Crocker & MacDonald (2001) present one of the most comprehensive lists of the skills that might be specifically required for regeneration work, and by all involved in it. Based on interviews with English SRB partnerships, they list 20 skill needs, which include "working with communities".

This phrase keeps cropping up in similar surveys. It could sometimes be taken to imply a somewhat reactive, non-developmental approach, though it is open to broader interpretations.

Amongst most of the many reports of the National Strategy for Neighbourhood Renewal Policy Action Teams there are only a limited number of references to training needs. PAT 4 on *Neighbourhood Management* (Social Exclusion Unit,

2000a) concludes, “Neighbourhood management is complex and neighbourhood managers will need to be multi-skilled. They will need to operate confidently with a wide range of organisations, and oversee or carry out a wide range of tasks”. Thirteen are identified and they include “working with communities” (and also “understanding diversity”).

However the report of the team that looked specifically at skills issues, PAT 16 on ‘*Learning lessons*’ (Social Exclusion Unit, 2000b), is the most substantive review of training for regeneration and social inclusion in the UK in recent years. It calls for “broadening the term ‘capacity building’ to include agencies and partnerships as well as residents and community organisations”. It appears to some extent to argue a greater priority for developing specific technical skills:

“There is very little guidance on building the capacity of professionals. This is surprising given the consistent finding by evaluations of skill failure in project management, financial appraisal, team building and so on. The only skill that has been emphasised is the need for professionals to know the importance of building capacity in communities”.

Yet the evidence quoted in the report on the views of professionals and practitioners identified 10 skills that they felt would help them both to do their core job well and to contribute to effective cross-agency partnerships. These included both “working with communities” and also “building skills within community organisations”. The other 8 skill needs identified also put technical skills in a context that, taken as a whole, is entirely relevant to community learning and development:

- Project management
- team building, leadership and management
- problem solving
- finance
- risk taking
- listening and learning from others
- conflict management
- accessing knowledge about ‘what works’.

The PAT’s recommendations led to the development of a government strategy for joint learning and development. That strategy is presented in the ‘*The Learning Curve*’ report (Neighbourhood Renewal Unit, 2002). It looks at the needs of all the sectors of the community involved in regeneration, proposing to “help residents, civil servants, practitioners, professionals and organisations gain the skills and knowledge they need to deliver real change”. Its analysis of the training needs of professionals includes ‘Analytical skills’, ‘Organisational skills’ and ‘Interpersonal skills’. The latter include “working with the community” and “valuing diversity”.

Research conducted for the report found that: “There are no accredited learning programmes covering the range of neighbourhood renewal skills, knowledge and behaviours. Those that come nearest are either programmes developed for specific professions (for example, community work or housing) or else programmes that have not yet been accredited. There are specific national programmes, covering adult basic skills or tenant participation in housing, which touch on neighbourhood renewal issues but they do not provide the breadth of what is required.”

Partly as a consequence of this work, the English Learning and Skills Development Agency has completed a survey of learning and skills for neighbourhood renewal (*Taylor & Doyle, 2003*). It focuses particularly upon “how further education colleges and Local Education Authority adult education services contribute to neighbourhood renewal in deprived areas, and to consider how their strategic role might develop in this field”. Of the five strategic roles four focus specifically upon aspects of adult education and community empowerment, and only one specifically recognises the needs of other professions:

“specific skills and knowledge for neighbourhood renewal – courses to meet the requirements set out in *The learning curve* to develop and support residents, regeneration practitioners, professionals and civil servants working in deprived areas”.

A limited number of references to shared training needs for working with communities can be found in literature on a number of other professions. For example the official report on the progress of *The English Crime and Disorder Reduction Partnerships* (*Phillips & Jacobson et al., 2002*) recommends that there should be comprehensive national training for community safety officers, covering issues such as community engagement. “In addition to enhancing specific skills and competencies, training can promote understanding of the potential and processes of partnership working in general, and help to break down barriers between professions and communities”.

National policy for housing (as well as the NHS and other areas) identifies the need to support public and client involvement. The interdisciplinary training needs of the sector have been the subject of review by its *National Training Organisation* (*Housing Potential, 2000*). Its research finds that housing professionals are not currently getting the relevant training to work with partnerships delivering wider regeneration programmes. A survey of Registered Social Landlords highlighted the need for training in key policy themes including regeneration, social exclusion and tenant participation.

Two recent Scottish studies specifically look at the need for some training to be shared between community education and other professionals. *Hamill & Boyd (2000/2002)* and *Hamill (2002)* looked at inclusive education for people with Special Educational Needs and behavioural difficulties in schools. They conclude: “The issue of inter-professional CPD must receive higher priority.

Opportunities must be provided for teachers, social workers, psychologists, health professionals and community education professionals to engage in shared CPD opportunities which take full account of differing professional perspectives and working contexts”.

A significant piece of work for the City of Edinburgh Council by Edinburgh University (*Tett & Crowther et al, 2002*) investigated the barriers to collaboration perceived by community educators and the partners with whom they work, and what could be done to overcome these barriers. Their final report recommends that joint professional staff development opportunities should be provided; these should draw on the resources that community education staff can offer in taking forward collaborative initiatives; and collaborative networks of staff should be developed that enable different professions and sectors to share insights and strategies.

### **Literature on regeneration**

Although, as we have quoted above, the Social Exclusion Unit reports that evaluations have “emphasised the need for professionals to know the importance of building capacity in communities” (*Social Exclusion Unit, 2000b*), we have identified only a limited number of references in evaluation literature.

*The National Evaluation of City Challenge (Russell, Johnston et al, 2000)* saw the opportunity given to partners to learn and transfer know-how from each other as a significant indirect benefit of the partnership approach. For the public sector partners, it is lessons from private and community and voluntary sectors (rather than each other) that are emphasised.

There has been a review of *Community Participation in Social Inclusion Partnerships (Chapman, Kirk et al., 2000)*. The research, not fully published, identifies several key principles of encouraging active community participation in partnerships. These included training, skills development and education for all partners. Most partnerships had not undertaken any initial training on partnership working with partners, but recognised that it would be beneficial. “While it is often assumed that it is the community who require training, community representatives recognised that agencies also required training”.

The review recommends that partnerships should offer training to all partnership stakeholders and statutory agencies on how to work with local communities effectively.

Reports have been published on several aspects of the experience of the ‘Working for Communities’ Pathfinders, which explored a wide range of approaches to interagency working and the co-ordination or improvement of local services. The report of findings on ‘*Community Involvement*’ (*Brown, 2002*) notes some examples of joint training for community groups and officers. It

concludes that “joint training of agency and community members can assist capacity building”.

There is also a significant amount of literature on the training needs of the communities involved in regeneration. Some of this points to the importance of a community development perspective for professional staff.

The principal study of training needs in the Joseph Rowntree Foundation’s programme of research on regeneration, *Henderson & Mayo (1998)*, calls for a national training and education framework that would be “enabling rather than prescriptive, agreeing standards for effective provision and resourcing”. The framework would address the needs of the full range of relevant stakeholders (training together, where appropriate) and cover aspects such as “administrative processes and the legal framework for area regeneration programmes, including confidence building and understanding group and community development processes, through to analysing and reflecting on issues, needs, policies and practices”.

It also identifies specific common needs for those stakeholders who are agency ‘managers’. They are found to need training in community development:

“There is an urgent need to develop a strategic framework for providing training and learning opportunities for managers and decision makers, many of whom have limited knowledge and experience of community development. This will involve examining professional education and training for a range of professions working with communities”.

*Henderson and Mayo* also found that ‘managers’ need training for the following purposes, which can be seen as almost entirely community learning and development skills:

- Undertake participative planning based on analysis of community issues
- consult and negotiate with stakeholders and participants
- foster an inter-agency approach
- manage conflict, diversity and change
- help others access and manage resources
- promote local leadership; and
- employ ‘participative evaluation’.

*Henderson and Mayo later (1999)* reflected on these findings and offered proposals for taking forward training and education in urban regeneration. They argue that good practice principles are applicable to professionals as well as to local residents and discuss a range of aspects such as:

- starting from a training needs analysis of the specific groups involved
- offering accessible sessions, in time, location etc.

- being sensitive to attitudes to ‘training’ in the abstract, when it may be ‘support’ that is seen to be needed
- increasing awareness of wider socio-economic and policy contexts
- inclusion of both formal and informal activities
- developing accreditation systems and progression routes within a national framework.

They argue that organisations and networks for people involved in regeneration will “be better able to develop .. links and sustain their programmes if they locate themselves within the context of adult community education”.

The option of joint training with communities and other stakeholders is neglected in much of the literature, but was urged upon *Single Regeneration Budget bidders in DETR guidance*, specifically influenced by the *Rowntree findings (DETR, 1999)*

“For professionals, learning to work in equal partnerships with communities - learning to listen and respect their views - is of central importance: in the past, many have failed to make this important first step. At times, separate training is appropriate; but increasingly, joint training sessions between residents and professionals have proved successful”

A substantial review of the research evidence on *Community Capacity Building (Chapman & Kirk, 2001)* argues that professionals also need training in how to listen and work with communities. Citing *Henderson and Mayo*, it suggests that this can help professionals gain the confidence to work in unfamiliar ways. Training is one way to counter narrow professional attitudes and to encourage professionals to engage with issues in a more holistic manner.

Amongst the recommendations for supporting community capacity building arising from this review is that there should be an analysis of the training needs of regeneration stakeholders and professionals working with communities, including benchmarking of current training provision offered by professional bodies, supplemented by a good practice note on building the capacity of professionals in community regeneration.

The Strategy Action Team set up by the Scottish Social Inclusion Network on ‘*Inclusive Communities*’ (*Scottish Executive, 1999a*) recommended that:

- “The Scottish Executive should ensure the development of a programme in partnership with local government, public sector agencies and the private, voluntary and community sector to:
- provide training on community participation, partnership and social inclusion, based on the principle of shared training between public, private, and voluntary sector organisations, and community groups and individuals...
- build training in community involvement and partnership into continuing professional development for all disciplines of public sector staff”.

By contrast the Strategy Action Team on 'Making It Happen' (Scottish Executive, 1999b) provided one of the fullest statements available on the need for training to supplement or challenge professional specialisms but said little about community learning and development skills.

- "There is a need for refocusing professional training to provide people with the skills to regenerate communities.
- Social Inclusion Partnerships should be required to establish training programmes not just for community representatives but also for agency representatives, in partnership skills.
- Community Learning Strategies and Community Learning Plans should address local needs for training in partnership working".

It also made the recommendation that a national training programme be established. This recommendation was implemented by the establishment of the 'Working together: Learning together' (WTLT) programme, which brought together a very wide range of staff and community representatives involved in Social Inclusion Partnerships and Pathfinders across Scotland. "Working with communities" was one of the themes of the training and the objectives included:

- Shifts in the cultures of participating organisations towards empowering communities
- improved communications between communities and agencies.

Towards the end of the programme, participants discussed in groups "What we have learned" about "things that help community participation". Taylor (forthcoming) quotes summaries of these discussions. Staff of partner agencies, in various groups, listed:

"Training - both community and others together"  
"Understanding different partners' goals and expectations"  
"Information about the roles remits and responsibilities of all partners"  
"Knowledgeable and informed people - capacity maintenance"  
"Promote success: part of good information / communication using real examples and real people to show how change can happen"  
"Knowing what you are getting involved in - need info on clear roles, strategies and responsibilities"  
"More flexible and tailored training resources for partnerships, built in from the start".

The WTLT programme itself has been evaluated by Scott et al. (forthcoming). The study concluded that it could be considered to have improved the skills and knowledge of many participants. It had a mixed impact on the Partnerships, as organisations, and limited impact on the culture of partner organisations, which was difficult to distinguish from the impact of other factors in the wider context.

Overall, it had most impact on the Partnerships where they, and the partners, were already more receptive to change.

The evaluation confirmed that learning needs for 'working with communities' were one of several widely acknowledged existing gaps in skills and knowledge amongst Partnerships, but that many Partnerships had not themselves begun to address these gaps. Some staff of partner agencies mentioned that they had specific needs connected with 'working with communities', but as a category they placed more emphasis on their need to acquire general skills and understanding for partnership working.

Participation by professional staff of agencies involved in Partnerships fell away during the programme more steeply than that of other categories. This was seen as illustrating the difficulty of gaining support from some partner organisations to identify or send the most appropriate people. Some of the partner agencies appeared to lack commitment to both their local partnership and the training. The role of partnership managers was crucial in increasing participation, and good support from senior agency managers was also important. Partnerships that saw themselves as learning organisations made best use of the opportunity.

For those who did attend, almost all, in all categories, felt that their effectiveness as a group was enhanced - largely through opportunities for informal contact. A number of staff in partner agencies felt that their personal effectiveness had also improved, by increasing their understanding of partnership working. Amongst participants as a whole, the practical ideas for improving community participation were one of the elements of the training that elicited the most enthusiastic response.

Some participants felt that it would be useful if similar training was provided to a wider range of partner agencies and other types of partnership, either through professional or inter-disciplinary training. Perhaps the greatest area of potential for a similar programme was in the development of training for community planning partnerships. Overall, there was likely to be a need for a very wide range of provision to meet learning needs. This should include local training, regional and national events and qualification courses. While some training should concentrate on the needs of particular groups, such as partnership staff, partner agencies or community representatives, the WTLT programme illustrated the benefits of providing opportunities for everyone involved to learn together.

In 2002 Communities Scotland commissioned a review of need for and provision of interdisciplinary training for regeneration and social inclusion, in close association with the Scottish Urban Regeneration Forum. The resultant reports (Kirkpatrick and Taylor, forthcoming), (Taylor, forthcoming) summarise much of the literature reviewed here.

Its own findings, based upon the consultation and research undertaken for the study itself, are generally unspecific on the actual subject matter for training. There is said to be a need for a wide spectrum of 'layers' of training, from 'values and attitudes' through 'process skills' and finally 'specific skills'. It would appear that community development issues might arise at more than one level, probably all levels. The priorities of consultees related to 'values and attitudes' and 'process skills'.

A strong priority was expressed for learning activities tailored to local developmental needs, which could include long term mentoring and the exchange of best practice, rather than more general training provision.

Generally, it was concluded "there is widespread agreement on the need for inter-professional training, especially at the post-experience level, and that current provision does not meet the need." community planning partnerships should fund joint training in support of regeneration. The wider relevance of many issues was recognised - training for partnership working could be seen as an early, shared focus of interest for people involved in community planning generally. This should not, however, be allowed to delay the development of training and support for regeneration.

### **'Community practice' and community planning**

Since the early 1990s a group associated with the Community Development Foundation has identified a trend for people in a wide variety of roles, who are not front-line or specialist professional community learning and development practitioners, to face increasing common requirements to incorporate elements of community learning and development practice into their own. The trend was largely driven by the increasing emphasis in public policy on community regeneration and community involvement.

The group has described the resultant range of activity and skills as 'community practice' (Banks et al, 2003). Although the specific terminology has not yet, to their regret, caught on, the concept usefully summarises the developments that have created the need and desire to extend community learning and development practice beyond specific professional boundaries.

The group commissioned a small feasibility study to establish the potential demand for post-qualifying education and training for managers in the field of 'community practice' (Thornton, 1996). This identified a significant interest in the concept among managers across a range of professions and an emerging demand for training, though one that was said to 'need encouragement'. Managers tended not to identify their own practice as 'community development', which they saw as a separate discipline or a particular set of front-line skills, but they could identify specific relevant activities in their own work.

In Banks et al's recent publication on '*Managing Community Practice*', Banks herself (2003) draws attention to the broad range of activity that has been influenced by these trends. She defines 'community practice' as "all those processes that are about stimulating, engaging and achieving 'active community'" at community or neighbourhood, organisational or inter-organisational and societal levels.

The article that considers training in this collection (*Butcher and Robinson, 2003*) is unfortunately entirely at a theoretical level, discussing approaches to 'experiential learning' in workplace, community and organisational settings, with little reference to the specific requirements of community practice. On theoretical grounds, it suggests that effective techniques would include 'keeping a journal', peer support and mentoring and the formation of small action learning sets.

Elsewhere in the Banks (et al) review, specific skills that are important for community practice are identified. *Smalle and Henderson (2003)* argue that managers need new skills and knowledge to enable them to become more closely involved in supporting and learning from community audits. These should be seen as part of their mainstream work, feeding into planning and service delivery.

Barr A (2003) argues that they need 'participative planning and evaluation skills', which "recognise that they are subject to the same trends for democratic accountability and performance measurement as all, but do not compromise their commitment to the principles of community practice".

Webster (2003) argues that in order to achieve sustained community involvement, community development processes need to be complemented by organisational development and change management in staff teams, in order to prevent constant 'reinvention of the wheel' and to ensure continuing openness and flexibility of approach. "It is necessary for managers to prioritise learning and development in staff teams in relation to community development principles and practices. (This) will include critically reflecting on the culture of organisations and how agencies operate and impact on partnership groups and community involvement activity".

An important step towards giving practical recognition to the concept of 'community practice' was taken in Scotland by the Community Education Validation & Endorsement Unit (CeVe) with the publication of its '*Community Practice Guidelines*' (*Community Learning Scotland, 1997*). These are specifically aimed at professions other than community education and community development, which engage with communities and wish to have their competence recognised in this arena. They are aimed at people qualified in a range of fields such as health, planning or education, or to first degree level, who are required as part of their jobs to undertake community consultation and community development.

The Guidelines were derived from 'a functional analysis of community practice and development'. The key purpose of this practice, irrespective of the occupational sector, was identified as being:

'to develop and promote policy and manage practice which empowers communities as partners in change and in planning and delivering services and programmes'.

The key elements of practice are:

- To undertake participative planning
- to consult and negotiate with stakeholders and participants
- to foster a partnership approach committed to inter-agency and inter-professional practice
- to manage conflict, diversity and change
- to develop and implement participative approaches to accessing and managing resources and to assist others to do so
- to devise policies, structures and programmes that promote social inclusion
- to provide and promote empowering leadership
- to foster a participative culture committed to organisational learning
- to employ participative evaluation to inform strategic and operational practice.

A similar recognition of the place that community development skills can play in the practice of other professions is enshrined in the current *National Occupational Standards for Community Development Work (PAULO, 2003)*. These "are to be used wherever community development work is practised and organised and by people engaged in other occupations doing community development work and/or using a community development approach in the promotion of social change".

The new community planning requirement for Scottish local authorities may be expected to stimulate fresh attention to the need for generic community practice skills, because of the obligations that it places on a wide variety of partners both to engage communities in planning and to take overall responsibility for community learning and development.

The major review of the capacity building requirements for community planning in Scotland (Eglinton, 2002) has found that there is to date a 'virtual absence of a learning and development culture surrounding community planning'.

Consultations were undertaken that suggested that a Learning Development Framework is required containing 'key skills and competencies, knowledge and attitudes' under four headings:

- Values and Visioning

- Partnership Working
- Practitioner Skills
- Engaging Communities.

The latter is said to include:

- Raising cultural and institutional awareness
- Understanding community diversity
- Listening and communicating
- Community learning and development

It is interesting that, firstly, the overlap between these skills and those identified as required for regeneration in for example the 'Learning Curve' report (see above) is almost complete; but also that the various skills involved in engaging with communities are more fully spelled out in this context.

The implications are spelled out more strongly in the guide to 'Involving local people in community planning' produced for the community planning Task Force (Atherton et al., 2001). This emphasises the importance of moving beyond a first stage of community involvement, which is consultation on initial plans, to a second stage. In this stage, the council and its community partners have a triple role to maintain in relation to local people:

- As part of their own service delivery commitment, they will carry out work to 'enhance the quality of life of local communities'
- they will be seeking ways to enhance the kinds of service provided by community and voluntary organisations
- they will need to provide support for the development of greater capacity and motivation amongst local people to participate in the community planning process.

As a result "a profound change in the culture of councils is implied. Many council staff and possibly councillors are likely to need new training in how communities work and how the forming and implementing of policy can be made more responsive to local people's involvement".

### **Scottish policy and related research**

However thinking that starts from the global perspective of the needs of 'community practice' or community planning practitioners as a whole is perhaps still relatively underdeveloped. More literature has been published, particularly by Scottish official bodies, which starts from the slightly different perspective of redefining and arguing for the wider applicability of existing community learning and development skills.

Much current debate stems from "*Communities – change through learning*", or the '*Osler Report*', the report, published in November 1998, of a Working Group on the future of Community Education (Community Education Working Group,

1998). The report and its acceptance by the government represent a move from Community Education being seen as “on the margins” to a view that it “is a key contributor to lifelong learning and plays a significant part in combating social exclusion”. But it is seen as “more a way of working than a sector of education”. The report therefore recommends that wherever there is an opportunity to develop people’s skills and knowledge through the building of confidence and personal and group effectiveness, the community learning approach should be extended to the other professions involved. This would require a much clearer shared understanding of the approach at national and local levels, and targets for what it is meant to achieve.

The Osler report, as well as being the source of the current system of Community Learning Strategies and Plans, subsequently implemented by government circular (4/99), recommends that those responsible for community planning should use the skills and insights of community education to achieve effective community involvement. The Working Group’s remit did not actually include fields that had, in the past, not seen themselves as “part of community education”. But its re-definition of community education now meant that it should be seen as “part of them”. Examples were said to include sports development, community arts or economic development. Elsewhere, partners whose links with community education are considered include those three, and also further education colleges, social work, police, health agencies, library services, and Higher Education.

The report does not spell out in full the implications for training for other professions, though it places considerable emphasis on the need for training for community education workers itself, both pre- and post-experience, to become much more inter-disciplinary in perspective. This:

“will not just be the concern of the NTO which is expected to be created for community education but will also be of direct interest to other NTOs e.g. for the voluntary sector, social work and libraries and to training for schools and further education.”.

Other professional bodies were already approaching CeVe to have relevant elements of their training endorsed; and training for other fields which can, or could, include community education competences, should be considered for joint recognition.

Following the Osler report, two main interlinked strands of policy and practice have continued to develop. One relates to training for community learning and development, and the other to planning and implementation.

Both strands are clearly strongly influenced by “Communities – change through learning”, though a range of views quoted in Malcolm et al (2002) suggests that a lively debate on its interpretation has sometimes gone on behind the scenes. One stakeholder, representing a national organisation, “believed there was

something fundamentally flawed in the notion that community education was a profession. Community educators should view themselves as cross-disciplinary change agents". For another, its outcomes had been 'sound enough' but "they had to sugar-coat it with unfathomable concepts such as Community Learning .. which were phrases we could have used anyway and some were, but all of a sudden they became capital C and capital L, and became something else".

Although the ongoing review of training has concentrated largely upon updating and broadening professional perspectives, consultees emphasised a concern to ensure access to training for as wide a range of practitioners as possible and a widespread desire to see the training agenda link coherently with other developments in community learning and development, including the need for common understandings and 'maps' within and across sectors (Communities Scotland, 2002).

'Empowered to Practice', the Scottish Executive response to that review (Scottish Executive, 2003a) announces the Executive's intention to support "measures that enhance a common understanding of community learning and development and its profile at national and local levels"

However, given the nature of the review, the responses relate largely to the purposes and organisation of training for specific roles in community learning and development. The commissioning of this current report however forms part of the Executive's response to the expressed concern that training opportunities need to be open to as wide a range of individuals and organisations as possible.

Circular 4/99 implemented the changes relating to the planning and implementation of community learning and development. In support of this Community Learning Scotland managed a national training and consultancy support programme for all community learning planning partnerships. The programme included a national Training Needs Analysis of service managers and field staff (Community Learning Scotland, 2000) - approximately 50% community education practitioners and 50% from other disciplines in further and higher education, health, the voluntary sector and a variety of local authority services. The key areas for training development were identified as:

- Community capacity building
- the involvement in learning of excluded groups
- adult literacy and numeracy
- use of ICT
- assessment of progress of learners.

These priorities are clearly influenced by those of the community education practitioners, but it was found that community development and social inclusion issues were identified as needing to be addressed across the board.

The next major statement on policy was “*Community Learning and Development: The Way Forward*” (Scottish Executive, 2002). This aims to explain how the Executive intends to embed community learning and development more firmly in its key priorities “particularly the improvement of public services, community regeneration, social inclusion, lifelong learning, active citizenship, health, crime prevention, the environment and youth policy”.

It confirms that “Our strategy for community learning and development is twin-tracked. It remains one of investing in a core of dedicated and highly trained professional youth workers, community workers and community based adult educators and of ensuring that all communities across Scotland, in particular those which are disadvantaged, have ready access to such support. Equally, it is about ensuring that a much wider resource of public service disciplines increasingly adopt community learning and development styles of working, of listening and engaging with people.”

This statement is still largely at an exploratory level: “we need to explore ways of promoting this policy agenda and of developing this shared vision”. It was followed by Working Draft Guidance on Community Learning and Development (Scottish Executive 2003b), which identifies practice priorities, and specifically four national priorities:

- To raise standards of achievement in learning for adults, in core skills
- to support the personal, social and educational development of young people
- to give ... communities the organisational skills they need to tackle issues of concern
- to support ... communities to work with and influence the planning and delivery of services.

It reaffirmed how important it is for community planning partnerships (CPPs) to use a community learning and development approach in delivering their main public service and quality-of-life outcomes.

It also highlighted the importance of continuing professional development for Community Learning and Development Partnerships. Indeed enhancing the skills of public service staff is seen as itself part of the lifelong learning strategy. The development of joint training programmes is encouraged - Partnerships should consider setting up joint training committees to tackle common training issues; and strategies should include targets relating to skills training. In general, though, continuing professional development priorities are still a matter for consultation.

The Working Draft Guidance was a subject of extensive consultation and has now been replaced by a final version: ‘Working and Learning Together for Stronger Communities’ (2004). The main themes remain unchanged though the national priorities have been reduced to three:

1. Improvements in the effectiveness, range and joint working of community organisations;
2. Increased confidence and motivation of excluded young people; and
3. Improved core skills, allowing individuals whose previous experience of education has been negative to tackle important issues in their lives.

The report states:

“We have placed our approach to CLD at the heart of our work on community planning. This means that for the first time community learning and development is being taken out of the margins and placed at the centre of the decision-making process within our communities. We want CLD to become a central feature of the way in which planning authorities and service providers engage with the communities and citizens we are all here to serve.”

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## Appendix 2

### Interview Schedule for Research project on CLD training needs of non-specialist professions.

#### Introduction

##### Aims of the research

- For professional staff involved at an operation level in regeneration for whom CLD is not their specialist background
- Learning needs in community learning and development (CLD)

The skill sets that the research considers as being within CLD and relevant to regeneration are:

- Community development, especially community engagement and community empowerment
- Support to personal/individual development that facilitates community development

We will talk about 'competences', which are 'things that people can do'.

REFER TO THE CARD FOR INTERVIEWEES AND ENSURE THAT THE INTERVIEWEE UNDERSTANDS THE CLD ISSUES

- Not, in the main, for staff with a community education background as they should have these skills already
- Priority 4 from the Working Draft Guidance on CLD  
"To support individuals, groups and communities, including young people, to work with and influence the planning and delivery of services at local and strategic levels. We aim to increase the effect the community has on planning and service-delivery decisions".
- When we talk about regeneration we are including community planning activities that are relevant to regeneration
- The interview will cover the following 5 themes:
  1. Your own professional background and the skills you bring to regeneration
  2. Issues around your need for, use of, and views on CLD skills in the context of regeneration
  3. Training needs and priorities in relation to CLD
  4. Training that is already available in relation to CLD
  5. Any other issues
- The interview will probably last for about an hour and a half.

### **Theme 1: Professions and the skills they bring to regeneration**

1. Can you tell me a little about your professional background and how your work is relevant to the theme of community regeneration?
2. Do you have any professional qualifications that are relevant to community regeneration in general?
3. When did you get these qualifications? (dates?)
4. Have you had any access to CPD in your profession that is relevant to regeneration?  
If so, what?
5. How far do you feel your professional qualifications, including continuing professional development training, have equipped you to deal with issues of regeneration?

### **Theme 2: Professions and the skills they bring to CLD**

Introduction: Community development and related personal development are the key aspects of 'building community capacity' in which the research is interested. Many people and organisations contribute in these ways to building community capacity.

6. In the context of the definition of CLD set by the Scottish Executive (**Show card**), how important do you think contributing to this is for your profession? Please rate level of importance on scale 1- very important to 4 = not at all important
7. Please give reasons for your score.
8. Can you tell me about any community and personal development skills that you use in order to make your contribution to regeneration? (**Show list from LEAP**)

**Note: If none, move to question 14**

9. What would you say are the 4 most important Community and Personal Development skills from those identified that you use in your role?
10. Please give reasons for your selection

11. How confident do you feel using this range of Community and Personal Development skills?

12. Would you say you learnt the skills you use more through experience or through training?

13. In relation to training, do you feel that:

- a. your initial professional training
- b. your professional CPD training
- c. any other training

has prepared you well to use such skills? (consider a, b and/or c as appropriate)

In each case:

- d. Could you detail this training provision?
- e. What was its value?

14. Please look at the following list of professional competences for post qualifying community practice (explain term) set out by the CeVe (The validating body for CLD qualifications) Please rate the importance of each one on a scale 1-4 – 1=very important 4 = no at all important

#### **Show list**

15. Would you say you have a role to play in relation to community interests in community planning?

16. Might such a role develop for you in the future?

#### **If Yes to either of these:**

17. Does/will this involve skills other than those just identified?

18. Has there been any training made available for this role?

19. If not, is training needed?

20. How well do you think specialist CLD professionals use these skills? (i.e. those with formal job specifications and specialist qualifications relating to CLD)

21. How well do you think non-specialist CLD professionals use CLD skills?

#### **Theme 3: CLD training needs and priorities**

22. Do you feel you currently have training needs in relation to Community Learning and Development?

23. If so what are the training needs you would identify?

24. Could you rank these needs in order of importance in your role?

25. What would you say are the CLD training needs of non-CLD professionals involved at operational level in community regeneration?

26. Could you rank the needs in order of importance for achieving effective regeneration.

27. In order to support effective community regeneration, apart from CLD, what other types of training, if any, do you think are needed?

- For people in your in your professional role
- For other professions

#### **Theme 4: CLD training that is already available or could be developed**

28. If you felt it was needed, how would you want to enhance your performance of CLD roles, e.g. training, job shadowing, consultant support etc?

29. Do you have an opinion as to how the learning opportunities you have mentioned should be provided?

30. By whom?

31. Is there any current training provision that already meets or could be expanded or changed to meet any of the needs identified?

32. Do you know of any CPD, from any source, that has dealt specifically with CLD issues?

33. If any are known:

- Where was the training?
- Did you take part?
- What were your views on the training?

34. What is your view about the value of endorsement and accreditation of CLD training?

35. If seen as valuable, which organisation should award the accreditation?

36. Which individuals/organisations should recognise this accreditation?

**Theme 5: Any other issues**

37. Do you have any 'second thoughts' about earlier comments now that all of the questions have been discussed?

38. Are there any other issues that you want to consider, or any other points of any sort that you would like to raise?

**The Scottish Executive defines Community Learning and Development as:**

*“Informal learning and social development work with individuals and groups in their communities. The aim of this work is to strengthen communities by improving people’s knowledge, skills and confidence, organisational ability and resources”*

*(Working Draft Guidance on Community Learning and Development January 2003)*

**The CLD skill sets (based on LEAP)**

Community development

- Support communities to identify their needs and plan how to meet them
- Make sure that activists and community organisations can develop the skills and confidence that they need
- Promote broad based participation in community affairs
- Assist communities to exercise power and influence
- Assist communities to provide or manage services.

Personal development

- Establish and maintain purposeful relationships with individuals and groups involved in regeneration, especially members of excluded groups
- Create relevant learning opportunities that empower individuals and groups to deal effectively with regeneration issues
- Sustain continuing involvement in such activities
- Support individuals and groups to transfer what they have learned to new contexts.

**The CeVe post-qualifying competencies – Post Qualifying Community Practice Guidelines**

- i. To undertake participative planning
- ii. To consult and negotiate with stakeholders and participants
- iii. To foster a partnership approach committed to inter-agency and inter-professional practice
- iv. To manage conflict, diversity and change
- v. To develop and implement participative approaches to accessing and managing resources and to assist others to do so
- vi. To devise policies, structures and programmes that promote social inclusion
- vii. To provide and promote empowering leadership
- viii. To foster a participative culture committed to organisational learning
- ix. To employ participative evaluation to inform strategic and operational practice

## Appendix 3

### Community Learning and Development Training Needs of Non-specialist Professions

#### Focus Group Questionnaire – practitioners

The purpose of this brief questionnaire is:

- a) To provide us with some background data on the experience and perceptions of each participant in the research project
- b) to enable you to reflect on some of the issues we wish to discuss in the focus group.

1. What is your job title?

---

2. What professional qualification/s do you hold, if any, and when did you obtain it/them?

Qualification/s	Date/s

3. What is your main role in relation to community regeneration?

4. Please read the following definition of Community Learning and Development:

‘Informal learning and social development work with individuals and groups in their communities. The aim of this work is to strengthen communities by improving peoples knowledge, skills and confidence, organisational abilities and resources.’

How well does this definition describe activity that you undertake in your role? Please give a score on a range 1 - 4 where 1=very well and 4 = very poorly

Score: \_\_\_\_\_

5. Please look at the following list of competences for endorsement of courses in 'Community Practice' identified by CeVe (the validation and endorsement body for courses in community learning and development in Scotland).

Please rate:

- a) the **importance** of each on a scale 1-4 where 1=very important and 4=not at all important
- b) your **confidence** in using these competences on a scale 1-4 where 1=very confident and 4=not at all confident

Competence	Score for importance	Score for confidence
• To undertake participative planning		
• To consult and negotiate with partners and participants		
• To foster a partnership approach committed to inter-agency and inter-professional practice		
• To manage conflict, diversity and change		
• To develop and implement participative approaches to accessing and managing resources and to assist others to do so		
• To devise policies, structures and programmes that promote social inclusion		
• To provide and promote empowering leadership		
• To foster a participative culture committed to organisational learning		
• To employ participative evaluation to inform strategic and operational practice		

Thank you for your assistance.

## Appendix 4

### Focus group schedule: practitioners

#### Key questions:

##### Importance of the research:

Do you see this as a necessary piece of research i.e. is there a need for learning opportunities relating to CLD for non-specialist professionals involved in community regeneration?

##### CeVe Competences

Do you see of the application of the CeVe competences going on in the community regeneration practice you are involved in? What are the main areas of strength and weakness of the way that they are applied?

What for you would be the main areas of competence that you would identify as relevant to improving community involvement in regeneration in your area?

##### Relevance of original professional training to role in regeneration

To what extent do you think that you have been able to transfer skill from your original professional training to your roles in regeneration? Probe the degree to which people from different professional backgrounds recognise a common set of skills and how far different professions share these in common.

To what extent do you feel the CLD skills for regeneration were ones that;

- a) you had already acquired in a different professional context?
- b) you had learned in the process of practice?

##### Learning, training or experience?

Is the agenda about learning or training or about other means of acquiring skills?

If it is a training agenda, what form should it take?

If it is a wider learning agenda how can learning opportunities be fostered?

(prompts secondments, shadowing, mentoring, peer assessment etc)

##### Knowledge of CPD related to CLD

Are you aware of any training or structured learning opportunities that are or have been available in your area?

If so, what?

If so, how useful have they been?

Have participants in the focus group ever done training with one another?

##### Accreditation

If learning/training opportunities were developed should they be accredited?

If so, by whom?

If so could they be accredited on a joint basis by several professions?

**Competence of specialist professionals**

How confident do you feel about a) the capacity b) the competence of specialist CLD professionals to use the CeVe competences.

## Appendix 5:

### Focus group schedule: other stakeholders (employers/managers, regulatory bodies, training providers, community representatives)

Introduction – 5 minutes:

A summary of the purposes of the research and the key findings to date will be used as with community representatives.

The purpose of the focus group will be explained. Briefly, this is to invite representatives of different interests to provide broad, largely national, perspectives on:

- The importance or otherwise of the overall research topic
- The findings so far
- Specific issues, such as accreditation and recognition of training.

### The findings so far

Presentation on powerpoint of main points. Each of the questions below will be addressed at the appropriate point in the presentation.

### The Questions – 1hr 10/20 minutes:

1. From your perspective to what extent do you regard this research topic as important?
2. In the context of community regeneration, from your perspective how relevant is the Scottish Executive definition of CLD to the role of your profession?
3. What is your reaction to the assessment by the practitioners of the importance and their confidence in using each of the CeVe competences
4. What are your reactions to the main points raised by the practitioners in relation to each competence exploring both the **importance of the competence** and **how to enhance performance**
5. In the light of the comments on sources of competence and preferred learning methods, identified training needs and level of development of relevant CPD, can a response be made and what is the best way of doing it? How highly would you rate inter-professional approaches?

6. What is your view of the issues of accreditation and endorsement? How far is inter - professional collaboration possible? How can it be progressed?
7. In the context of community regeneration and community planning, should we treat CLD staff any differently from other professions?
8. Can and should training include community representatives as well as professional staff?
9. Can and should community representatives play a role in assessment of professional competence? Is it acceptable to recognise qualifications that are accredited and endorsed by a professional body other than your own? What safeguards would you look for?
11. Is there a need for a Scottish training and learning strategy for community regeneration and community engagement in community planning? If so who should be responsible for it?
12. Do you rate the overall topic that we have been asked to look at as important or otherwise from the point of view of your interest in regeneration?