Make Every Contact Count

Asset Based Community Development in

 New Addington and Fieldway

**EVALUATION REPORT**

**November 2014**

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**1. Background**

In 2013 the Clinical Commissioning Group in partnership with CVA received NHS England funding as part of their Building Health Partnerships programme. Croydon was chosen as one of twelve national pathfinders. The Croydon pilot aimed to expand an Asset Based Community Development (ABCD) approach to health and wellbeing. The pilot took place in New Addington and Fieldway, the borough’s two most deprived wards. Following on from the Building Health Partnership project, the CCG sponsored the extension of this work in 2014 through the Making Every Contact Count (MECC) programme in partnership with the Director of Public Health.

Ill health prevention is a key component of Croydon’s Integrated Operating Plan on ‘healthier lives for all the people in Croydon’. The Prevention, Self-Care and Shared Decision Making (PSS) strategy aligns also with the local Council’s Adult Care Commissioning Strategy which has a major emphasis on primary prevention as well as secondary prevention. The strategy has listed the MECC feasibility pilot as an example of ‘implementing a prevention model’. The programme aimed to ensure that all frontline staff are able to provide consistent simple information and signpost to localised bespoke initiatives designed to improve health and well-being in the area through established community connectors.

The overarching ambition was to improve health and well being outcomes for people in in New Addington and Fieldway through the provision of effective support for sustainable community empowerment. The intention was also to see if the project could relieve the pressure on primary care in the borough’s most deprived wards.

This report presents the findings from the independent evaluation of the MECC project.

**2. Evaluation aims**

* To assess the impact of the project from the practitioners, stakeholders and community perspective ( impact evaluation)
* To determine what the effects of the programme are and if the project has met its overall aims( outcome evaluation)
* To evaluate the role of the community connectors in supporting health behaviour change in their local networks

There focus of the evaluation was to assess the impact of the project on practitioners and capture the impact of the work undertaken by the community connectors.

The following metrics were set up to assess the impact of the project:

**2.1 Quantitative monitoring**

* Record the number of service users who connect to local self-help activities/networks.
* Record the number and type of self-help activities to emerge.
* Record the overall number and type of self-help activities, associations, organisations (Asset map-Sept. 2014).
* Record the number and type of local organisations, associations and initiatives that receive funding from the project and because of the project (matched funding).
* ED attendances and reasons for visit 0-18 / 19-64 / 65+ (Sept. 2014)
* Emergency Admissions attendances for 65+ for COPD & Diabetes (Sept. 2014)

**2.2 Qualitative monitoring**

Using Outcome Star and audio tools, such as Audio Boo, case studies were conducted in 1 GP practice and 1 pharmacy to measure the impact of the project as experienced by front line staff in health settings recording their experiences at the start and conclusion of the project.

**2.3 Evaluation methodology**

A combination of quantitative and qualitative methods was used to gather evidence for the evaluation. The evaluation was embedded into the pilot project from the outset.

**2.4 Data from practitioners**

Both quantitative and qualitative methods were used to gather data from practitioners. A baseline questionnaire was used at the outset to assess their skills and knowledge of local health needs and communities to compare behaviour change over time. They were given another questionnaire to complete at the end of the project.

Qualitative monitoring was undertaken by the coordinator using Outcome Star and audio tools during the course of the project. This was done to measure the impact of the project as experienced by front line staff in health settings recording at the start and conclusion of the project.

Interviews were conducted with a sample of practitioners by the evaluator on completion of the project to get their feedback on the impact of the project.

**2.5 Data from community connectors**

A participatory approach was used to involve the connectors in the evaluation process. This involved the Connectors identifying key indicators for their work, defining quality standards for services and agreeing to ways of data collection.

Interviews were conducted with community connectors at the start and after the project by the evaluator to assess the impact of the project.

**2.6 Monitoring tools**

A number of monitoring forms and data collection tools were designed at the outset of the project in order for the evaluation to be embedded in the project. These tools were used to capture the process and progress of the project**.**

**3. Key elements that contributed to the success of the project**

The evaluation found that there were several elements that contributed to the overall success of the project. These are:

* The community engagement process was inclusive and allowed the local people to set the agenda, develop priorities and a plan from which the projects emerged. The different initiatives under MECC involved all age groups through their range of activities. Local people from the ages of 5 - 75 years plus got actively involved in the various projects.
* Projects undertook a holistic approach to promoting health and well-being for individuals and the community.
* A clear commitment from the outset to work in collaboration with the community, voluntary sector, health professionals and other stakeholders. Throughout the project, six Community of Practice meetings were held which were attended by local health and wellbeing practitioners, community connectors and local residents. The meetings provided an opportunity for professionals to network, share information, and understand the needs of the community. It also helped increase the knowledge of frontline staff in health settings on local assets and positive interaction with local people. The benefits gained from the meetings will be discussed in the next section of the report.
* The community connectors worked closely with local voluntary sector, community groups, health professionals, pharmacies and other agencies to deliver their projects. This enabled connectors to get access to local resources and services, use local venues, seek specialist advice for their project and signpost their users to relevant local services.
* The MECC funded projects and activities were innovative, creative and needs led. The Energetic and Wise is an example of an innovative approach that was undertaken to bridge the gap between the young and the elderly in the community and build stronger relationships. The members ranged in age from 8 - 90 years and the group jointly explored healthy recipes and a hot dish was served at every session. The Dog Walking project emerged from the Face2Face project for people experiencing depression. Members of the Face2face project decided to meet up with or without dogs and walked around the woods in New Addington for over 2 hours and are now meeting every Sunday. Each project developed in its own way – and did its own thing – but all of them shared a vision of how the community based action could help people achieve greater wellbeing. Each has taken its own path to a common goal of promoting wellbeing.
* The peer to peer approach of some projects enabled the community connectors to raise awareness of health issues and make this accessible to young people. For example, the Wii Fit project which used games and new technology to promote mental and physical fitness for children and young people also used the platform to provide healthy living information to its users. The connector (a young person himself) discussed more sensitive health subjects such as sexual health with the young people and connected the young people with the relevant services. Young people were more receptive to the information because it was from a peer. They could relate to him and trusted him and therefore the health information from the community connector had a greater impact. He said,

“Young *people understood my mentality and could relate to me. They had something positive to look forward to. They would listen to me because they trusted me.”*

* Peer to peer approach was effective in encouraging participation because people could relate to the experience of the community connector. *“You are talking to someone who has lived it. You are not talking to someone from a book.”*
* Finally, the greatest strength of the approach was that it was community led. The approach and ethos of the project were crucial factors in contributing to the success of the project**.** This quote from a volunteer illustrates clearly the sentiments of the community.

*“ABCD projects are different from council led projects because they are community led. It is for the community, by the community. People trust you because you are from the community and they feel you understand them and their needs. Anything with Croydon Council on it suggests authority, telling people what to do. There is a big difference.”*

**4. Findings**

The aim of the evaluation was to assess the impact of the MECC project as a whole and look specifically at the role played by the community connectors in bringing about improvements to health and well-being for people living in New Addington and Fieldway.

**4.1 Quantitative findings**

The following table shows the outputs of the project.

|  |  |
| --- | --- |
| Total number of people who were engaged by various MECC activities | 600 |
| Number of service users who were connected to local self-help activities/networks | 424 |
| Number and type of self- help activities to emerge. | 41 |
| No of volunteers enlisted as Community Connectors | 40 ( participation and numbers fluctuated during the project duration) |
| Number of patients signposted to community initiatives from the 2 GP pioneer sites | 51 |
| Overall number and type of self-help activities, associations, organisations (Asset map-Sept. 2014). | 400 +local resources profiled on the online map of local assets |
| Pioneer sites set up in the Parkway and Fieldway GP surgeries, enabling local residents to become actively engaged in self-care projects and social activity | 2 GP practices |
| Total number of Community of Practice meetings organized for health practitioners, Connectors and local residents | 6 |
| Total number of practitioner involved ( health, pharmacy, voluntary, statutory, community and faith based)  | 25 |

**4.2 Qualitative findings**

The section below describes the results from the qualitative interviews with connectors and practitioners involved in the work and from user feedback received by the connectors from their activities.

**A.Tackling health inequalities**

It is a well-known fact that many of the poorest communities experience the worst health outcomes. Central to reducing health inequalities are involving local communities, particularly those experiencing disadvantage. The MECC project has contributed to improving the health and well-being of the local community and has taken a step in reducing the inequalities in health that exist in the Fieldway and New Addington areas. By recruiting and supporting local residents in this area to be community connectors, the project “reached out” and “reached across” to engage individuals from ‘disadvantaged’ groups who traditionally lack confidence and are unable to articulate their needs to professionals. Additionally, the practical support, motivation and guidance offered to the community connectors enabled them to become active participants in formulating practical solutions to the health problems faced by their community.

 *“Community connectors played a very strong role by getting community members to connect people. Lot of other projects are run by what the professionals think is needed for the community in that area. ABCD’s very first approach was to introduce Community Connectors and invite them to start the conversations with the community I believe that approach has made all the difference”.* Local volunteer

**B. Increased participation and engagement of local people in their health and well-being**

This evaluation has found that the MECC pilot has brought about projects run by community connectors increasing participation and engagement of local people in health and well-being activities. This was mainly because the community based activities were led by local people who had a good understanding of the local needs and had the passion and determination to make a difference to their community.

 *“ABCD has opened everyone‘s ideas to the needs of the community. ABCD has highlighted that different people require different things and that it is not good to be generic. Like they say all elderly people like greenery and all young people like youth clubs. But in reality a lot of young people also like greenery older people wanted youth activities for the young people so that they don’t hand around the streets. Young people didn’t care for the club, they cared for their area.”* Connector

Projects such as Wii Fit and Energetic and Wise have been successful in engaging with large numbers of children and young people. Engaging young people in sport and activity has many wider outcomes, allowing young people to find and develop new passions and skills, as well as the natural health and social benefits that sport brings. In addition to the physical benefits, the community connectors used the sports activities as a route to make young people more aware of health issues. Young people were more receptive to health messages from a trusted individual.

*“ The Wii Fit project has benefitted the community in three different ways – benefit on young people by providing them with healthy information from a source that they would listen to; arts and crafts stimulated brain activity for children and gave them a chance to explore and learn; it has supported the local community.”* Connector leading the project

**C. Encouraging people to take responsibility for their own health**

The evaluation has shown that the MECC project activities have increased people’s understanding of health issues, improved their awareness of local services and supported them in making healthy lifestyle choices. This has increased the confidence of those involved and has built resilience of local people to take control of their own health. Projects such as Nutrition-T, Face 2 Face, and Your Health Connector pilot have encouraged people to be pro-active in seeking health information and take positive action to improve their well-being.

Feedback from users from the different project activities indicate that the sessions have helped build their self-confidence, giving them practical knowledge to change their health behaviours and a chance to connect with other people.

*“People are feeling healthier and are more able to deal with their emotional issues and other health issues themselves rather than rushing to the GP surgery. They are more inclined to do self-help rather than running to the GP.”* Voluntary sector worker

For example, the Your Health project in the two GP practices enabled people to take responsibility by providing information, presenting options for alternative solutions and/or services and building their knowledge and confidence to deal with minor conditions. The community connectors signposted a total of 51 patients to various projects. All the patients said that they felt confident about using local asset to improve their health as a result of having a conversation with a community connector and 80% said they felt more proactive about improving their own health and well-being.

*“People need to know that you don’t have to go to the GP. Lots of people don’t have that confidence. The connectors were giving people this confidence.”* Connector

*“I showed people how to make health foods on a low budget. Some of the mothers did not know basic cooking skills. They did not know how to make healthy food choices. I showed them the difference between healthy and unhealthy foods, gave them the recipes. They got practical experience to cook and try out the recipes. We talked about eating together as a family. They came to the next session with their families. It turned out to be a fun family event.”* Nutrition-T Connector

**D. Raising awareness of health and health services to promote good health in the community.**

This has been achieved as a result of the various activities and community based events. For example, theIdeas Fairs was held as an information sharing event to increase local people’s knowledge of local assets. It allowed health professionals to directly interact with local people. In addition to this, Connectors have been signposting people to other community projects throughout the duration of the work, making use of the ABCD asset map. A regular newsletter is now produced that both the younger and older generation have been involved in preparing.

Connectors have worked with health service providers and other practitioners to increase their knowledge of local assets and resources. Information has been shared between local practitioners such as library workers, Age UK, Pharmacists, Council Officers, New Addington Pathfinders, Fitness Programme Co-ordinators and local residents.

**E. Reducing burden on primary care**

The following initiatives have enabled people to self-manage their condition more effectively thus reducing their need to see their GP. The practical information, peer support, and confidence building have contributed to a reduction in numbers of people visiting their GPs.

* Your Health Connector pilot in the Parkway and Fieldway GP surgeries
* Face2 Face project
* All Connectors’ signposting to pharmacies and other services

Your Health Connector pilot:

The Connectors engaged with over 90 patients during the pilot and signposted 51 patients to community initiatives including community pharmacies. 80% of patients seen at the two surgeries said that they now feel more proactive about improving their own health and 100% said that they were more aware of local projects and services as a direct result of the pilot project. The feedback from the patients has shown that they felt less isolated because the signposting was informal and less intimidating. It put them in touch with services that provided the additional support they needed. It made them feel more in control of their health and gave them an alternative to seeing their GP.

*“Through speaking to the people we contacted at the GP it was clear that they no longer felt the need to rush to the GP with every problem. They felt better that they found support in the groups they had been signposted to.”* Connector

The Health Connectors’ project signposted a patient who had come into Parkway Surgery with an injured thumb after cutting it badly that morning. The minor injuries unit was not open and she would have had to wait for an appointment. The Health Connector informed her she could see the local pharmacist for help and gave her directions. This is one example of how the signposting by Connectors has helped in use of alternative services thus reducing use of GP service.

*“I met a lady in the GP practice who was waiting to see the GP because she had cut her finger. I told her that she could go to the pharmacist for this rather than waiting to see her doctor. She said she didn’t know that pharmacist could deal with such things. She listened to me and went to the pharmacy.”* Connector signposting at GP practice

Face2Face project:

Feedback from Face 2 Face projects has shown that 40 out of 80 people who attended the group i.e. 50% of the users had stopped going to their GPs for their condition as a direct result of joining the peer support group. The following quotes show how the peer to peer support helped people to self-manage.

*“Many people I spoke to have stopped going to their GP every time they get a headache or cramps because they are getting support from other people at the groups they are attending and now get less stressed and feel less ill.”*

 *“One lady suffered from headaches from the past two years and had been going to her GP for that. She thought she had brain tumour and had all tests for it. Then she came to the group. We told her we had that and that happens with depression. She stopped going to the doctor for her headaches.Another lady suffered from pins and needles and was going frequently to her GP. She stopped going to the GP after coming to our group.”*

Signposting to pharmacies

The Connectors received training from the local pharmacies and worked closely with community pharmacists throughout the project referring patients to the pharmacies for minor injuries and conditions. However, there was no data available to confirm the actual numbers signposted to pharmacies.

**F. Reduction in A&E attendance**

The data provided by the CCG shows that per 1,000 populations (all ages) New Addington/Seldson and Mayday have the highest attendance for A&E (all attendances). One of the objectives of the project was to reduce A&E attendance in relation to the baseline data provided by the CCG. However, it was not possible to demonstrate this impact because of the short term nature of the MECC project. This kind of evaluation will require a longer time period to review the impact of any community based behaviour change activities.

**G. Improving Emotional Health and Wellbeing through peer support**

Feedback from users and Connectors has shown that the various peer support activities have helped people deal with their health issues and given them the knowledge and support to sustain healthy behaviour. The NICE Guideline (2009) Treating depression in adults with long-term physical health problems indicates that treatment for mild to moderate depression should include peer support. The MECC projects through their activities enabled people to share their experiences, feel reassured, and provide mutual support and recognition of the issue.

*“You don’t take in when a GP tells you that your headache is not a brain tumour. But when you hear another person in the group telling you the same you take it in more. You don’t feel you are being brushed off. The GP might be trying to convince you, but in your head you feel the GP is brushing you off.”*

Face 2Face project actively involved approximately 80 people in the group sessions. The social network site and online support has had over 100 people contacting the project for advice and help. The high numbers clearly prove that there is a need for the project.

**H. Encouraging community cohesion and developing social capita through its activities**

It is clear from the evaluation that the MECC activities and events have given people from different backgrounds in the community a chance to meet, get to know each other and share experiences. Projects such as Energetic and Wise have brought the older and younger generations together which has given them a chance to get to know each and create mutual trust and respect.

**“**The *project brings the**community back together. It gave people a chance to get to know each other. It stops the older generation being scared of the younger generation. It brings the generations together. The younger generation don’t realise that the older generation have a lot to give. This project brought the two together.”* Youth worker

Social capital is a way of describing the norms, networks and interactions (sense of belonging) that facilitate collective action. Many believe it holds the key to understanding and tackling social inequalities in health. The MECC activities have through their numerous activities have successfully facilitated collective action and brought people from different backgrounds together. Many have said that as a result of the project, they now take time to stop and enquire as to the wellbeing of others.

*“Working on the ABCD project has brought a lot of people together who wouldn’t normally talk or interact with each other.”* Community connector

**I. Cascade effect- motivating others in the community to volunteer**

Feedback from the Connectors suggests that MECC activities have motivated other people in the community to do something. *“By seeing people do such projects it is encouraging and motivating others to do it. There are lot of good ideas out there; people need to be given the chance and confidence to do it.”* Connector

Connectors have played a crucial role in inspiring other people to volunteer and to make their ideas into reality.

*“Lot of people don’t understand that they can do something with the ideas they have. And the more they see people doing it the more they might actually have the courage to try it. And they need somewhere they can try it and someone who will give them a chance.”* Community worker and volunteer

Furthermore, the integration of young people into community-based activities has been positive for both the participants and the community. Young people participated on their terms, gradually getting involved, using the project as a springboard to involvement in the local community and engagement with the broader community.

*“I spoke to a young person the other day that saw what I was doing and wanted to set up his own thing. He was asking me about how he could take his ideas forward. We need to encourage the young people to do projects” Connector*

**J. Impact of the project on practitioners**

The following section discusses the impact of the project on the practitioners and presents their perspective on how the project has made a difference.

There were 25 practitioners actively involved in the MECC project. They were from a range of different backgrounds such as health professionals, voluntary sector, community groups, statutory sector, faith groups and pharmacies.

MECC organised six Community of Practice meetings which were attended by local health and wellbeing practitioners, Health Connectors and local residents. The meetings explored the barriers and levers to involvement and engagement for all relevant organizations. The meetings also helped in increasing the knowledge of frontline staff in health settings on local assets and encouraged positive interaction with local people. The Your Health Connectors project came out as a direct result of these meetings. The connectors worked in two GP surgeries to have conversations with patients and signpost them to local projects and services. This was delivered over a 6 week period, two days a week at each surgery both in the morning and evening to allow for full participation.

All the practitioners on the MECC database were given links to PDAs via emails and flyers. Approximately 150 practitioners were involved. The connectors promoted the use of PDA and its benefits and signposting people at all meetings with practitioners and in GP practices. There was full support and commitment from the practitioners about promoting the use of PDAs. As well as being promoted by the GP Practice Manager at Parkway and Headley Drive GP surgery via their database and a texting service. The link has been uploaded onto the New Addington Pathfinders Facebook page with approximately 5000 members.

The evaluation has found that information about PDAs has been actively promoted with practitioners and stakeholders throughout the course of the project. However, there has been no follow-up to verify whether the PDAs are being used. Some of the front line pharmacy staff interviewed were not aware of PDAs. The evaluation cannot confirm if the PDAs are actually being used routinely for signposting purposes.

The Outcome Evaluation Star below shows how the project improved community knowledge of community activities, connected people and improved healthy lifestyles over the 7 month period. The red indicators in the diagram below show the community’s average rating out of 5 (1 being the least and 5 being the most) in June 2014. Blue represents the same questions asked in August and the green shows the ratings at the end of the project in October.



The baseline evaluation carried out with practitioners before and after the project clearly shows that the MECC project has helped increase their knowledge and awareness of local services, has built their confidence about signposting to local community projects and has facilitated joint working and collaboration to promote health and wellbeing of local people. The following chart illustrates the evaluation results.

Base line data collected from practitioners in July 2014

Data collected at the end of the project in October 2014

**4.3 Impact from the practitioners’ perspective**

This section lists the key benefits and impact the project has had from the practitioners’ perspective.

* MECC project has provided opportunities for practitioners to make connections with other agencies and service providers and facilitate joint working to improve health outcomes for the local community. It has promoted collaboration and joint working between the different community groups, practitioners and across sectors.

*“That has well and truly been achieved. At our level we have connections with lot of local organisations that we did not have connections with. We now have connections with the Salvation Army and Age Concern.”* Pharmacist

* Working closely with the community connectors has given services like the community pharmacies a chance to promote their services directly to local people at community based events. Furthermore, these events have provided a chance to engage with young people who have been difficult in the past to engage in health promotion activities.

“We *had a table at one of the Health (Ideas) Fairs. There were a lot of young people there. We could tell them about the services we offer such for young people’s sexual health. It gave us a chance to talk directly to young people who don’t normally come into pharmacies. Without the ABCD project we wouldn’t have been able to make the links we have made with young people, with other groups like the Salvation Army.”* Pharmacist

* The signposting work undertaken by the community connectors has helped raise awareness and understanding of the range of services provided by the local pharmacies.

*“Through the project we have had a chance to talk to lot of people in the community. Connectors have also promoted our services***.** *Lots of people are not aware of what we are doing. But this is changing now.”* Pharmacist

* The community connectors have helped raise awareness of local health needs of the community and enabled practitioners to connect with local issues.

 *“The ABCD project has helped raise our awareness of the local issues and the local needs. I don’t live in the area so I don’t know what the local issues are. This project is (delivered) with local people and gives us the information on the needs of local people.”* Pharmacist

*“New Addington is an area of health inequalities and there is a great demand on NHS services in that area. The ABCD project is providing a very valuable service by helping to connect people who are already doing something around public health issues and healthy lifestyles to improve the health of the area. However, the short time scale of the ABCD project is not enough to give an indication of what they could achieve. They are doing things, but they need more time to do the work.” GP Practise Manager*

Community connectors have supported other agencies by working together to get the community’s trust.

*“We found it hard for people to open up to us and accept us in. It is a very closed community there, so things are more likely to work if it is started by someone local. We have been going there since last April but it is only now that local people have started opening up to us. This is because the volunteers are local people and they have been working with us to promote our services so local people have started trusting us.”* VCO worker

**5.Conclusion**

The MECC- ABCD feasibility pilot project has been successful in meeting its intended aims and objectives through the creation of bespoke and local initiatives. The project has supported local people to improve their health and well-being and this has impacted on the wider local community helping to reduce the profound inequalities in health that exist in theFieldway and New Addington areas.The project has been very successful in motivating the local community to engage and participate in health and well-being activities. It has encouraged people to be proactive about their health shifting the emphasis from specialist service to a self-care model. The data collected throughout the evaluation show that some of the project activities have reduced repeat visits to GPs. The project has facilitated collaboration and joint working amongst all stakeholders to promote health and well being.

The community connectors have tirelessly worked to engage the local community in health and well-being activities. Through their hard work, commitment and creative approaches they have provided practical help and emotional support to people from all ages and backgrounds.

The MECC- ABCD project invited individuals to take confidence in their own skills, knowledge and capabilities and inspired them to develop and challenge their abilities. The most common feedback from local people interviewed for this evaluation was that being a part of this work led to them ‘feeling good’, they spoke about the activities they were now a part of and stated that they felt ‘less isolated’. In conclusion this 7 month feasibility pilot has nurtured the foundations of a potential culture change in NA&F away from service dependency to greater individual and community resilience.

**Appendix 2:**

**NA&F projects**

The Your Health pilot ran 4 times a week for 6 weeks in both Parkway and Fieldway GP surgeries and saw the training of community connectors on patient engagement and Pharmacy First services by local pharmacists at Aumex Pharmacy. Projects signposted to included:

* Face 2 face
* The Family Centre
* Headley drive counseling service
* Nutri T
* Kingfishers
* Salvation army
* Alive and kicking
* M I change
* Mind in Croydon
* Knit & Stitch
* Weight watchers
* Energetic and wise
* New Addington woman’s health group
* The pop in
* Health walks
* Face 2 face dog walking
* Croydon heart town
* Aumex pharmacy
* Parkway emergency care
* Pharmacy first services
* Age UK- Health hub
* Slimming world
* C A L A T centre
* Food bank.

**Appendix 3**

**Want to find out more?**

The people, their aspirations, their offers of help and details of their new connections and their projects have been captured in write ups, blogs and videos which have been posted at **www.talk2croydon/abcd**.This serves as a community resource, a record of achievements and social archive.

**Headline achievement film:** A short presentation, delivered to the PSS steering group in Nov. 2014, about the MECC-ABCD pilot project: <https://animoto.com/play/ABZN1dfMeix9LG9FS0DDpw>.

**Audio Interviews:** The following link has interviewswith **health practitioners**, including Nicola Shergold – Practice Manager at Parkway and Headley Drive GP surgery, on their involvement in the pilot: <http://audioboom.com/playlists/1261295-croydon>

Interviews with **community connectors** on their involvement in the ABCD-MECC project are recorded on the following link: <https://audioboom.com/playlists/1256362-asset-based-community-development-abcd>

Further audio interviews are captured on the following link: <https://vimeo.com/112510426>

For more information on ABCD in Croydon visit: [www.cvalive.org.uk](http://www.cvalive.org.uk). Visit **www.nurturedevelopment.org** to find a treasure chest of resources, including articles, videos and blogs on all aspects of ABCD.