

## Community Readiness Model (CRM)

### FINAL REPORT

v.1.0

## Active Travel in Keighley Central, Manningham and Girlington & Barkerend, Bradford Moor

### Version 1.0 28/05/2024

*This is a report on community readiness prepared for Bradford Council after the application of the Community Readiness Tool. This report summarises and captures findings from the three areas where we have applied the CRM tool to gauge levels of community readiness for Active Travel in the above named areas.*

#### Report approved by:

Role	Name	Date
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### 1.0 REPORT SUMMARY

**Purpose** – To gauge levels of community readiness in different areas of Bradford to address the issue of Active Travel within the community. The meaning of Active Travel by definition is as follows

*“Active travel can mean cycling, walking or wheeling as a means of transport in order to get to a particular destination such as school, work, the shops or to visit friends. Active travel can also include trips made by wheelchair, mobility scooter, adapted cycles and scooters, with cycling including bicycles, tricycles and electric cycles, powered by feet or hands. Active travel may also include the use of public transport as part of an active journey.”*

We reached consensus on this definition through conversations between Bradford Council and Bradford CNET

## 2.0 INTRODUCTION

Communities experience many different stages of readiness for new initiatives and it is important to attain alignment between implementation efforts for a programme and the level of readiness within a community. The Community Readiness Model (CRM hereafter) was developed in the United States to assess levels of readiness and achieves this by placing a community in one of nine possible stages of readiness ranging from 'no awareness' at stage one, right through to high levels of community ownership at stage nine. Through the application of the CRM, programme implementers are able to gauge readiness and then make plans to improve levels of readiness so that implementation efforts and levels of readiness work in a compatible way.

CRM helps identify appropriate, culturally sensitive and community specific intervention strategies for the issue at hand.

### 2.1 The Community Readiness Model

A brief explanation is offered here about the process of how CRM was applied. The process started by identifying and interviewing a minimum of six to eight key respondents in each of the above areas who were involved in community affairs in an intimate way (e.g. activists, leaders, elected officials, health workers etc.). These key respondents were well placed to provide esoteric information about the chosen communities. The interview schedule was composed of 36 questions exploring five dimensions and each interview lasted between 20-40 minutes. The 36 questions covered the following five dimensions:

- A. Community Knowledge of the Efforts**
- B. Leadership**
- C. Community Climate**
- D. Community Knowledge about the Issue**
- E. Resources Related to the Issue**

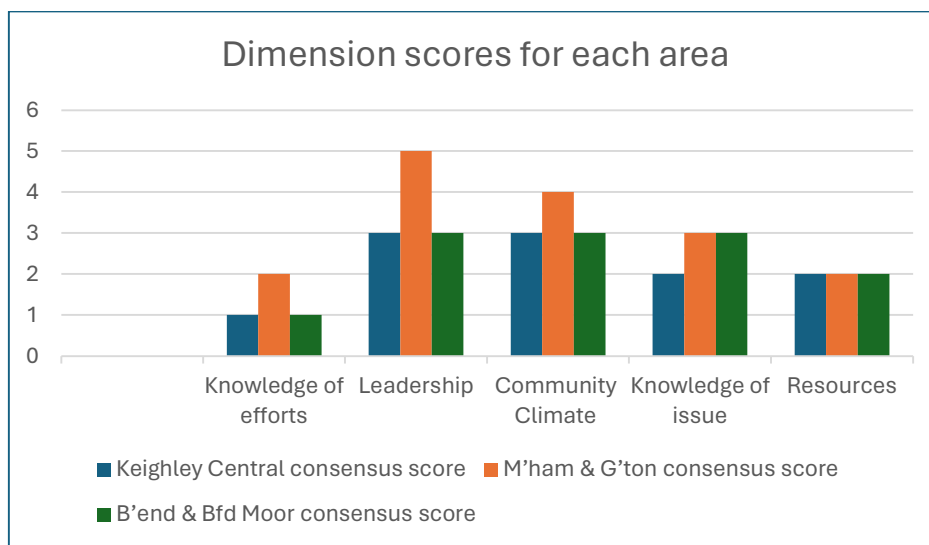
Scorers chose a score ranging between 1 – 9 (table below) for each of the dimensions after the interview transcripts were thoroughly analysed by two independent scorers (table below). Scores were applied on the basis of how much confidence respondents showed when answering questions relating to each of the dimensions. An anchor scoring sheet was made available for this purpose. The resulting aggregated scores were then tallied and divided by the total number of interviews to achieve the community readiness score. As per the guidance, the score has been rounded down.

Score	Stage of Readiness
1	No awareness
2	Denial / Resistance
3	Vague Awareness
4	Preplanning
5	Preparation
6	Initiation
7	Stabilisation
8	Confirmation / Expansion
9	High level of community ownership

### 3.0 DATA SUMMARY

Data from all three areas was collected and is shown in table below. Granular data has already been provided as part of the interim area reports. The table below shows the scores for each of the areas.

DIMENSIONS	Keighley Central consensus score	M’ham & G’ton consensus score	B’end & Bfd Moor consensus score
Knowledge of efforts	1	2	1
Leadership	3	5	3
Community Climate	3	4	3
Knowledge of issue	2	3	3
Resources	2	2	2
<b>Overall CRM Score</b>	<b>2</b>	<b>3</b>	<b>2</b>



The results show similar levels of readiness which falls in the range from denial/resistance to vague awareness for the issue of active travel. The table below shows the results from all the focus groups which followed the individual CRM method whereby individual key respondents were interviewed. The purpose of the focus groups was to test if the community readiness scores described above matched the perspectives of residents in the community. This method of testing through different sources augments our findings.

The focus groups were organised in each of the above areas and invited 8 - 12 number of residents to each focus group. All of the participants were selected on the basis of their residential status (i.e. lived in the relevant areas). They were recruited through CNET and invited to attend a community venue and were informed about active travel then asked questions on the subject which was matched along the community readiness model. The participants were presented with the scores described above which then provided them opportunities to offer their opinions on the various findings that transpired from the CRM exercise. Participants were able to comment on the scores and offer their insights about whether they agreed or disagreed with what was found.

Here are the key findings. The table below shows data for all six focus groups which were undertaken at different venues.

DIMENSIONS	Keighley Central Focus Group 1	Keighley Central Focus Group 2	M'ham & G'ton Focus Group 3	M'ham & G'ton Focus Group 4	Bfd Moor & B'end Focus Group 5	Bfd Moor & B'end Focus Group 6
Knowledge of efforts	1	2	2	3	1	2
Leadership	3	2	2	3	2.5	2
Community Climate	3	3	2	4	3	3
Knowledge of issue	2	2	5	4	3	3
Resources	2	2	2	2	2	2
CRM Score	2	2	2	3	2	2

#### 4.0 RESULTS

Both the key persons consensus and the focus group scores showed similar end results. The results were in the range of 2 & 3 which show the communities in all three areas of Bradford to show a readiness of denial/resistance and vague awareness. The focus group scores reinforce the scores given by key respondents which are very similar.

All three areas share many similarities including intergenerational families residing together many of whom are from a South Asian background. Data from health sources show that there are high levels of socio-economic deprivation. High levels of health and medical issues including cardio-vascular, diabetes, high cholesterol and high blood pressure.

#### 5.0 DISCUSSION

The overall scores from the key persons consensus and the focus groups from all three areas shows that for all dimensions the scores were either in the range of no awareness (One), Denial/resistance (Two) or vague awareness (Three). This means that for the issue of addressing Active Travel in the different areas, there was very low level of community readiness.

Despite high levels of need in terms of Active Travel, there is a low level of readiness to do anything about this issue and so any efforts to address the issue will need to be mindful of this gap.

The CRM model suggests that the following strategies should be considered when a stage of denial/resistance has been reached for an issue:

Raise awareness that the issue exists in the community. They suggest the following actions:

- Continue one-on-one visits and encourage those you've talked with to assist with raising awareness.
- Discuss benefits related to the issue.
- Approach and engage local education/health outreach programs to assist in the effort with flyers, posters, or brochures.
- Begin to point out media articles that describe local critical incidents (details can be found through other research projects).
- Prepare and submit articles for community bulletins, local newsletters, club newsletters etc

- Present information to community groups. Sharing through already set up WhatsApp groups and social media platforms.

The above from previous stage together with additional below.

- Continue actions from previous stage (as above)
- Present information at local community events and to unrelated community groups.
- Use visuals and stories, make your message “sticky”
- Post flyers, posters, and billboards.
- Begin to initiate your own events to present information on the issue.
- Publish newspaper editorials and articles with general information, but always relate information to local situation.
- Sample media message: “Our community can change their world”

## 6.0 COMMUNITY STRATEGY COMMENTS

### 6.1 Knowledge of Efforts

“word of mouth to share information is big within the community”

“only through gym I found out about activities”

“older people not aware of any initiatives as they are hard to reach”

“promote it through posters, through the mosque, through the community groups, through WhatsApp groups, through social media, so everybody becomes aware of the activities”.

One of the schools has blocked the road for 30 – 40 minutes in the morning so that people have to park further away and walk their kids to school; this was mainly about making the school less congested and making it safer.

“some schools have no parking close to school which is good but more need to do it”

“School rewards people to walk to school.”

### 6.2 Leadership

Most felt that no leader they knew of prioritised active travel. They had not seen any leader engaging in active travel behaviours such as cycling, walking or using public transport to work, school or visits to supermarket.

“Councillors need to discuss active travel at meetings”

“if leaders pushed for active travel, then I think we would have reliable buses, more people walking to work, and maybe have a rent-a-bike system in places like you do in Newcastle”

“Leaders need to be more actively travelling before people do”

“some mosques encourage people to walk to/from home for Friday prayers especially”

“Not much access to bikes within the community”

“stigma around females riding bikes still within community”

“communication of information could be improved through existing ladies WhatsApp groups, community centres and GP surgeries”

“Schools need to do more to encourage parents”

“small pockets of activities but needs promoting and bringing together for everyone”

“more adverts on billboards, on busses, school coffee mornings, mosques, door to door, collaborative working, and breaking language barriers”

“leaders should set a good example. Community champions should receive incentives for their efforts and recognition for their achievements.”

### **6.3 Community Climate**

“if we had direct buses travelling to the area we worked in, then travelling by public transport might be a possibility”

“they should reduce bus fees, it can be costly to pay on a daily basis”

“if roads were safe, then some people may consider cycling to places”

There was a general feeling that the cost of living crisis was the top of most people’s list of priorities.

“people are so used to using their cars it will be hard to get them to change”

“certain areas are not appealing for walking or cycling”

“people need to see more value in active travel for them to change”

“I think it does need more of an educational approach, people like, you know, talking to people about the benefits of walking.”

Concerns were raised by the group that women from diverse cultural backgrounds, may not feel comfortable cycling due to cultural barriers affecting their confidence. It was stated that promoting the cycling/walking culture among children from a young age, with parental encouragement, can foster a lifelong habit of cycling walking among adults.

“generic letters are dismissed by residents when the post arrives, so they need to be personalised”

“storage of bikes is a big issue for families”

### **6.4 Knowledge of Issue**

“I attend meetings at my community centre, but active travel hasn’t been mentioned”

“It seems like a good idea especially for schools”

“we receive a lot of information on social media, but we have not yet come across active travel”

“put information on lampposts which show benefits”

“raise more awareness through community ambassadors and active travel champions”

“lack of awareness, you know, on most issues unfortunately, language plays a big barrier in that as well. But yeah, that’s it, you know, I think people need to be educated in their own languages, to make it effective”.

“a volunteer scheme could be established to motivate and involve people in initiatives aimed at improving health and well-being.”

## **6.5 Resources**

“more recruitment of experts to the community”

“traffic calming in areas needs to be improved”

“initiatives to reward volunteers”

The residents called for more traffic wardens and double yellow lines to prevent obstructive parking, particularly near schools where it poses risks to children, disabled individuals, and mothers with prams. Residents advocated for the implementation of no-parking zones outside schools and proposed on-the-spot fines for those who violate parking regulations

Another suggestion was to train kids to cycle independently, potentially through local masjids and schools.

Education about active travel should start in schools. By focusing on promoting active modes of transportation to school, such as walking or cycling, schools can play a crucial role in fostering healthier habits among students. Additionally, there was an emphasis on collaboration between masjids and schools to promote active travel.

There was a suggestion on offering incentives for those who actively travel and providing start-up grants for individuals or groups promoting active travel within the community.

## **7.0 RECOMMENDATIONS**

Activists who promote the community readiness methodology often quote the studies which state, “if an intervention was delivered despite low levels of community readiness then it risked failure” and they provide several examples of why community levels of willingness must match the implementation plans. If these two factors are treated independently of each other then it could result in both things pulling in different directions.

Many of the comments from both the key respondents and the community participants point towards a culture where cars have dominated the neighbourhoods and that is what people are now “used to”. Add to this the low levels of awareness about the issues associated with travelling via cars and also lack of awareness about the health benefits that stem from active travel then this will lead us towards reasons for low levels of readiness.

Leaders have not engaged with the issue and elected officials have not made this a priority. Cultural community perceptions have not made it possible for females to ride bikes and people expressed some concerns associated with safety issues with actively travelling.

The above points are not going to be resolved without engagement from trusted community members who are able to communicate with the communities in an effective way. Behavioural change and a change in how people perceive active travel will need a robust communication plan that will portray the benefits of active travel for families and neighbourhoods and will need to address concerns that impede active travel. It will be prudent to make efforts to achieve this in partnership with trusted community organisations who can support efforts to get the messages out to a variety of audiences and support plans for infrastructural changes.

The points raised about infrastructure issues such as bike storage and safe walking routes, cycling routes needs further exploration with community leaders and residents to understand what would resolve the issues that would then improve levels of readiness. If the issues are connected to other non-active travelling issues such as fear of crime hotspots or dangerous quadbikes and mopeds then members of public will want to see efforts to address these at the same time as efforts to improve infrastructure (such as more of Police presence to address crime). Starting a dialogue with key leaders in the community holds the potential for two useful outputs. Firstly, you can seek solutions to the blockages that get in the way of active travel and secondly, the leaders will start to see the value of the subject you are trying to improve. This will lead to improved levels of readiness for the leadership dimension and as a consequence will have a knock-on effect towards the other dimensions as they promote active travel through their networks of influence.

It will not be possible to offer an exhaustive list of recommendations from this report as the solutions are often multi-faceted and require support from more than one source. It will prove much more beneficial to use the numerical scores and qualitative quotations to work with the communities and their leaders (this could include the Ward Officers and Councillors) to reflect on what was found and draw up plans that will lead to changing perceptions and behaviours. The plan for the three areas may be similar as the scores are similar but there is every possibility that the areas may need different approaches. By co-designing the approaches for each area based on the scores and comments collated in the different reports, designers and implementers will increase the likelihood of community readiness shifting in the right direction.

## 8.0 REFERENCES

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