Unleashing Healthy Communities

Summary Report

Researching the Bromley by Bow model

Catherine-Rose Stocks-Rankin, Becky Seale, Naomi Mead

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The model we have created and deliver has received recognition, both nationally and internationally. Numerous studies have been undertaken, with many articles written about aspects of it and much data and information collected for funders and partners. But it was not until 2015 that it became clear that it may be possible to commission a new long-term approach to researching the Bromley by Bow model and its efficacy.

This new opportunity was initiated through stimulating engagement with both Public Health England and the Wellcome Trust and in 2016 they became our founding partners on Unleashing Healthy Communities. Their generosity was in terms of both financial underpinning and major contributions to scoping the research. These initial two partners were subsequently joined by the Health Foundation and OCS, both of whom have provided invaluable support to this project.

From the outset, the Bromley by Bow Centre engaged the Bromley by Bow Health Partnership in this work in order to ensure that the range of social and clinical elements were fully recognised and analysed by the researchers. An Academic Advisory Group of eminent thinkers and researchers was established and they have given generously of their time and added immeasurably to the study.

We were absolutely delighted to be able to appoint two first class and complementary researchers to this project in Dr Catherine-Rose Stocks-Rankin and Becky Seale. Their work has delivered excellent and extensive outputs and the range of benefits is significantly greater than first envisaged. The richness of their research means that there is major scope to deliver significant additional outputs from the work done over the last two years (in the form of peer-reviewed article and other materials) and also prepare the ground for further research. We always envisaged the first two years of Unleashing Healthy Communities as being about laying the foundations for longer term research and supporting the embedding of a series of new organisational approaches, which range from improved data collection to better storytelling.

Unleashing Healthy Communities began with some initial reflections on the effectiveness of the holistic Bromley by Bow model that had emerged in east London over many years. At its heart, was the idea that the experience of the Bromley by Bow Centre and its community could have wider resonance and application in other places. It was recognised that it was perhaps the most complex community health model in the UK and that it firstly centres around addressing the social determinants of health; but then has the additional focus of delivering high quality clinical services.

The success of this first phase lies in this report. It testifies to a robust approach to research and is laced with numerous insightful and, in some cases, unexpected conclusions. We already know it has a vital role in planning the future of our work in east London over the next few years. We very much hope it may have value to others way beyond the confines of Bromley by Bow and help unleash more healthy communities.

Over the years, the key focus at Bromley by Bow has been on being practical. Our approach is imbued with the desire to challenge conventional wisdom and keep it simple: This way of working has led to innovation and the extensive integrated range of programmes that combine into what we see being delivered today by the Bromley by Bow Centre and the Bromley by Bow Health Partnership. It has also led to an organisational character which has focused on creating a place and culture that encourages human interaction and elevates the things that enable people to have a purpose in life, over the simple acts of delivering a series of services.
Based in Tower Hamlets, East London, and with a history dating back to 1984, the model is a partnership of two organisations – the Bromley by Bow Centre (a community centre) and the Bromley by Bow Health Partnership (a set of three GP practices). They reach an estimated 6,000 people via the community centre and 27,000 patients, with a shared aim of improving the health and social circumstances of the local population.

The Bromley by Bow model is viewed as a complex response to a community with both serious, and ongoing, challenges as well distinct assets – including its diversity. But what does this really mean? Is there a clear picture of the day to day work that makes up general practice? Does the term ‘community centre’ give a clear picture of the activities which take place there? What difference do these activities make to people who live and work locally? And where do the community’s wishes for their lives connect with the day to day work of the organisations?

• For those who aspire to build their own community-based approach to health and wellbeing, this report offers rich insight into the development of the Bromley by Bow model over the last 35 years.

• For those grappling with primary care transformation, with the integration of services and support, with the day to day realities of service delivery – this report offers insights into how the Bromley by Bow staff balance their commitment to relational ways of working with their responsibilities to meet need and enable opportunities.

• For those who are concerned with the power of people to shape their own communities, this report shares insights about the barriers and enablers to a community’s dream for a good life.

These insights are rich in detail and capture the many stories of people who have shaped the Bromley by Bow model as well as the community’s own story and aspirations. The evidence is drawn from approximately 4000 hours of embedded, ethnographic, research as well as 62 interviews, 46 workshops, 3 exhibitions, and 500 comments that the community research team collected from fellow residents. Alongside the summary of evidence we provide here, we invite you to read the full report available at www.bbbc.org.uk/insights on the Bromley by Bow website.
Research methods

The Unleashing Healthy Communities research and development project was borne out of the idea that the experience of the Bromley by Bow model, and the insights from the community which has shaped it, could have wider resonance and application in other places.

The project began in 2015 when the Bromley by Bow Centre secured funding from Public Health England and the Wellcome Trust – with additional support in 2017 from the Health Foundation and OCS – to establish the foundations by which the model might be evaluated, asking:

‘What is the Bromley by Bow model and how could it be measured?’

Between June 2016 and June 2018, researchers Becky Seale, Catherine-Rose Stocks-Rankin, and latterly joined by Naomi Mead and a team of community researchers, carried out exploratory research, producing two products:

- **Qualitative evidence which describes the Bromley by Bow model and the tensions it balances, within the wider context of life in the community.**
- **A conceptual framework for further evidencing the Bromley by Bow model, which propose a set of ‘stretch outcomes’ and the pathways that can enable us to move from stability to growth, survival to aspiration.**

The qualitative evidence that makes up this work includes three strands:

1. **Historical research:** narrative interviews focused on telling the stories of the past and summarised in five models charting Bromley by Bow’s development.
2. **Organisational research:** participatory workshops, focused on the everyday work and practice wisdom of staff and summarised in a cross-organisational theory of change for a combined model of primary care and community anchor.
3. **Community research:** community-led participatory research focused on describing the lives and aspirations of local people, summarised in a set of community valued outcomes, barriers and enablers.

These three perspectives provide a rich evidence base. Together they build a picture of the model’s development, the day to day effort to make it work, and the lives of local people. These three evidence streams provide both insight and inspiration for those designing, delivering and commissioning community-centred approaches to improving health and wellbeing.

We provide a tool to support service design, delivery, and measurement of these approaches in the form of an integrated ‘stretch’ theory of change for the Bromley by Bow model.

This theory of change is a proposition - based on what we’ve learned from the model. It is an innovative contribution to the organisations, and the wider evidence base because it:

- Does justice to Bromley by Bow’s rich history;
- Is true to staff’s realities of now; and
- Aspires to outcomes which are meaningful for local people and accounts for their struggles and strengths.

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Finding

- Stories from the past: the Bromley by Bow model is a product of its development. So what has that development involved? What has growth and change looked and felt like to those who experienced it?
- Staff realities now: the impact of the model is directly related to the work that staff and volunteers do everyday. So what does that work actually involve? How does it make a difference?
- The community context: change occurs for people in their own lives, not in organisations. So what kinds of lives do people actually seek? What gets in the way? What do people dream of creating in their community?

Stories from the past

The stories about Bromley by Bow are diverse but deeply felt; they show that many individuals have played significant roles in developing the Centre and Health Partnership and that the Bromley by Bow model is valued by those who can see its contribution. The Bromley by Bow model has also been shaped by its context – including community norms, local organisations, funding relationships and national networks and systems. It has also chosen the context it moves in over time, through its networking and positioning.

The Bromley by Bow model has developed through various eras marked by:
- Relationship-building work and opportune engagements;
- Activities built by a community network, through talking and working together;
- The establishment of platforms for growth - becoming a community centre running many projects, creating a health centre and transforming a park;
- Rapid expansion into a ‘discovery maze’ of projects that people could move through;
- A ‘rich cake’ of services in the present day, connected with increasing organisational structure to support a community to reach its potential despite the wider challenges of the environment, such as short-term funding cycles and output driven measurement.

Development has involved choices to be made, and tensions to be balanced.

The tensions which are part of the model have shifted and changed over time. A long list includes:
- Change as a sense of loss or change as a valued step forward;
- The model as offering opportunity or filling a community need;
- Reaching out to the community or being a hidden oasis;
- Central leadership or self-directed activity;
- In control of its own destiny or responsive to funders;
- Beautiful and organised or run down and chaotic;
- Formal or informal ways of working;
- Integrated or separate organisations;
- Big or small in size;
- Taking risks vs being safe.

People who experienced these tensions in the development of the model have strong memories of what was most important to them.

When there were risks and changes to be negotiated, people who have shaped the model have strong memories of the role that innovation played. When there were opportunities and needs to be balanced, people remember the opportunities that were created. Whether the model is focusing on outreach, or acting as an oasis, people view it as the heart of the community. When Bromley by Bow has been working out its direction of travel, i.e. whether to encourage self-directed activity, or centralise, people remember Bromley by Bow as made up of people with a depth of belief and vision. Whatever form Bromley by Bow takes, whether it is integrated or more separate, run down or beautiful, people remember the sense that there is something for everyone.
Staff realities now

The two organisations that make up the Bromley by Bow model largely function as service delivery organisations which seek to meet the clinical and non-clinical needs of their local community. The model has a diversity of service provision within it, ranging from general practice, nursing, welfare advice, training programmes, and employment help to gardening groups, social prescribing, peer-support networks, social care as well as a range of creative projects and community events. In order to understand the model today – and its impacts – a cross-organisational theory of change was created to demonstrate shared areas of work, leading to three shared outcomes.

The cross-organisational theory of change shows:

- The collective contribution of staff across the model towards three outcomes:
  - Confidence;
  - Connectedness;
  - Concrete changes.
- Day to day activity towards these outcomes involves a spectrum of different kinds of work, which occur across job roles and formal organisational boundaries.
- Companionship and support to enjoy the everyday, along with managing access through boundaries and tasks;
- Teaching and training, along with problem-solving;
- Coaching, along with advocacy;
- Collaborative action, along with risk management;
- Body and mind work, along with information management.
- Staff engage people in two ways: conversation or coordination.
- Engagement is often both:
  - Relational – focused on people and their individuality – as well as the way people are together;
  - Transactional – focused on tasks and targets and being effective;
- And staff try to find a balance between these two qualities in their work.
- A core mechanism which creates change in connection.
- Connection is made to services and support, to a stable and supportive environment, to others; and to a next step. As a result, the BBB model must ‘hold’ a vast network of pathways.
- There seems to be value in holding a place of diversity, where difference is welcomed and there is a space of possibility and growth amongst the various ways of working.
- For staff, managing these different pathways and connections is balancing act.
- Balance is enabled, and constrained, by different forces:
  - Professional practice,
  - Service delivery,
  - The model’s design.
- In their own professional practice, staff balance relational and transactional ways of working, for example they take decisions about having an in-depth conversation or working efficiently to get results for people.
- At a project and service level, staff juggle the structural limits of their project or service (e.g. length of appointment time, short-term projects and funding) with the lived experience of the people they work with, some of whom struggle to make use of the services as they’re designed.
- Difference and fragmentation are also a feature of the BBB model, which means that staff work in an environment of tremendous possibility as well as one that can feel overwhelming.
- To work in this sector is to seek integration – to strive for “joined up” ways of working – on behalf of patients and clients. But perhaps the unspoken truth of this professional world is that there will be never be a final state of integration and ‘joined up-ness’. There seems to be value in holding a place of diversity, where difference is welcomed and there is a space of possibility and growth amongst the various ways of working.
- It is in this range – from help with everyday tasks to the space to discover one’s purpose – that Bromley by Bow makes space for our shared vulnerability and for doing what doesn’t at first seem possible.

The birdsye view provided in the cross-organisational theory of change makes a significant step forward for a pair of organisations which measure their work differently and for projects and services which can feel fragmented to the staff who deliver them. For this research project, it provides a practical backdrop for the integrated theory of change we offer in the final chapters of the report (which includes lessons from the past, and community aspirations for the future). Importantly, this chapter shows the challenges that staff face and the way that they balance both relational and transactional ways to help people three core outcomes: achieve concrete changes, confidence and connectedness.
Ultimately it is people, rather than organisations, that most inform the direction of their lives and their outcomes. These outcomes are lived out in community contexts, rather than within the walls of an organisation.

The core outcomes that people in Bromley by Bow valued most in their lives are:
- Feeling good in myself;
- Connection to others;
- Giving and getting back.

We call these ‘growth outcomes’ because they feed each other - as one grows so the other has the chance to grow - they are organic and alive. But also because of a range of capability and aspiration within these three categories, indicating a potential for dynamic movement along a trajectory for any individual.

Underpinning these are a set of basic needs which must be met as a foundation of security and stability. We call these ‘survival outcomes’ and they broadly correspond to staff in the Bromley by Bow model’s aim to achieve ‘concrete changes’ for people.

The survival outcomes do not in themselves represent a good life, nor provide the opportunity for growth and expansion. However, they are not to be underestimated, as if they are missing, growth and expansion will not be possible. These are:
- Good physical health;
- Enough money to get by;
- A secure home and a safe;
- Positive environment.

A set of enablers and barriers to a good life show a picture of both struggle and strength. Many people demonstrate a wisdom and a strength gained for a large part from life experience, and a set of enablers either self-generated or offered to them by peers. The barriers point to a continually reinforcing trap which can occur when core ingredients of a good life are missing, or external forces act to prevent people from accessing them fully.

Those who have visited or made use of the Bromley by Bow Centre are predominantly positive about their experiences, particularly:
- The wealth of support and opportunities on offer;
- Helpful staff going the extra mile;
- Being a diverse group of people - everyone welcome;
- A reciprocity of support, being made to feel like you’re part of the place, similar to a home or a family.

Overall, people were fairly critical about how primary care is meeting their needs and wishes, although this was not directed at BBBHP’s practices whom many did not access. The features that people say they would most like from GP services are:
- Convenience - local, convenient appointments and being seen quickly;
- A proactive, welcoming approach – familiar, personalized, specialized;
- Help with their immediate issues, some of which are urgent and serious and;
- The extra support to learn how to manage their own health longer term.

The Bromley by Bow model grew from its community, is considered a community-centered approach and aspires to create ‘vibrant and healthy communities, person by person’ (Bromley by Bow Centre, 2018); this evidence stream provides a community-defined benchmark from which to evaluate success against that description and intention. It also reminds us of the wealth of wisdom in people’s lived experiences and their drive to grow and create.
Towards a conceptual framework for measuring Bromley by Bow

Tensions in balance

• Through our analysis of the three evidence streams we have come to conclude that the Bromley by Bow model has two main interlinking tensions which sit at its heart, and within the lives of people that it serves:
  ▶ Stability and growth; and
  ▶ Need and opportunity.

• For staff, this means that there is sometimes a pull to work in a way that focuses on inspiring growth by creating opportunity. But there is also a pull to work in a way that ensures stability through meeting concrete need. Local people want both.

• The balancing of opportunity creation and meeting need has always been present in the model but both the balance and the methods used have changed over the years.

• It is notable that the aspirations of people today so closely align with features of the past, particularly the chance to give back and belong. Many of the original features and aspirations of the original model still have a footprint in the current organisations, especially in the Centre. But the increased influence of a service paradigm, and potentially increased demand and pressures on staff are tipping the balance away from the reciprocal act of ‘giving and getting back’ that local people valued. Much of staff’s work today is focussed on doing things on behalf of people, and on meeting need.

‘Stretch outcomes’

• We bring together the evidence from the community research, organisational research and historical research to propose a set of six high level outcomes for the Bromley by Bow model. These outcomes are underpinned by a theory of change which is available in the full report, at www.bbbc.org.uk/insights

• This theory of change is a proposition, based on, the lessons from the past, the everyday work of the present and community’s wishes for a good life now and for the future.

• In each outcome we focus on the ‘stretch’ or growth that could be possible for people when they access this model and, potentially, become members of its community.

- Basic needs met: From being supported with practical tasks a ➔ Securing tangible resources a ➔ Basic needs being met and potentially further opportunities sought

- Connection to others: From a simple feeling of connection a ➔ Stability of a relationship over time a ‘family’ network and diversity of connections that help a person grow

- Contribution: From contribution a ➔ Reciprocity

- Feeling known: From recognition a ➔ Belonging

- Connection to support and resources: From connection to support and resources a ➔ Know how a Teaching others

- Confidences: From sense of self a freedom, self-belief, assertiveness and broad horizons (growth) a ➔ Capacity to act and resourcefulness

• Accounts from staff – and the cross-organisational theory of change - provide the backbone to this proposed framework.

• Accounts from the past and from local people predominantly provide the ‘stretch’ to the outcomes and particularly influence the inclusion of two of the outcomes: feeling known and contribution.

• It is important to note that this is an aspirational framework. Further testing of the outcomes and theory of change is needed.
Conclusions

What is Bromley by Bow and how should it be measured

- The Bromley by Bow model is a complex human system. It is a study in contrasts, which at first appear as dichotomies. For example, the relational approach of a family-based community centre tackling the wider determinants of health vs the technical response of a clinical team to increasing and immediate health needs.

- In fact the model is a complex balancing act in which multiple tensions are held simultaneously within any given job role or activity of work.

- Perhaps it is in the liminal space held between these tensions that innovation and ambition can flourish. The balance of these tensions has shifted over time and varies in different parts of the model today. Our aspiration is that the ‘stretch’ outcomes framework and theory of change that we have proposed provides a means of accounting for and evidencing these different approaches, and their impact.

- Evidencing the impact of such a complex human system on the health and social circumstances of individuals, and potentially communities, will require a complementary approach to measurement. It is by providing both a technical framework, and the rich nuances of different stories that we have sought to lay the foundation for meaningful, human measurement of this complexity.

“Let’s make changes – start taking action to improve the area we live in, raise our families in, hold what is special to us as a community. We all have a part to play.” (Bromley by Bow community member)
For Bromley by Bow staff

- Use the findings for reflection (both personally and in your teams) on the nature of your work.
  - What tensions do you experience in your job? How do you balance them?
  - What outcomes are you striving for, for the people you serve? How does this fit with what local people told us is important for them? What are the implications for your work?
  - What mechanisms for change are you using most? How do they fit with the outcomes you’re seeking to achieve?
- Seek support if you need it to interpret the research findings and to build the outcomes into your ongoing evaluations and people development processes.
- Consider nominating research and evaluation champions within your teams who can take up this support role, potentially with additional training and development.

For researchers and research funders

- Invest in research capability and data infrastructure in Bromley by Bow and other comparator sites to enable the development of a robust evidence base on the impact and impact mechanisms of community-centred approaches.
- Support participatory and developmental research processes as an investment in long-term capacity building, knowledge mobilisation and research impact.

Recommenations for future research

Between September 2018 and February 2019 Catherine-Rose and Becky will continue in their contracts with Public Health England to:

- Publish the findings, and methodology, from this research in peer-reviewed journals.
- Carry out focused dissemination work to increase awareness and build shared understanding of the findings and their implications for policy and practice.
- Work with Bromley by Bow to continue the process of embedding findings and building research capability.
- Inform a larger bid to a research funder to apply the outcomes framework to further measurement.

There are significant opportunities for a closer study of the features and balances of Bromley by Bow within the large amount of existing data. These are only a few of the possible avenues that further study could take.

- Tracing the features through literature, particularly that of organisational development theory, could place Bromley by Bow within a useful context to explore further. Particularly, inquiring into the survival story of Bromley by Bow – what is it that has helped this community-centred model endure where others have ended?
- Additional narrative analysis of the interviews could also prove fruitful – particularly around the transformational change which occurred for some participants, as well as the emotional quality of people’s journeys with the model.
- Further narrative interviews with people who have become part of the model more recently could provide additional insights into how the model functions today.
- Connect the findings to the wider literature on complexity theory, to explore the value of complex adaptive systems that are flexible and responsive to their contexts.

For other community-centred models

- See the recommendations for Bromley by Bow above – which of these apply to your context too?
- Consider how the tensions in Bromley by Bow mirror your own experiences and whether you have other tensions at play which may be subtly directing the shape of your impact and effectiveness.
- Get in touch with our Insight Team if you would like to collaborate on continuing the process of establishing measurement processes that capture the impact and account for the complexity of community-centred approaches.

For commissioners and policy makers

- Be bold, creative and collaborative to rethink how the impact of your investment is protected or measured – for example, reconsider the appropriateness of output and target-focused funding agreements for complex, relational community-centred models like Bromley by Bow. Consider experimenting with more trust-based and relational funding arrangements such as those used by innovative funders like Lankelly Chase.
- Design a study which investigates the influence of policy shifts over time, and their connections with funding paradigms.
- Design a participatory and creative study with staff and community members about the role of paperwork, bureaucracy and audit in their day to day experience. Explore the significance of audit culture for helping, or hindering, people’s wellbeing.

“So what are we building on? Are we building on perfect stuff or fabulous stuff? Or are we really kind of looking at the bits that need a bit more care. Our jobs are tough and the thing that would encourage me to keep on doing the tough job is knowing that the bits that need a bit of help will get some working on.” (BBBC staff member)