

Market Towns Initiative: evaluating the first year

The MTI marks a different approach to rural regeneration by placing much greater emphasis on evaluation, decisions and action by local communities.

Summary

In Summer 2002, 76 out of the 120 towns that were then involved in the Market Towns Initiative (MTI) responded to a questionnaire survey*. This aimed to identify the local benefits and consequences of carrying out a healthcheck (identification of a market town's economic, environmental and social strengths and weaknesses through the use of the Market Towns Toolkit, comprising a handbook and associated worksheets) and the subsequent development of visions and action plans. The findings provided a snapshot of what had been achieved in the first year of the MTI, particularly in 4 key areas:

- establishing partnerships;
- community involvement;
- getting the best out of the healthcheck, vision and action plan;
- project successes.

The healthcheck had been embraced by all of the 76 towns that responded. It has brought coherence and structure to the complex process of regeneration. The partnership approach has been able to integrate different perspectives and aspirations and, as a result, identify opportunities to address local needs and issues. In those towns preparing or implementing an action plan, there is considerable optimism about the community's ability, willingness and confidence to make a difference.

Defining market towns

Traditionally market towns have been at the heart of life in rural England. For centuries they have acted as focal points for commercial and social activity. However, in the last 50 years, many of these functions have been undermined by social, industrial and agricultural change.

We define market towns by their capacity to act as a focal point for trade and services for the surrounding countryside. The term covers towns with a wide variety of backgrounds, including seaside resorts and fishing ports, as well as mining and manufacturing towns. Broadly speaking, market towns have populations of between 2,000 and 20,000 and there are approximately 1,000 of them in England.

The Countryside Agency research notes

Of particular note is the strong lead being taken by community groups and the general public in developing project ideas on the action plan - 57% of respondents report them as taking the lead.

Case study - Aylesham

Positive changes in attitude, reported from Aylesham in Kent, illustrate the benefits that can be gained from applying the healthcheck and developing an action plan.

A locally selected consultant, already trusted by many members of the community, facilitated the establishment of a partnership which now operates through four working groups. These draw together representatives from the town and hinterland communities and have largely overcome previous tensions between different sections of the community.

One of the most important benefits has been the realisation that there is much support and assistance available but it could only be accessed once the community started to integrate its actions in an appropriate manner.

'The group's focus has changed from being primarily economic development to looking at the wider community and its needs' - comment from Whitchurch, Shropshire on the perceived benefits of the MTI approach.

It may be appropriate for the Countryside Agency to give further guidance to partnerships on which groups to involve in order to fully represent traditionally excluded groups and the town's hinterland.

'Without the community comments, the healthcheck is a series of facts not related to the reality of Watton life' - questionnaire response from Watton, Norfolk.

Main findings

Establishing partnerships

Through the healthcheck, a wide variety of communities are becoming involved in the development of ideas and actions that will improve market towns. These ideas and actions are then being taken through to delivery by organisations and groups well placed to provide the resources and funding necessary for implementation.

Around 70% of the market towns that responded have actively involved individual members of the public, 75% have involved the voluntary sector and more than 50% have involved the private sector. The most frequently involved sector is the public sector - including parish, town, district and county councils and the regional development agencies.

Guidance provided on establishing partnerships was perceived to be helpful by the majority of respondents. In 58% of responses, the healthcheck has been implemented by a partnership based on an existing group or partnership and, in some cases, this has contributed to quick success. In a few cases, particularly where the partnership has been public sector led, it has generated concerns that there has been insufficient community involvement and that traditional approaches are simply being perpetuated.

Most partnerships are seeking to be as inclusive as possible and have a wide constituency feeding ideas into the healthcheck stage. There is no evidence that any market town partnerships are intentionally seeking to exclude any sectors of society.

The initial focus of most partnerships was on the market towns themselves, although all respondents reported making efforts to draw in the hinterland. Of some concern, however, is the limited range of organisations that are being consulted about the hinterland and there may be some uncertainty about who to include.

Community involvement

The market towns have made considerable efforts to consult their communities. During the healthcheck, many techniques - including open meetings, community events, questionnaires and working groups - have been used to promote awareness, prompt comments and views and investigate particular issues.

Widespread efforts have been made to include traditionally excluded groups but interpretation of the questionnaire responses has led to some concern that groups less used to promoting their interests may not be adequately engaged.

The findings indicate that community involvement is beneficial in three ways: it highlights additional issues of concern during the healthcheck; it encourages individuals and groups to establish working relationships that did not previously exist; and it contributes to the identification of actions and their relative priority.

Case study - Clitheroe

Healthcheck consultation activities in Clitheroe, Lancashire, about the provision of accessible IT facilities in the town, have themselves led to a new partnership being formed between Ribblesdale School and a local IT centre. This partnership is working to deliver a significant extension to the school's IT facilities, which will benefit the community and also help the school to retain its specialist status.

A separate smaller survey of the key issues in 24 towns** found that healthchecks contain the most detail on issues where information is readily available from other sources, such as census data, employment data etc or where information can be readily gathered locally, eg the condition of playing fields.

There is a linked tendency to concentrate on more tangible issues such as town centre improvement works and signage. Such physical measures are easier to address in the short-term than softer issues, such as community and business support and local decision making but the MTI encourages towns to develop long-term visions.

The MTI is as much about process as product. Setting up community partnerships creates closer relationships between different elements of the town.

A separate survey** of 24 towns involved in the MTI identified the most frequently cited key issues as:

- recreational access;
- need for physical enhancement;
- retail performance;
- maximising tourism potential;
- employment diversification;
- connectivity to surrounding settlements;
- traffic management;
- unemployment levels;
- local vocational training provision and needs;
- provision of cultural and heritage facilities

Getting the best out of the healthcheck, vision and action plan

It appears that no fundamental changes are necessary to the healthcheck worksheets, the development of a vision or the identification of an action plan. Around half of the respondents found the process beneficial and some put forward helpful suggestions, such as the inclusion of sample completed worksheets and examples of partnership success.

Most respondents were happy with the way visions were developed. However, with hindsight, many realised that they could have done with allowing more time, involving excluded groups and encouraging stronger partnership working to ensure ownership of the vision.

The whole MTI approach, particularly the emphasis on involving the community, has enabled transparent discussions and reduced the extent of disagreement and dissatisfaction with the final vision and action plan. It has provided a firm building block for successful project delivery and established the bases for long-term partnerships. The Countryside Agency is committed to updating and improving the healthcheck handbook.

Project successes

To date these include **projects to include the physical environment of the market town as well as:**

Projects addressing deficiencies in provision for particular groups:

- wheelchair access at fishing lakes;
- teenage trim trail and skate park;
- community resource centres;
- under 5s playground;
- churchyard lighting and additional footpath provision;
- integrated park and ride schemes.

Projects encouraging community involvement:

- staging of events and festivals;
- provision of town centre noticeboards;
- establishment of business group forums.

Projects to develop the economic development of the market town:

- regeneration studies;
- provision of business planning advice;
- identification of training needs;
- support for new enterprises;
- establishment of farmers' markets;
- marketing and tourism strategies.

The Countryside Agency research notes

This research has looked at the MTI relatively early in its life. The majority of significant outputs are yet to come.

Conclusions

There is a degree of consistency across the sample of 76 responses and the findings provide a firm basis for the assessment of MTI implementation to date. Inevitably, progress has been varied across the different towns, due to a range of factors, including existing town development groups, the ability to recruit co-ordinators and the availability of necessary information. Evidence suggests that an increased sense of community spirit and focus is being created, although this - as well as the establishment of a self-help attitude and the inclusion of the generally excluded - is considered to be at a critical stage. Successful project delivery and demonstrable, positive local effects are critical to the achievement of each of these aspects. Adequate funding to deliver 'quick win' projects and effective promotion of success are likely to be key issues for the MTI in its second year.

Further reading

* Entec (for the Countryside Agency), *Market Towns Monitoring and Evaluation: first year report summary*, (October 2002)

** University of the West of England (for the Countryside Agency), *Summary of analysis of key issues arising from Market Town healthchecks and action plans*, (August 2002)

Countryside Agency Market Towns Toolkit, available at [www.countryside.gov.uk/market towns](http://www.countryside.gov.uk/market_towns)

Rural White Paper, *Our Countryside: Our Future*, (November 2000), Stationery Office

Research Note, *Market Towns: indicators for assessing their characteristics and vulnerability*, (May 2001), CRN 29, Countryside Agency

Research Note, *Capacity Building in Market Town Partnerships*, (May 2001), CRN 33, Countryside Agency

Research Note, *The Market Towns Healthcheck: lessons from the pilot studies*, (February 2002), CRN 44, Countryside Agency

Countryside Agency Research Notes can also be viewed on our website:
www.countryside.gov.uk