

# Active Communities: Evaluating our Impact 2018



**People's Health Trust wants to see a world without health inequalities. The Trust believes that where you live should not reduce the length of your life or the quality of your health. People's Health Trust supports small and local projects in the neighbourhoods across England, Scotland and Wales most affected by health inequalities. Common to all aspects of the Trust's work is the desire to ensure that control is in the hands of local people and that it is the local wisdom and assets within each neighbourhood which drive changes on the ground.**

The Trust aims to support people who live in the most disadvantaged neighbourhoods to take direct action to address issues that are important to them. The Trust provides flexible funding designed to give local people greater collective control over how to make their neighbourhoods better places to live. Communities are an essential part of our overall health system and building residents' capacity to create and deliver a locally-supported agenda makes a vital contribution to improving health and wellbeing.

People's Health Trust works with neighbourhoods and communities across England, Scotland and Wales in a number of ways:

- **Supporting local people to act together in ways they feel can improve the conditions in which they live. By unlocking local wisdom, skills and assets the Trust hopes that more effective outcomes for the area can be brought about**
- **Facilitating local networks and the positive outcomes that arise from greater social connectedness**
- **Providing sufficient resources for local people to make the changes or actions they choose to implement, to bring about the possibility of meaningful and substantive change**
- **Providing ongoing support and giving local groups control over decisions to help build long-term collective capacity, enabling them to create and exert more control over their community and what happens to them.**

*Fair Society, Healthy Lives* (known as the Marmot Review, 2010)<sup>1</sup> identified a 'social gradient' in health, demonstrating that the higher one's social position, the better one's health is likely to be.

Social inequalities in health persist because of inequalities in power, money and resources. Material circumstances, the social environment, psychosocial factors, biological factors and behaviours all underpin the social determinants of health. These in turn are influenced by social position, and shaped by education, occupation, income, gender, ethnicity and race.

In addition to the significant human cost, in 2010 it was estimated that in England alone, health inequalities accounted for productivity losses of up to £33 billion per year, lost taxes and higher welfare payments of up to £32 billion per year, and additional NHS healthcare costs in excess of £5.5 billion per year<sup>2</sup>. These are likely to be conservative estimates, with a more recent study suggesting that those experiencing the sharp end of health inequalities and living in poverty cost the NHS £29 billion a year. This is a quarter of all health spending<sup>3</sup>.

Tackling the social determinants of health is a recognised priority in public health both nationally and globally, and effective action on the social determinants of health is required across the life-course. The National Institute for Health and Care Excellence (NICE) guidance<sup>4</sup> recognises that local authorities should take holistic approaches to tackling the social determinants of health, encouraging approaches that account for lifestyle, community, local economy, the built and natural environments and the global ecosystem.

The Marmot Review recommends improving community capital to reduce social isolation by removing barriers to community participation and action. People's Health Trust responds to this evidence by funding hundreds of small, locally-led projects across Great Britain through its Active Communities programme. By funding community groups in neighbourhoods experiencing disadvantage where health inequalities are most prevalent and persistent, the Trust works to help tackle the underlying causes of health inequalities.

Initiatives that aim to promote collective control, for example through co-production and neighbourhood engagement, have been shown to increase individuals' sense of control, self-esteem and self-confidence as well as to increase social capital, social cohesion and social connectedness in communities. All of these outcomes have been shown to have a positive influence on health.

This evaluation of the Active Communities programme is an opportunity to add to the evidence base around collective control in practice: what it looks like, how it can be facilitated to maximise its effects, and what difference the Trust's approach makes to the health of individuals and communities.

<sup>1</sup> Marmot, M. et al. (2010) *Fair Society, Healthy Lives*, Department of Health, London. [www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review](http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review)

<sup>2</sup> Ibid

<sup>3</sup> Joseph Rowntree Foundation (2016) *Counting the cost of UK poverty*

<sup>4</sup> NICE (2016). *Community engagement: improving health and wellbeing and reducing health inequalities* [www.nice.org.uk/guidance/ng44](http://www.nice.org.uk/guidance/ng44)

## About Active Communities

People's Health Trust established Active Communities in 2013 as an open grant programme supporting neighbourhoods in England, Scotland and Wales, which disproportionately experience social and economic disadvantage and health inequalities.

The programme supports local people to come up with their own ideas, in order to strengthen social links and ties and support greater collective control.

By encouraging residents to take the lead and by putting processes in place to address issues that are important to them, Active Communities aims to support local communities and neighbourhoods to be even better places to grow, live, work and age.

The programme's key outcomes are:

**Collective control:** Ideas which are developed, designed and led by local people; increased democratic equality through the increased power of residents to lead and take ownership within their neighbourhood or community of interest.

**Social links and ties:** Stronger connections between people; decreased social isolation, and improved connection and friendships among participants.

**"It's sometimes easy to forget that when someone has been on the fringes of the community for so long, they do lose that confidence to speak out. But once you bring them together, so they come out and interact with others, they regain or develop that ability to voice their views."**

Project lead,  
Molokai Village,  
Manchester

## The evaluation

People's Health Trust has been working with Ecorys UK to independently evaluate the Active Communities programme since October 2015, as part of the Trust's wider efforts to better understand the impact of its work in neighbourhoods and communities.

### Aims and objectives of the evaluation

The evaluation of the Active Communities programme aims to develop a more in-depth understanding of the programme's achievements to-date for participating individuals, groups and neighbourhoods in order to add to the evidence base around collective control's role in overcoming health inequalities. The approach is formative, allowing for learning to be captured and for changes to be made to ensure greater efficacy.

Taking a theory-based approach, the evaluation involved:

- an analysis of programme monitoring data
- a survey of projects<sup>5</sup>
- 14 longitudinal case studies
- a survey of local residents
- interviews and workshops with stakeholders

The evaluation sought to assess the programme's achievements against its aims and to test its theory of change. It explores how the experience of participating in projects has affected collective control and social connectedness, the interdependence of different outcomes, and longer-term changes. The evaluation also aimed to provide a comprehensive account of who and what the programme involved, approaches that have been more and less successful, and how the design of the programme might be further improved.

### Programme profile and reach

Typically lasting up to two years (with around 17 per cent gaining additional years of funding), grants are between £5,000 and £50,000 for each project, and the size of the average grant investment is around £29,000.

As of 30 June 2018, the Trust has made 1,837 Active Communities grants across Great Britain, with a total value of £52 million.

Active Communities funding has reached over 260,000 people in neighbourhoods and communities across Great Britain since it started. Of these projects, 87 per cent stated that they are or were aiming to reduce social or emotional isolation (1,608 projects). The majority of projects (62 per cent) are delivered with the support of volunteers, and more than one third (36 per cent) have between one and ten volunteers.

<sup>5</sup> The Trust issued a survey to all 840 live projects in March 2017 and received 235 responses, a 28 per cent response rate.

# Impact of the Active Communities programme

Case study evidence shows that Active Communities projects have achieved many or all of their intended short-term or immediate outcomes. These outcomes include:

- **Improved social links and ties** by increasing support networks, and developing friendships and connections between different groups. Through these improved social links and ties, participants are establishing trust with one another, and developing a deeper sense of belonging, as well as shared interests.
- **Increased confidence, knowledge, and skills** from people shaping and leading projects in ways that match their interests. These include working towards improved access to local assets and services, along with involvement in new partnerships around common goals and interests.
- **Better quality of life** through feeling happier and benefiting from better local activities and services.

Evidence from the case studies is supported by a survey of project leads which shows that:

**93%**

indicated that **increased friendships and social connectedness** had been achieved through their project

**91%**

reported that they had supported **reduced social isolation** for participants

**89%**

reported that they had supported **increases in self-confidence** for participants

**74%**

felt that they had created a **more empowered community** through their activities and the process the participants had gone through together

The findings also show that increases in knowledge, understanding and skills often complement or support increases in self-confidence which, together with improved social links, can help to raise people's aspirations.

Regular participation encourages people to generate ideas and contribute to project design, delivery and development. Participants often discussed feeling more able to lead or take ownership of activities over time – providing evidence of the development of collective control. The strength of participant involvement in projects is often reflected in their capacity to represent local needs and interests and draw even more people in. Some projects supported local people to have greater influence over neighbourhood services, resulting in a more empowered community, who were able to take collective action.



## Case studies

**“The happiness of our group is the main thing. They’re all laughing and happy. It’s much better than going to a doctor’s surgery, and I’m sure it helps with dementia. You’re using your brain, it’s not stagnating.”**

Participant volunteer

### Bell Green Silver Surfers

Bell Green, Coventry

Older residents in Bell Green, Coventry wanted to develop their IT and social media skills to stay in touch with friends and family and keep up with the emphasis on digital communication in modern life.

Many Silver Surfers had already tried IT courses at local colleges and community classes, but found them to be too structured and pressuring, often finishing with an exam. Their project is run by and for people over 60, with many members in their 70s and 80s. Residents are setting their own pace, and receive the support they need when they need it. Members can now email, use Skype, social media, pay their bills online and have even set up a Bell Green Silver Surfers Facebook page.

But more than that, they are making new friends, keeping in touch with their families, gaining confidence and improving their personal wellbeing. So successful is the project that Coventry City Council has visited them several times, providing them with refurbished laptops and even looking into rolling out similar groups following the same model across other parts of the city.

**“I wanted to get involved with something that could help people who have problems, like myself. I used to be nervous, and lacked confidence. I was always worried about what people think. I’ve got much better. Still not 100%, but a lot better.”**

Participant

### Swansea People First

Taking the Lead, Swansea

Taking the Lead is run by and for adults with learning disabilities. The project brings two groups together and supports members to develop their knowledge, understanding and skills in an accessible way.

The project has a grassroots design where members are centre stage in decision making when it comes to the project. They invite guest speakers to talk about specialist subjects and also organise occasional road shows, where they share information, training and skills with other local organisations.

In addition to increasing their confidence, their skills and their knowledge on a range of subjects that can vary from anxiety to Greek mythology, the members of the project are building strong social connections, both within the group and beyond.

They are making lasting friendships and building collective support networks, both of which are reducing their social and emotional isolation and increasing their levels of trust.

**“I think that it’s very important for us to make the decisions, because it empowers us. As a group, we all feel involved and empowered, because we are doing it ourselves.”**

Participant

### Women Sharing Cornwall

St Austell, Cornwall

Women Sharing Cornwall is a self-help group for women experiencing poor mental health in St Austell.

Over the last decade, due to local budget cuts, local mental health provision has dwindled. The project started life as an NHS group, but statutory funding ceased in 2007. The women meet weekly, and all of the members are, or were, engaged with mental health services.

The project provides a safe space for members to get together without judgment or labels, to support one another and to organise and take part in a number of activities. Members have control over all aspects of how the group is run. Project members oversee all paperwork and financing, and they also took the lead on the recruitment of a paid facilitator.

This level of control is self-affirming for the members; it supports widening their aspirations, increasing their confidence, and encourages the learning of new skills.

# How Active Communities supports outcomes to develop

Across a number of case studies, the evaluation identified the following factors as some of those most supportive for projects to develop new social links and give people control:

- **Having a leader who is able to lead when needed, and to step back when not**
- **Having a paid staff or volunteer team that is familiar to local people, with the area, activity or focus, has relevant skills and experience and, importantly, is relatable**
- **Having an 'anchor activity', a regular and familiar focus**
- **Building in strategies for a) maximising reach, and b) growing individual and collective capacity to increase influence, and c) opportunities for participants to shape and lead**

Throughout the evaluation, it was clear that it is the role of project leads to provide spaces and encourage genuine choices, which are vital to ensuring people have meaningful control. As one participant volunteer stated about their project leads:

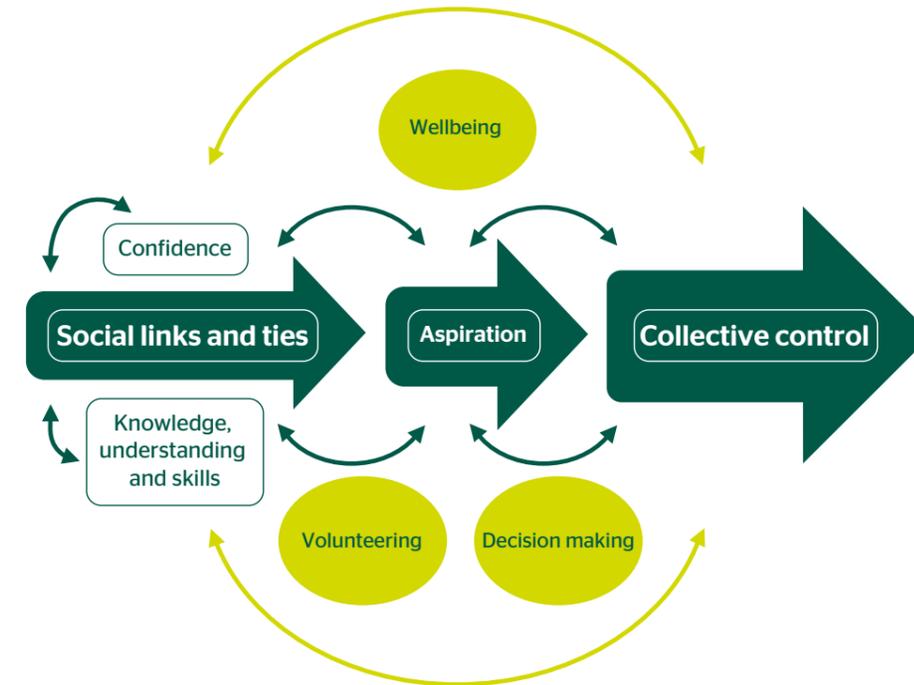
**“Although we see them as [team] leaders, they are not the bosses of it, as it were. They do not have any more decision making power than anybody else, it's more checking in with them and how their teams are doing. It's just checking the strategic direction is ok and doing sort of straw polls... Discussing potential issues and getting an initial temperature about where the wider membership is. So it's a hierarchy of responsibility rather than power.”**

Lead organiser (volunteer and resident), ACORN, Bristol

The case study evaluation suggests that it usually requires at least two years of sustained effort before projects can demonstrate deeper collective control and other positive effects on the social determinants of health that will impact over the longer-term. Increases in participation in community activity both within and outside of projects was observably growing throughout the evaluation case study visits, showing that confidence and control can be nurtured and build momentum over time.

The evaluation found that many of the outcomes associated with Active Communities are mutually supportive. Social connections are a fundamental part of what helps to support people to live happy and fulfilling lives and the links and ties built through contact with projects provides a foundation for other outcomes to be achieved.

Increases in confidence that come from being part of a group lead to knowledge, understanding and skills developing. The cumulative effect of this increased feeling of confidence and development of skills can help to raise aspirations. As people start to feel increasingly part of a group, their aspiration grows (or is expressed more freely) and they start to become confident enough to take control collectively. ▶



▶ It is the interplay of these outcomes that can help to develop a sense of personal wellbeing, while building the foundations necessary to encourage further involvement in decision making and other manifestations of collective control, such as volunteering. In doing so, local people then build yet more self-confidence/ personal aspiration, a sense of empowerment and ultimately a greater sense of control over their own lives.

Over the longer-term, and once these processes are embedded and begin to extend beyond the project, there was evidence in the best cases of groups extending collective control to a wider community. As demonstrated by the programme's theory of change and existing research, control contributes towards better health, and is one of the key social determinants of health.

## Key findings

The evaluation has highlighted some important findings regarding how to involve participants more deeply in shaping and leading activities and actions, including:

- **'Doing the groundwork'**, or helping to establish an appetite locally for a given activity or action, and inspiring engagement to build projects that meet local needs
- Taking time to **establish trust**, and lay the foundations for individual and collective action and control
- **Talking to people** in person, to build relationships which are relatable and responsive
- **Being flexible**, to sustain involvement and deliver planned actions and activities that are responsive, and being confident enough to change and learn from what does not work
- Embracing **good leadership** to bring groups together, including knowing when to step in and step back
- **Staffing locally** with people who have the relevant skills and experience and, most importantly, with people who are relatable. This is critical for engaging participants and sustaining their involvement over time
- **Building routine around anchor activities**, with regular and familiar focuses that are inclusive because they do not require specific skills or interests
- Planning early on to **support the growth of project activities as they develop**, identifying and allocating specific responsibilities over time, offering project-specific training, and supporting informal mentoring opportunities

The evaluation findings indicate that to successfully support the transfer of control, organised groups of residents need to find ways to engage other local people and facilitate their participation to allow them the freedom to make choices that are relevant to their interests. For local people to take control, they need to believe they are capable and that people will hear and listen to their voices, know that what they are committing to is manageable and will affect change, and see action as a consequence of their involvement.

Project leads need to provide participants with balanced opportunities to shape and lead; be flexible, yet predictable; offer leadership, yet practice shared responsibility; and require some engagement, without prescribing how much or what type of engagement. In doing so, the Active Communities work can continue to make an even bigger impact on people's experience of collective control that may influence their individual lives and the neighbourhood in which they grow, live, work and age. Building social connections and supporting the development of collective control provides a foundation that can influence the wider social determinants of health over the longer-term.

**“When you're isolated depression kicks in... [This project] is normalising, there is always someone to listen to, to have a cup of tea with... It's a bit of a lifeline.”**

Participant,  
East Thirsk  
Community  
Organisation

**“It is helping them to know their community, what services are available and who to go to for what... to build independence in people. It's developing people's confidence... So they can become community actors... Maybe taking leadership roles in the community.”**

Project staff,  
Pamoja,  
Swansea

# Our change map

The Trust has worked together with local residents and our independent evaluators, to develop a theory that maps the journey of our programme towards the goal of health equity.



For more details and a copy of the full report, please contact People's Health Trust.

Written by Ecorys UK and People's Health Trust

## People's Health Trust

- [www.peopleshealthtrust.org.uk](http://www.peopleshealthtrust.org.uk)
- [enquiries@peopleshealthtrust.org.uk](mailto:enquiries@peopleshealthtrust.org.uk)
- 020 7749 4194
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## Ecorys UK

- [uk.ecorys.com](http://uk.ecorys.com)
  - [london@ecorys.com](mailto:london@ecorys.com)
  - 020 7444 4200
- Key contact: Rachel Blades



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