

Active Communities: learning from the evaluation - a summary 2016



People's Health Trust believes in a world without health inequalities. Where you live should not reduce the length of your life or the quality of your health. The Trust supports small and local projects in 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 residents and that local wisdom and assets possessed by each neighbourhood drive what happens on the ground. This report includes the summary findings of the evaluation.

The World Health Organisation's work into health inequalities has highlighted the importance of social factors in determining our chances of living a healthy and happy life. It is known that the level of control a person has over their life is associated with their health. For example the Whitehall II study showed that¹:

'People in jobs characterised by low control had higher rates of sickness absence, of mental illness, of heart disease and pain in the lower back.'¹

There is also emerging evidence that health is affected by the amount of control that communities have over decisions that affect them collectively. Initiatives that aim to promote collective control, for example through co-production and community engagement have been shown to increase sense of control, self-esteem and self-confidence² among individuals, and to increase social capital, social cohesion and social connectedness³ in communities. All of these outcomes have been shown⁴ to have a positive influence on health.

The Active Communities evaluation is an opportunity to add to the evidence-base around collective control in practice: what it looks like, how it can be facilitated, and what difference it makes for the health of individuals and communities.

This report includes the key findings of the evaluation. More details can be found by visiting the Trust's website, or getting in-touch with the team. Please use the contact details on the back-page to find out more, including details of the full report, and to learn about the evaluation's future development.

Introducing Active Communities

Active Communities was established in 2013 and over £30 million has been distributed through the programme to December 2015. Funding comes to People's Health Trust from the good causes money raised by 51 society lotteries through The Health Lottery.

Active Communities aims to support people to create or shape local projects that will help their community or neighbourhood to become even better, and require these projects to be designed, developed and run by local people. Lasting up to two years, the grants are currently between £5,000 and £50,000 for each project.

The programme supports residents to come up with their own locally-determined ideas that tackle the social determinants of health across the life-course. The programme's key outcomes are:

Collective Control: Ideas designed and led by local people; improved participation of residents, who are empowered to lead and take ownership of the project design, delivery and development.

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

The programme involves putting processes in place to give the residents the opportunity to engage and determine how funded projects should be run. Through the project they come together to address an issue that is important to them and build collective control. The ethos is that communities should be able to take control of their own destiny.

"Active Communities is redefining and reimagining communities. An individual's passion has an influence on those around them."

National stakeholder

The evaluation

In October 2015, People's Health Trust commissioned Ecorys UK to evaluate its Active Communities programme over a period of six months to April 2016. This overview of the findings is part of the Trust's wider efforts to better understand the impact of the neighbourhood initiatives it is investing in.

Aims and objectives of the evaluation

The purpose of the evaluation was to:

- Understand whether Active Communities has achieved its aims in developing social links and ties and collective control, including where the programme has had most and least impact; and
- Contribute to programme development by identifying which approaches have been more and less successful, and how the design might be improved.

The programme is underpinned by a theory of change which is detailed in the full report, and was tested through the research.

A secondary aim was to evolve the Trust's contribution to the evidence base around health inequalities.

Methodology

The mixed-methods included:

- document and data review
- mapping of project data
- surveys with project leads (project e-survey) and project participants
- qualitative research to collect rich and detailed data from different local people involved in the design and delivery of 24 Active Communities case study projects, sampled to reflect the diversity of projects funded across Great Britain (totalling over 200 consultations).

Programme profile and reach

Based on Lower Super Output Area (LSOA) data and Scottish Data Zones - overlaid with the Trust's grants database and project e-survey findings, the profile and reach of the Active Communities projects programme were as follows to December 2015.

Over
£30m awarded

1,081 projects
across England, Scotland & Wales

Reaching a total of
132,035 people

£27,755 mean grant awarded

The majority of projects are neighbourhood-based (although four in ten focus on communities with shared characteristics).

The evidence regarding **how local residents engage** with projects was diverse. Many participants are also volunteers with the project - supporting the organisation of activities, mentoring others, helping to prepare food, or clean. Just 12% of projects reported that they **employ staff** when asked by the project e-survey. Activities are wide-ranging and include:

75% social and community engagement

42% arts & crafts

41% education & learning

*The survey allowed for more than one response

Projects work with a variety of groups and communities, most commonly:

53% people with mental health needs

50% people with disabilities or health problems

48% women and/or girls

*The survey allowed for more than one response

An analysis of completed project monitoring forms showed that **regular attendance** ranges from 24%-100% and the survey findings and the case study research indicate that projects often have a core group of regular attendees.

Case studies

Ecorys completed 24 in-depth case studies exploring a diversity of Active Communities projects across England, Scotland and Wales. A snapshot of some of the case study areas is given below:

“As an individual with a rogue landlord, you feel incredibly powerless, but coming together as a group is very empowering. Two landlords have spent well over £50,000 on repairs already.”

Volunteer

The Association of Community Organisations for Reform Now

It's Rental: The Bristol Ethical Lettings Charter, Bristol

This project is run by local tenants, for local tenants. Residents wanted to campaign for access to good quality, affordable and stable housing without fear of being evicted.

They wanted to raise awareness of tenants' rights, and encouraged private landlords and letting agents to sign up to a set of standards, outlined by their Ethical Lettings Charter.

A few weeks into the campaign, three letting agents and six landlords had signed the Charter, improving the housing situation of around 500 residents.

Bristol City Council adopted the Charter, the campaign has been featured in the press, and has attracted support of local politicians and councillors.

By designing and delivering activities, residents feel empowered. They see that working together can bring about change and this gives them the confidence to challenge bad practice.

“Drama is not about individuals but about people working together to produce something and feel part of it.”

Steering group member

Birmingham History Theatre Company

Balsall Heath, Birmingham

Young people involved in the theatre company wanted a group specifically their own age. The drama sessions help members develop skills and increase their confidence and self-esteem.

Members are involved in all aspects of the project, from shaping the sessions and working on stage management, to promoting events and making decisions about staff recruitment.

As the project progresses, more of the young people deliver the sessions themselves, or join the steering group that decides the direction of the project.

Members are becoming more involved in their local area by taking part in events and putting on performances. The project puts a lot of focus on local heritage which is helping residents to feel more connected to their community.

“The project is a process rather than an endpoint. The way we structure it is about the process - people are properly supported to let their voices come out.”

Project staff

Creativity in Care CIC

Nine Lives, Alness and Invergordon

This project came about because local people wanted to try different creative activities that would help them to make new friends.

From the start, members shaped the project's direction. They changed the project's name, chose the programme of activities, and decided which pieces of creative work would be used for the showcase performances.

Because there was such a range of activities, everyone was able to find something that fit their skills and interest. Working together in the workshops broke down barriers and members have made new and lasting friendships that have continued beyond the end of the project.

By putting on a performance in multiple venues, members were also able to build new relationships within the wider community.

Impact of Active Communities

The evaluation found that the Active Communities programme is achieving a range of key outcomes, including greater social connectedness, reduced social and emotional isolation, and facilitation of processes that support the development of collective control.

The programme is also achieving a number of other outcomes relevant to the wider social determinants of health. These include people reporting feeling happier and more confident, improvements in mental health and wellbeing, and increased knowledge and skills.

85% reduced isolation

81% increased sense of belonging

75% learning and developing new skills in the community

*Based on an e-survey of project leads. The survey allowed for more than one response.

Based on the primary research and analysis of project monitoring data, Ecorys conclude that the programme is achieving its broad aims of bringing people together, improving social links and ties and enabling processes of collective control, all of which will serve as a foundation of social determinants that will reduce health inequalities in the longer-term.

The programme is helping to remove the barriers to participatory action, (recommended by the Marmot Review⁵) as a means of improving community capital, so that communities can identify and address health inequalities. Local people have benefitted in many ways from the diverse range of actions and activities that have been catalysed.

The most successful projects were those that offered a range of processes for local people to get involved in, and at a level they felt comfortable with. Projects that tailor their approaches to supporting the development of collective control create meaningful experiences for project members and will, in turn, instil a sense of control effectively.

Outcomes associated with improved social links and ties or collective control are not specific to particular types of activities. Key stakeholders who formed part of the research placed less emphasis on 'what' is delivered and more emphasis on 'how' as a means of assessing how well projects are working in practice.

Where projects are designed and delivered truly collectively, additional outcomes can be secured such as increased happiness, skills development and a sense of self-efficacy amongst the individuals involved, which in itself provides a further contribution towards changing the experience of the social determinants of health.

A project delivered collectively also produces more informed and relevant activities, committed individuals, and ultimately an increase in community capacity. If this community capital becomes a sustained outcome of projects, it may lead to on-going or increased participatory action and co-production, in turn leading to further activities and/or wider improvements in the neighbourhood and lives of residents.

The next Active Communities report will be due in summer 2017. Please get in touch with the Trust to stay up-to-date with the evaluation as it develops, or to request a copy of the full report. See back page for contact details.

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Ecorys UK

¹ Bell, B., Britton, A., Eric, B., Chandola, T., Ferrie, J., Harris, M., Head, J., Marmot, M., Mein, G., Stafford, M. (2004) *Work, Stress and Health: the Whitehall II Study*. Cabinet Office, London. p8.

² Attree, P., French, B., Milton, B., Poval, S., Whitehead, M., Popay, J. (2011). 'The experience of community engagement for individuals: a rapid review of evidence'. *Health and Social Care in the Community*. 19(3).

³ Milton, B., Attree, P., French, B., Poval, S., Whitehead, M., Popay, J. (2012). 'The impact of community engagement on health and social outcomes: a systematic review'. *Community Development Journal*. Vol. 47, No.3

⁴ Holt-Lunstad, J., Smith TB, Layton JB (2010) *Social Relationships and Mortality Risk: A Meta-analytic Review*. *PLoS Med* 7(7): e1000316. doi:10.1371/journal.pmed.1000316.

⁵ Marmot, M. et al. (2010) *Fair Society, Healthy Lives*, Department of Health, London.

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