Active Communities summary report:
based on Ecorys evaluation findings 2016

ECORYS

people's health trust

1. Introduction

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.

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 that[1]:

'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.'[i]

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-confidence[2] among individuals, and to increase social capital, social cohesion and social connectedness[3] in communities. All of these outcomes have been shown[4] to have a positive influence on health.

Active Communities is a programme that encourages local people to decide on local priorities and shape the solutions to progress them, ensuring that they remain in control throughout. The Trust believes that activities which place participatory action and co-production at the centre will be more successful in tackling health inequalities at a neighbourhood level than those that do not. Local people know their neighbourhoods – they understand the strengths, the issues and what will help to change things for the better.

There are many different ways to explain and interpret collective control. The Trust's position is ensuring that the power to make decisions about matters which affect local people, sits with local people. The Trust believes that supporting local residents to take greater control over what happens in their neighbourhood is key to creating new and stronger relationships, improving confidence and a greater sense of belonging. 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.

The concept of collective control is part of a theoretical model grounded in practice that is still developing and emerging. Control is context-specific and can manifest differently depending on the circumstances. 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.

2. Active Communities Policy context

In England, people living in the poorest neighbourhoods will on average die seven years earlier than people living in the richest neighbourhoods, while the differences in healthy life expectancy increases to 17-years[5]. In Scotland, the differences are even greater with life expectancy (LE) at 8.7 years and healthy life expectancy (HLE) 17.4 years. While in Wales the differences are at 8 and 18.5 years respectively for LE and HLE between the richest and poorest areas.[6][7]

The Marmot Review identified a 'social gradient' in health – 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, shaped by education, occupation, income, gender, ethnicity and race.[8] In addition to the significant human cost, it has been estimated that health inequalities account for productivity losses of up to £33bn per year, lost taxes and higher welfare payments of up to £32bn per year, and additional NHS healthcare costs in excess of £5.5bn per year.[9]

Tackling the social determinants of health is a recognised priority for government, and action on the social determinants of health is required across the life-course. National Institute for Health and Care Excellence (NICE) guidance 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.[10] Public Health England has responded to the challenge by promoting a national conversation about how local communities can identify and address health inequalities.[11] Specifically, the Marmot Review recommends improving community capital to reduce social isolation across the social gradient, by removing barriers to community participation and action[12].

These approaches fit within the broader policy context of devolving power to the most local level, expressed in the Localism Act[13]. 'Top-down' community development work has often been based upon a 'deficit model,' seeking to impose solutions to identified problems rather than building upon individual and collective strengths. This problem is exacerbated by the policy and commissioning context which emphasises the need for brief interventions and easily identifiable outcomes.[14] Alternatively, there is a growing movement towards considering asset-based approaches and co-production as key drivers of improving outcomes.

Building collective control over decisions can enable communities to re-frame public problems and re-establish relationships to enable more holistic and people-centred approaches and, at its best, can build people's capacity to live the life that they want, in the community where they live.[15] By bringing people together to address their own concerns it is possible to reduce stigma, create new community-led resources and develop new connections between individuals, groups and organisations.[16]

How Active Communities is designed to respond

Active Communities, like the Trust's other programmes and associated projects, bases its approach to tackling health inequalities on impacting the social determinants of health. 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

Stakeholders interviewed for the evaluation spoke positively about the added-value of Active Communities, which comes from a variety of factors:

- The programme has extensive geographic reach; including rural and urban areas across England, Scotland and Wales.
- A large number of funded projects are for specific communities of interest (people with shared characteristics), who have come together to address an issue that is important to them. This aspect makes the programme different from other programmes, particularly government ones.
- There is a wide diversity of activities being offered to participants, including arts/craft, sport, exercise, dance, language lessons and peer based mentoring or emotional support.
- These wide activities allow beneficiaries to develop different skills and interests.
- Despite the differences in activities being offered, all funded projects give their beneficiaries the opportunity to have their say and influence how the project is run and facilitate collective control.
- As with giving the community more control, all funded projects have the common theme to help develop greater social links and ties in the community.

3. Establishment of 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 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 is designed to address health inequalities in local communities through supporting residents to come up with their own locally-determined ideas that tackle the social determinants of health across the life-course. The Marmot Review[17] recommends improving community capital to reduce social isolation, by removing barriers to community participation and action[18].

Active Communities responds to this by putting processes in place to enable the project participants to develop collective control, including through shaping how funded projects should be run. By funding community groups in areas experiencing disadvantage where health inequalities are more prevalent, the Trust hopes to help tackle the underlying 'upstream' causes of health inequalities such as feeling part of a valued social identity, or a sense of pride or belonging to a neighbourhood, and start to tackle the gradient of health inequalities.

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.

4. 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. An 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.

4.1 Aims and objectives of the evaluation

The purpose of the evaluation was to understand what the programme has achieved so far, and to contribute to programme development. Specifically, the aims were 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.

To answer these aims, the evaluation took a theory-based approach and developed a Theory of Change (building heavily on the Theory of Change developed for the Trust by the New Economics Foundation), which is detailed in the full report with the research questions. Research undertaken as part of the evaluation has tested the model presented.

4.2 Methodology

The mixed-methods included:

- **document and data review** including project monitoring data held on the Trust's grants database, reviewing relevant research and policy documents and testing the developing theory of change with pilot projects;
- **mapping of project data** through an analysis of the grants database and the production of a series of maps to illustrate the distribution of Active Communities projects;
- **surveys** with project leads (project e-survey) and project participants (through a pilot of the Resident' Survey[19]);
- **qualitative research** to collect rich and detailed data to inform the process and outcomes evaluations with **stakeholders** (Trust senior management, Trustees and staff and representatives from the 51 society lotteries) and 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).

5. 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 undertaken by local residents 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.

6. Impact of Active Communities

An overview

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.

Based on the findings of the project e-survey 85% of projects had achieved 'reduced isolation' to a high degree or completely[21], while 81% had increased their sense of belonging in their local neighbourhood – which is highly correlated with wellbeing:

85% reduced isolation

81% increased sense of belonging

75% learning and developing new skills in the community

Indicators related to longer-term manifestations of collective control (such as 'increased confidence in the community to speak up') were less well-evidenced in the e-survey (with 43% of projects reporting low to medium levels). However it should also be noted that almost two thirds of these projects were only in the early to middle stages of delivery at the time and collective control can be a longer-term process to emerge.

The case study research and interviews with national stakeholders found that overall the programme is achieving its aim of putting in place effective processes to support collective control and projects are witnessing some of the outcomes of collective control locally.

Impact of Active Communities
– continued

6.1 Summary of programme impact

All Active Communities projects are required to report on the social links and ties that are being formed and on the level of collective control that is being achieved, and projects are also encouraged to report on additional relevant indicators. Figure 1 presents findings from the project e-survey when respondents were asked to rate, on a scale of 1–10[22], the extent to which they felt they had achieved various relevant outcomes.

Figure 1: High degree or complete achievement of outcome measures (project e-survey)

85%   **reduced isolation**

81%   **increased sense of belonging**

78%   **increased sense of collective or individual aspiration**

78%   **increased sense of trust**

76%   **increased opportunity for dialogue and shared learning**

75%   **learning and developing new skills in the community**

75%   **increased recognition of a shared interest**

68%   **stronger social connections between neighbours**

67%   **stronger social connections between groups**

66%   **increased solidarity**

67%   **increased confidence in community to speak up**

53%   **increased confidence in community to make or influence change**

37%   **increased social and political knowledge**

Encouragingly, respondents were largely positive about the extent to which their projects had achieved the range of outcomes. Beyond the outcomes more strongly associated with social links and ties and with collective control previously described, projects are achieving a number of wider related outcomes.

Other positive results relate to 'learning and developing new skills in the community', where 75% felt they had achieved this measure either to high levels (a rating of between 7 and 9) or completely, as well as an 'increased sense of trust', where 63% felt this had been achieved to a high level.

Projects succeeded in engaging community participants most effectively when there were a range of activities – often developed through co-production – which were able to appeal to and accommodate a range of personal interests and abilities. Providing accessible and safe spaces for people to come together (online and in person), offering a regular and reliable presence, creating the conditions for informal and effective peer learning, and making links with other projects has also helped to achieve improved social links and ties.

Impact of Active Communities – continued

6.2 Improved social links and ties

The Trust defines social links and ties as being about stronger connections between people, decreased social isolation, and improved connection and friendships among participants.

Analysis of completed project monitoring reports[23] found that 99% reported having delivered improved social links outcomes[24]. The Resident Survey pilot with a small sample of project participants[25] were similar; 97% agreed with the statement 'I am meeting new people' and 89% with the statement 'I am making new friends', while 75% agreed with the statement 'I am getting out more', as a result of their engagement with projects.

Improved social connectedness emerged as the most common theme when discussing outcomes with project leads, staff, volunteers and project participants as part of the case study visits. Often one of the reasons why participants started coming to projects in the first place was to meet new people and develop friendships. The social networks resulting from the projects encourage project participants to sustain their involvement. This means that while improved social links and ties represent an early outcome for participants, they can also then strengthen over time as networks expand and strengthen.

Improved social links and ties have led to a range of associated benefits, such as feeling happier and more confident, as well as improvements in mental health and wellbeing, knowledge, and skills. In bringing people together, projects build individual and collective hopes and aspirations as residents grow in confidence socially, which is helping them to feel more confident in other situations outside of time spent with projects.

The evaluation revealed that there was broad evidence of social networks expanding across projects working with both younger and older residents and different communities of interest. Improving social links and ties is also helping to overcome barriers among different groups, as they forge new relationships through the experiences offered by projects.

Of the Trust's two key programme outcomes, social links and ties is the one which projects have fully grasped, both conceptually and through the outcomes measured. National stakeholders commented that the early evidence that they had seen shows a transformational difference in social links and ties across diverse projects, from older people's lunch clubs to youth clubs for young people with learning difficulties.

"The intergenerational intercultural group I visited [was] Women of Wandsworth. Inspirational and ground breaking I feel – the idea came from a Portuguese single parent who had no family networks in this country and realised that there were older people in the area who were displaced and children and parents like her who had no older relatives around. They have cooking from different cultures, music and dance and good times together."

National stakeholder

The evaluation also found some interesting examples that show how the development of enhanced social links and ties through Active Communities projects may contribute towards other social determinants of health. This included outcomes related to early years development (by directly and indirectly supporting maternal health and child development), and improving access to and achievements in education and employment. The development of social links and ties may also support the other key programme outcome of collective control to develop.

7. About collective control

There are many different ways to explain and interpret collective control. The Trust's view is that it involves local people who are in control and local people who are coming up with the answers[26].

The Trust believes that giving local communities greater control over what happens in their neighbourhood is key to creating new and stronger relationships, improving confidence and a greater sense of belonging – which all impact on a person's wellbeing.

The Trust has adopted a flexible funding model, designed to give local people control over making their neighbourhoods better places to live. 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.

The Ecorys evaluation builds on the Trust's conceptualisation of collective control as both a process and an outcome. Collective control will often involve participatory action when local people come together to decide what action they would like to take for a particular purpose. The process of collective control can also involve co-production when different members of a project work collaboratively towards a common goal and the power for defining and working towards this is shared equitably. In a co-productive relationship, reciprocity is a key feature where each partner will work towards supporting the other. Co-production and participatory action are both indicators that collective control is being established and looking at these processes in more detail provides insight about the nature of it.

Positive indicators of the outcome of collective control include:

- residents feeling satisfied that project actions and activities were community led (i.e. a sense of ownership);
- that they met local needs and aspirations;
- that their confidence was built;
- that their experiences represent a (short/long-term) shift in the balance of power towards the community.

There may also be wider benefits to establishing collective control such as:

- improved quality of local actions and activities;
- greater range and differences in achieved outcomes;
- increased confidence and capacity to implement further individual and/or collective action.

At its fullest extent, these additional benefits of collective control will become evident across the wider community, for example if project actions and activities have an impact on a wider community issue (such as women's rights and tenancy agreements, as two of the Active Communities projects were working towards) or the social determinants of health.

7.1 Approach to assessing collective control

Collective control often arises from participatory action when local people come together to decide what action they would like to take for a particular purpose. Ecorys built on this conceptualisation of collective control and aimed to explore what this looks like as a process, and what it achieves as an outcome.

National stakeholders felt that the programme is demonstrating a grassroots commitment to the process of collective control. This was confirmed by the views of project leads regarding the level of participant involvement in project design (one early manifestation of control). The majority of respondents to the e-survey reported complete (32%), or high (50%) levels of involvement in designing projects from the point of inception.

Other processes of collective control were present to a greater or lesser extent across all projects that were involved in case study research. This was assessed on the basis that project participants had an on-going role in shaping decisions about projects in some way, were positive about what they had achieved as a result of their engagement with the projects, and were satisfied with the amount of control they had experienced.

About collective control
– continued

7.2 Processes identified as supporting collective control

The case study research involved consultation with over 200 local people from a sample of 24 projects. It found that the ways in which collective control is developed, delivered and supported, is more important than any particular form that it adopts. Projects offered different ways for people to take control according to their interests and capacity.

- Enthusiastic, warm and capable individuals working with communities to create welcoming and responsive atmospheres to facilitate productive engagement, with sufficient capacity for support were identified as critical factors.
- Several projects also incorporated some form of tailored peer support, which supports control to develop in an informal and natural way. This meant that the extent to which project participants felt in control was not always dependent on having been involved in more structured and formal processes of collective control.
- Project participants often preferred to shape projects via ad-hoc methods and focussed activities that happened while they were engaged in activities.

The different processes underpinning the development of collective control can be gradual and iterative, with each informing and encouraging the other. Success is influenced by the way the process manifests and the specific groups of people that the projects worked with. As a consequence of the successful processes of collective control established across the 24 project case studies, project participants have gained a sense of achievement and satisfaction that has helped them to grow in confidence, to take pride in their work, and importantly to feel a sense of ownership about what has been achieved.

Projects appear to reflect local needs and aspirations, and in some cases project actions and activities are being clearly led by communities. The pilot of the Resident Survey provided further evidence in this regard, with 97% of respondents[27] agreeing with the statement 'people involved with this project are pulling together to do something positive in the local area'. Project participants also reported feeling happier and more involved with their local communities, as well as perceiving a greater sense of belonging. Individuals have also learnt new skills; 75% of project leaders reported that their projects supported participants to learn new skills, whilst 71%[28] of respondents to the pilot of the Resident Survey agreed with the statement 'I have learnt and developed new skills'.

Ecorys also describe the ways in which Active Communities projects are achieving other social determinants of health. They felt that the process of developing collective control has been beneficial for many individuals, shown by their continuing participation in projects. They also noted that while rarely a primary aim of projects, there was evidence that projects have made improvements to the general environment of their communities, addressing a lack of green spaces and safe spaces for play. Through collective action, they contributed to improvements in other social determinants of health.

About collective control
– continued

7.3 How Active Communities supports control from project inception

The project e-survey asked respondents to state how they identified the issues their projects would address. The vast majority of projects (95%) reported using their own local knowledge and experience in order to identify the issues they would be targeting. Use of existing data about the local area (69%), and positively conducting community observation and interviews/meetings (both 51%) and conducting surveys (47%) were also common means, suggestive of wider engagement processes.

Top 5 ways projects identified issues to address (survey – multiple responses allowed, 314 responses)

95% **our own local knowledge and experience**

69% **existing data about the local area**

51% **conducting community observation**

51% **conducting stakeholder interviews or meetings**

47% **conducting surveys in the local community**

The project survey also asked respondents to identify the different ways in which participants engaged with their project on an **ongoing basis**, in order to make the changes they wanted to see, to provide further evidence of collective control. The table below shows how participants engaged; this was **most commonly through volunteering opportunities** (89% of projects).

Holding workshops, focus groups or steering groups (69% of projects) was also common, as was attending meetings (64%) and completing feedback surveys (61%), allowing for broader engagement of local people. This demonstrates the variety of project processes that were in place to enable local people to engage in participatory action and co-production.

Top 5 means of engagement with the project on an on-going basis (survey – multiple responses, 414 total)

89% **direct involvement as volunteers**

69% **attending workshops, focus groups or steering groups**

64% **attending meetings**

61% **completing feedback surveys**

37% **web based digital engagement**

*About collective control
– continued*

7.4 Features of project design that support collective control

Ecorys made a number of observations about the way project design helps collective control to develop and listed the following as key features:

- Projects that provide participants with different opportunities to exercise their voice.
- Projects that feature facilitative leadership and did not rely too heavily on one or two individuals.
- Projects that link effectively with other statutory and community services and ensured that they could provide a safe space for project activities and actions to take place.
- Projects that effectively tailor their approach to residents so that they facilitate them in a way that is appropriate to each individual project and its target group.
- Projects able to provide a range of activities to target participants effectively – often developed through co-production – to appeal to and accommodate a range of personal interests and abilities.

Where projects implemented activities in a way that integrated the above features successfully, they considered that they had achieved outcomes associated with collective control. For example, Healthy Activity Days (Brighton Permaculture Trust), which aimed to bring the community together to work outside on a local patch of land, provided a range of more and less physically active opportunities – from governance roles on the steering group to direct conservation work. Similarly, Gorton Visual Arts Group ensured that the range of art sessions on offer was diverse to maximise participation.

"A diversity of practices is crucial to what we do... so people attempt something new. And I think that increases their curiosity – and mine too – on how things will work at the end."

Project lead

7.5 How collective control manifests

One national stakeholder commented that the foremost element of good practice emerging from the programme is that the voices of the people are being heard, listened to and helping to shape the things that matter:

"The ethos of control at a local level is showing in reality. They discuss what they would like and then that happens".
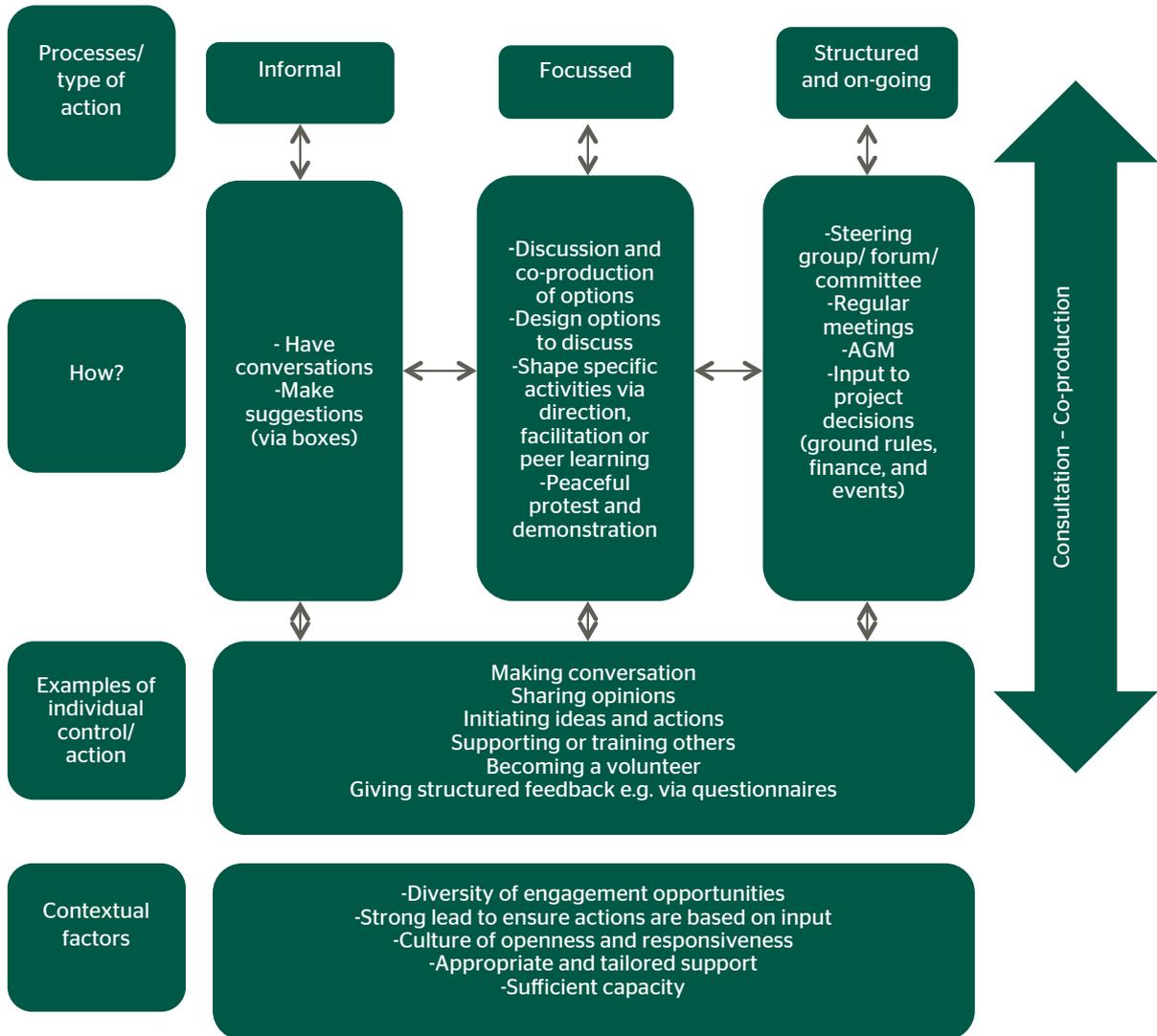
Project leads indicated the level of participant involvement in project design included high (50%) or complete (32%) levels of involvement. While collective control includes a whole series of processes, this is a very positive finding in terms of the programme effectively laying the foundations for collective control to develop within projects.

Extent to which participants were involved in the design (e-survey, 314 responses)

9% 1–3 (low involvement)

15% 4–6 (medium involvement)

9% 7–9 (high involvement)

9% 10 (complete involvement)

Through 24 case studies, the evaluation provided further supportive evidence that processes of collective control were present to a greater or lesser extent in all projects. The assessment was made on the basis that participants had shaped decisions within the project in some way, were positive about what they had achieved as a result of their engagement with the projects, and were satisfied with the amount of control they had experienced.

8. What collective control looks like in practice

Processes/ type of action	Informal	Focussed	Structured and on-going	
How?	- Have conversations -Make suggestions (via boxes)	-Discussion and co-production of options -Design options to discuss -Shape specific activities via direction, facilitation or peer learning -Peaceful protest and demonstration	-Steering group/ forum/ committee -Regular meetings -AGM -Input to project decisions (ground rules, finance, and events)	Consultation – Co-production
Examples of individual control/ action	Making conversation Sharing opinions Initiating ideas and actions Supporting or training others Becoming a volunteer Giving structured feedback e.g. via questionnaires			
Contextual factors	-Diversity of engagement opportunities -Strong lead to ensure actions are based on input -Culture of openness and responsiveness -Appropriate and tailored support -Sufficient capacity			

Based on the case study findings, the figure above illustrates some of the processes that projects are using to establish or facilitate collective control.

- **Informal processes** of collective control consist of very simple, informal and organic methods and commonly just involve making conversation or choosing to post an idea in a suggestion box.
- **Focussed processes** of collective control often require planning ahead and some prior actions by one or more members of the group to prepare and engage project participants in collective control, for example through project members being supported to set the agenda for a meeting and come up with ideas.
- **Structured processes** of collective control are characterised by more formal arrangements that may have been in place since a project's inception or developed as a result of co-productive ideas. These include the establishment of a group that has consistent membership, the presence of regular meetings and opportunities to input to project-level decisions, often with identified responsibilities.

Collective control in practice (based on case study evidence)

It is very important to stress that **the extent to which project participants involved in the case study projects felt in control was not dependent on having been involved in more structured processes of collective control**. For some residents, being part of informal or focussed processes were as satisfying in helping them to develop a sense of collective control.

In each case, opportunities can be fashioned for people to input to decision making at some level through participatory action and/or co-production. Ecorys found that the different processes of collective control and their associated outcomes are in fact gradual and iterative, with each often informing the other, and that their success is influenced by specific process factors and the specific groups of people that the projects worked with.

What collective control looks like in practice – continued

8.1 Factors associated with the development of collective control

Factors that support the development of collective control include:

- high capacity individual(s) who have the necessary time, interest and ability to take on the responsibility of offering a **diversity of meaningful engagement opportunities** for local people, which encourage them to come up with ideas, whilst ensuring that these ideas are acted upon;
- a **culture of openness and responsiveness** to give people the confidence to share their ideas and views in the knowledge that they will be heard;
- the presence of **appropriate and tailored support** to ensure that people feel able to take action; and
- **sufficient capacity** among individuals and groups to respond to opportunities and provide support where it is needed so that any barriers to participating in the process of collective control can be overcome.

One solution to the challenge of capacity is to work through existing groups and networks. Eastside Community Centre for example has demonstrated the importance of working with and through the community to understand community needs, to engage a broad range of people and to develop sustainable relationships:

"Listen to the community, don't just try and do the things you think you need to do […]they're linked in to everything, and everything comes back to you – you find out all sorts of things. The links are so strong and there's no barrier to people coming in."

Project manager

Often projects offered **different ways for people to take control** according to their interests and capacity. The East Thirsk Community Organisation for example, designed a parent, baby and toddler group based on local ideas collected through conversations as well as via the 'steerage group' set up by the project lead to take it forward:

"Very often things come out in session... without their input and suggestions we wouldn't have it working the way it works, they feel part of it".

Project team

The ways in which opportunities for collective control are developed, delivered and supported, and for whom, are more important than the specific mode of control adopted. There were some examples amongst the case study research of projects being less successful in supporting collective control to develop with more structured processes, compared with other projects who adopted more flexible or informal approaches.

"The best practice is that communities take projects on and run them but the reality is that people come and go. The core organisation helps to support and hold the project when fluctuations happen. People wouldn't be getting involved if they didn't feel they can influence [the project]"

Project staff

*What collective control looks
like in practice – continued*

8.2 What collective control achieves

As a consequence of the successful processes of collective control established across the 24 project case studies, project participants have gained a sense of **achievement** and **satisfaction** that has helped them to grow in **confidence**, to take pride in their work, and importantly to feel a sense of **ownership** about what has been achieved through shared decision making. Projects appear to r**eflect local needs and aspirations**, and in some cases project actions and activities are being clearly **led by communities.**

"The feedback I got from the ladies is that it's the only opportunity they get to do anything independently, even if it's very simple things, the fact that they chose to do it and they are doing it for themselves alone, that's really empowering...it is a very unique opportunity"

Development worker

The pilot of the Resident Survey provided further evidence in this regard, as 97% of respondents[29] agreed with the statement 'People involved with this project are pulling together to do something positive in the local area'.

As a result of their deep engagement in projects from processes associated with collective control, participants also reported feeling **happier**[30] and **more involved** with their local communities, as well as perceiving a greater sense of **belonging**. These outcomes also reinforce the benefits associated with improved social links and ties:

"Just coming out on a Thursday to meet people and have a chat, I enjoy that, getting out of the house...I didn't know any of these people before, you feel more part of the community now. You find out what's going on in the community which you wouldn't know if you were just sitting in your house"

Participant

By supporting participants to fulfil different roles to work towards a common goal, such as making and editing a film or producing a play, the Feel Good Factor (People Express) project is improving project participants' sense of belonging whilst at the same time promoting equality.

"It all gives... [them] much more a sense of belonging...instead of just messing about they can come here and do something they are proud of. Then they can go to school the next day and tell people about it...they really care about what people think. We always emphasise it's a level playing field, everyone is safe in this space, so they feel there is a real equality here."

Project worker

Based on the findings of the beneficiary Resident Survey, some project participants have also become more involved in other local community groups (58%) as a result of being involved with Active Communities projects.

9. Summary of programme achievements

The Trust is funding projects that broadly reflect the ethos and principles of the Active Communities programme, which suggests that the programme is being managed and resourced appropriately.

Based upon the evidence, it is clear that funded projects are seeking to address social determinants of health by supporting outcomes related to social connectedness and collective control. Active Communities has ambitious aims for the target groups and the neighbourhoods with which it works. 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 Review) 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.
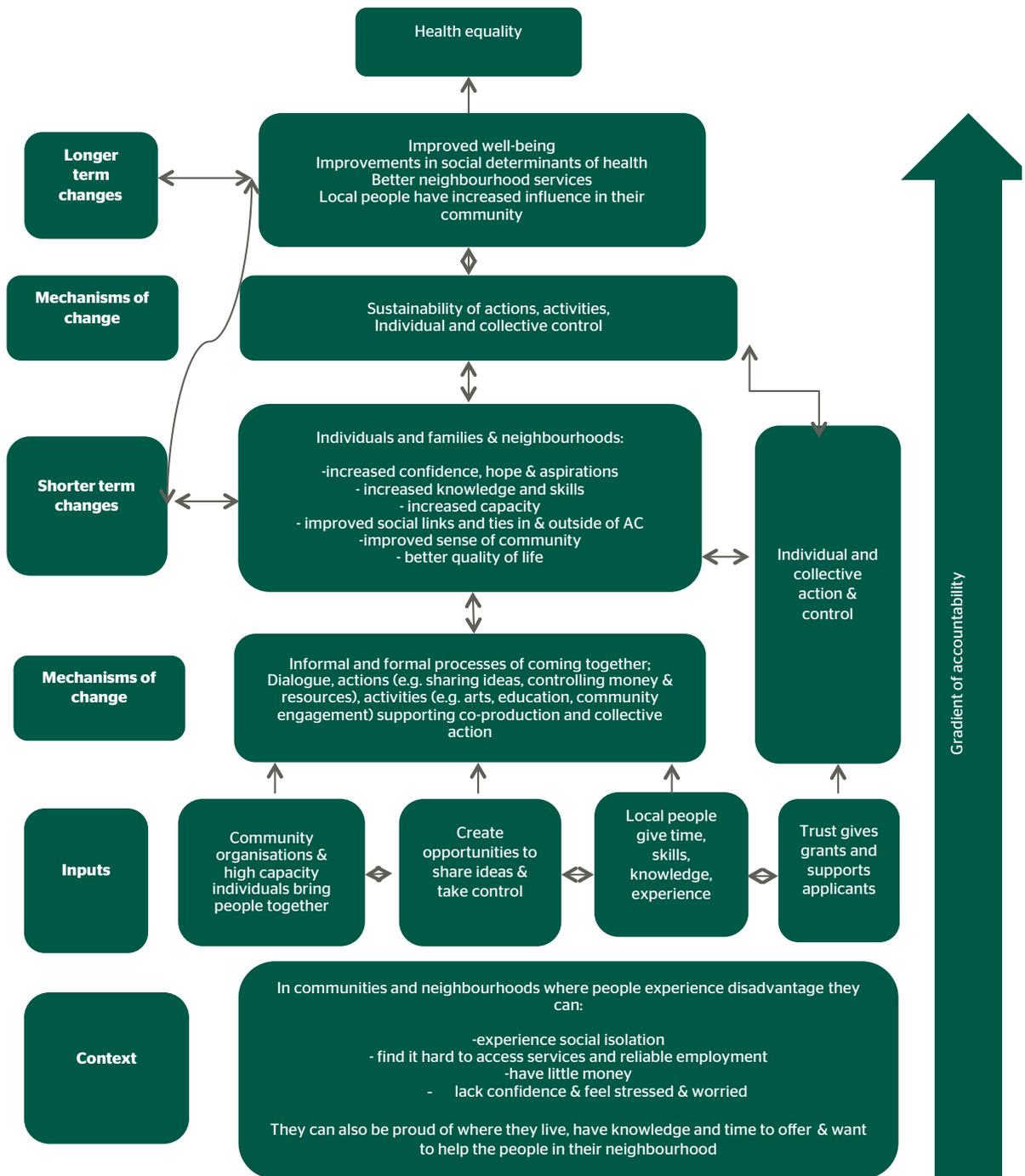
The area of greatest impact was found to be in improving social connectedness, which has delivered a wide range of benefits for the individuals involved. The case study findings illustrate that engagement with projects has been life changing for some individuals, who have derived strength and support from what they offer, in order to maximise their potential.

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.

Appendix: Theory of Change

Health equality

Longer term changes

Improved well-being
Improvements in social determinants of health
Better neighbourhood services
Local people have increased influence in their community

Mechanisms of change

Sustainability of actions, activities,
Individual and collective control

Shorter term changes

Individuals and families & neighbourhoods:

-increased confidence, hope & aspirations
- increased knowledge and skills
- increased capacity
- improved social links and ties in & outside of AC
-improved sense of community
- better quality of life

Individual and collective action & control

Mechanisms of change

Informal and formal processes of coming together;
Dialogue, actions (e.g. sharing ideas, controlling money & resources), activities (e.g. arts, education, community engagement) supporting co-production and collective action

Inputs

Community organisations & high capacity individuals bring people together

Create opportunities to share ideas & take control

Local people give time, skills, knowledge, experience

Trust gives grants and supports applicants

Context

In communities and neighbourhoods where people experience disadvantage they can:

-experience social isolation
- find it hard to access services and reliable employment
-have little money
- lack confidence & feel stressed & worried

They can also be proud of where they live, have knowledge and time to offer & want to help the people in their neighbourhood

Gradient of accountability

Assumptions:
- That the Trust clearly communicates the aims and objectives of the programme and can provide support.
- That there are community organisations working to improve the area.
- That community organisations can bring people together and offer support.
- That community organisations understand the principles of collective control.
- That community organisations can adapt to enabling different opportunities for local people to come together.
- That different members of the community 'come together'.
- That different members of the community attend project meetings and can actively shape the direction of the project.
- That different members of the community want to take control over the things that matter to them, and are interested in deeper engagement.
- That the target beneficiaries have longer-term engagement with the action or activity, and contribute to neighbourhood governance.
- That different members of the community want to take control over the things that matter to them
- That the target beneficiaries engage with and remain in the project
- That the target beneficiaries engage with and remain in the project

Theory of Change in words

The Trust aims to fund projects that will help local people to work together to make the changes they want to see where they live, to improve their own wellbeing and ultimately reduce health inequalities.

However, whilst the outcomes of greater collective control and meaningful community decision-making outlined in the theory of change are key, stakeholders consulted for this evaluation emphasised that this does not happen immediately. The idea is for user-led community group work to take place and for friendships and greater community links to build. This should eventually lead to improvements in the local area and the community broadening their knowledge, confidence and capacity to make a difference. This process may not always operate in a linear fashion; progress may move backwards as well as forwards and move at different rates, depending upon the outcomes of community engagement and the local context.

It is also important to note that there is a 'gradient of accountability' with regards to the outputs and outcomes delivered through the Trust's programmes (as identified by New Economics Foundation in their analysis of the Local Conversations programme). The further up the chain, the less directly attributable the outcomes are solely to Active Communities, since elements such as the social determinants of health are influenced by a wide variety of other factors. However the underlying logic of the programme is that Active Communities has an important role to play within this process, and at a range of levels.

Below we articulate these processes, and the 'Theory of Change' underpinning the logic model, in more detail.

Context: Starting with the rationale underpinning the programme and its local projects, people experiencing multiple disadvantages tend to face limited choices in terms of the services available to them, and their capacity to improve their neighbourhood and community. Some of this is rooted in social isolation, a lack of confidence and power-relations, but there is also often a lack of suitable mechanisms and impetus to act collectively and catalyse positive change. This is despite the fact that many local people are proud of where they live, have knowledge and time to offer, and want to help people in their neighbourhood. In turn, and as detailed in **Section 4**, increasing social connectedness through participatory action, increasing social action and collective control and improving community capital are seen as integral to a holistic approach to tackling the wider social determinants of health and health inequalities[31].

Inputs: The second part of the model shows what resources are applied to help address these issues. First and foremost, local community organisations and community members bring other people together and pool their knowledge, skills, experience and time, in order to design an initiative/project that they think will improve the local area and that local people will benefit from. The projects may take a variety of forms including dialogue, actions and/or activities[32] that the community can participate in, but what is paramount is that the process of coming together and shaping these projects facilitates the sharing of ideas and both individual and collective action which meets local needs and ultimately control. In terms of further inputs, the Trust supports applicants with any queries around applications, assesses project applications across two stages (identifying any necessary actions and providing feedback), helps to build capacity where needed, and makes funding decisions. Successful projects are awarded grant funding of up to £25,000 each year for two years[33]. Project activities are then delivered with the support of project staff and/or volunteers. The Trust encourages reflection and provides feedback through a six monthly monitoring cycle.

Theory of Change in words
– continued

Outcomes: the model moves on to describe the short and longer term outcomes that are achieved as a result of this process. Over the **short-term** (and beyond) Individuals, families and neighbourhoods experience improved social links and ties, enhanced knowledge and skills, and increased confidence and aspirations for the future (reinforced by the on-going process of engendering individual and collective action and control through involvement in meetings, steering groups, workshops, forums and more informal mechanisms). This results in turn in increased capacity (to make decisions and influence change), amongst individuals, families and neighbourhoods, as well as perceived and actual improvements in their quality of life.

If the processes, actions and initiatives that are centred on individual and collective control can be sustained, over the **longer-term** the community and its representative organisations will gain increased influence and become empowered to bring about positive longer-term change in reducing health inequalities (although note previous comment on the gradient of accountability). This is achieved broadly through influencing the social determinants of health, whether directly through generating enhanced individual and collective wellbeing (through the process of participation), or indirectly, for example through advocating for and/or delivering enhanced neighbourhood services.

Assumptions: This model is underpinned by a number of assumptions that we consider are necessary for the outcomes within the logic model to be realised. These relate to key contextual and other factors of success, identified through the evaluation research. These include:

1. That the Trust clearly communicates the aims and objectives of the programme and can provide support when needed.

2. That there are community organisations working to improve the area.

3. That community organisations can bring people together and offer support.

4. That community organisations understand the principles of collective control (although they may employ different language).

5. That community organisations can adapt to enabling different opportunities for local people to come together.

6. That different members of the community 'come together'.

7. That different members of the community attend project meetings and can actively shape the direction of the project.

8. That different members of the community want to take control over the things that matter to them, and are interested in deeper engagement.

9. That the target beneficiaries have longer-term (rather than simply ad-hoc) engagement with the action or activity, and contribute to neighbourhood governance.

[1] Bell, R., Britton, A., Brunner, E., 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. p.6.

[2] Attree, P., French, B., Milton, B., Povall, 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., Povall, S., Whitehead, M., Popay, J. (2012). 'The impact of community engagement on health and social outcomes: a systematic review'. Community Development Journal. 47(3).

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

[5] https://www.gov.uk/government/news/tackling-health-inequalities

[6] http://www.scotpho.org.uk/population-dynamics/healthy-life-expectancy/key-points

[7] http://www.wales.nhs.uk/sitesplus/922/page/87233

[8] Fair Society, Healthy Lives: The Marmot Review (2010)

[9] Ibid.

[10] https://www.nice.org.uk/advice/lgb4/chapter/introduction

[11] https://www.gov.uk/government/collections/national-conversation-on-health-inequalities

[12] Ibid.

[13] http://www.legislation.gov.uk/ukpga/2011/20/contents/enacted

[14] McCabe, A and Davis, A (2012) 'Community development as mental health promotion: principles, practice' in Community Development Journal vol. 47 (4), 2012, 506-521

[15] Boivard, T and Loeffler, E (2012) 'From engagement to co-production: the contribution of users and communities to outcomes and public value' in International Journal of Voluntary and Nonprofit Organizations, December 2012, vol 23 (4): 1119 – 1138

[16] National Social Inclusion Programme et al (2008) Connect and include: an exploratory study of community development and mental health.

[17] Fair Society, Healthy Lives: The Marmot Review (2010)

[18] https://www.nice.org.uk/advice/lgb4/chapter/introduction.

[19] A questionnaire developed with People's Health Trust and NEF for use across the Trust's programmes.

[20] December 2015

[21] Projects gave ratings of 7-10 on a 10 point scale

[22] Their responses were then grouped in to the following categories during analysis: 1-3 (low), 4-6 (medium), 7-9 (high) and 10 (completely)

[23] 162 projects with 'completed' status

[24] Note that 14 projects did not have outcomes for 'Social Links', and 14 have not submitted end point outcomes, so both have been omitted.

[25] 65 beneficiaries completed the survey

[26] People's Health Trust (2015) Taking Action Together – Annual Review 2015

[27] 65 beneficiaries completed the survey

[28] 65 beneficiaries completed the survey

[29] 65 beneficiaries completed the survey

[30] 82% of respondents to the common outcomes survey agreed that they had been feeling more cheerful

[31] https://www.gov.uk/government/collections/national-conversation-on-health-inequalities

[32] Activities can include, but are not limited to: arts and crafts; community action; education, learning and training; sport and recreation; social and community engagement; and therapy and mentoring.

[33] Organisations can apply to The Trust for grant funding provided they are not for profit, have an annual income of £350,000 or less, have savings of less than six months of their running costs and have been in operation for at least three months.

[i] 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. p.8.

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