

Active Communities 2020

**Evaluation
Summary
Report**

Evaluation Summary Report

Introducing Active Communities

People's Health Trust established Active Communities in 2012 as a programme targeted at neighbourhoods in England, Scotland and Wales, which disproportionately experience social and economic disadvantage and health inequalities. Typically lasting up to two years, residents and local organisations have applied for grants between £5,000 and £50,000 for each project and the size of the average grant is around £27,234.¹

The programme supports participants to come up with their own locally determined ideas, in order to strengthen social connections and encourage greater collective control. By empowering participants to take the lead and by putting processes in place to address issues that are important to them, the programme aims to make local communities and neighbourhoods even better. The programme's key outcomes are:

- **Collective control:** Ideas designed and led by local people. Particularly participants, who are empowered to lead and take ownership of the project design, delivery and development; and
- **Social links and ties:** Stronger connections between people. Decreased social isolation and loneliness, and improved connection and friendships among participants.

"We aim to build a stronger local community, to help more people feel more confident, and to give community a sense of collective control over decisions which benefit the local community."

Project lead

The evaluation

The third year of the Active Communities evaluation carried out by Ecorys ran from October 2018 to December 2019. The evidence comes from a survey completed by project leads (n=216), a survey completed by project participants (n=350), analysis of the Trust's funding database, a sample of progress reporting forms returned by projects (n=100), as well as interviews and focus groups carried out during two waves of case study research with 12 Active Communities projects, and a small number of stakeholder interviews by telephone. The research team also worked with a videographer to produce case study videos of three Active Communities projects.

The evaluation aims were:

- To enhance the evidence base for the programme's impact in transforming social determinants of health for project participants experiencing disadvantage; and
- To show how the Trust could improve the programme and practice further to inform ongoing reflection and optimisation of delivery.

There are a number of assumptions behind the programme design that are expected to help funded projects achieve the intended outcomes. These include the idea that neighbourhood organisations understand the concepts (if not necessarily using the precise language) of individual and collective action and control; that they are able to adapt and enable different opportunities for local people to come together; that different members of the neighbourhood or community want to take control over the things that matter to them and are interested in deeper engagement; and that established organisations do not prove limiting by having a top-down operation that prevents the group leading the pacing and direction of activities.

Notes:

- 1 The maximum grant size has been £40,000 since October 2019.

Key findings

Active Communities continues to reflect policy shifts in all three nations towards a community-led approach to tackling health inequalities. The programme's focus on collective control supports its capacity to have a positive effect on measures of health and wellbeing. Projects are operating within neighbourhoods which are experiencing ongoing austerity measures across Great Britain, and communities which too often share a feeling of a lack of control regarding many aspects of their lives. The programme also operates in an environment where the social causes of poor health outcomes, despite being well-evidenced, may be poorly understood and accepted within the public consciousness and in local or national-level discourse, according to programme stakeholders interviewed. Therefore, the Active Communities programme's response remains highly relevant to the context.

Inputs

While the number of grants funded through Active Communities has decreased over the past year by around a third, the proportion that are focused on working with a community of interest has increased to around 50%, with the remaining 50% working with people in a defined neighbourhood.

The programme's model evaluates well, with evidence suggesting there are low incidences of project failure and that the Trust is committed to ensure maximum accessibility of the funding to grassroots projects without including more 'risky' projects than necessary. Survey responses also rate the application and assessment processes highly and even more positively than in previous years, particularly around the increased consistency of support from the Trust's grants team.

Mechanisms of change

Findings from the Year 3 evaluation continue to reflect the range of processes that contribute towards change and have provided further insight into the mechanisms behind them. The range and pattern of process for developing collective control includes processes that are informal, more focussed and regular/structured, with case study research confirming that informal processes like dialogue through conversation

remain the most popular. The evaluation found that of the two forms of more regular and structured processes – steering groups/forums and volunteering – the prevalence of steering groups had reduced, whilst volunteering was increasingly common. Task-based volunteering has grown and proven popular, which involves regular arrangements that create the space for volunteers' choices to direct the projects.¹

The evaluation found that a mix of processes support the development of collective control within projects and these work in different ways for different people at different times. Success is supported when people have options and a broader culture of participation that supports people to come together, become empowered and take ownership of issues that are important to them, which can then translate into taking action to meet local needs.

Case studies confirm that the role of facilitators could be particularly integral to success. Facilitators in the form of leaders or trusted adults are people with the ability to shape and lead, plant and encourage ideas and put support in place. Important characteristics included active listening, excellent communication skills, approachability, respectfulness and ability to motivate and inspire. The evaluators found consensus that this sort of leadership works best when the leaders are themselves 'from the community'. While effective leaders help to embed collective control processes, collective control itself may not build effective leadership. The evaluation found that without local people providing the motivation for the project or inputting in some way, over half of the projects (53%) would not exist and 9% would be the same.

Partnership working could help to build capacity and new opportunities for local people to take control, because they extend trusted relationships with local people. The case study research highlighted the importance of networks for reaching and engaging participants, but evidence suggests that the effort involved in developing and sustaining networks and informal partnerships is substantial. Because these informal

Notes:

1 Active Communities 2018-19 staff survey, Ecorys (2019)

networks, service links and referral networks can be difficult to embed in a way that is sustainable, it was not observed to be an essential part of projects' architecture.

Overwhelmingly, the evidence from Year 3 of the evaluation found that the development of a 'culture of participation' within a project was likely to support effective processes for the transfer of control. This included the nurturing of a sense that the project serves a greater purpose, as well as the conveying a sense of pride, utility and choice among individual participants and groups. Ecorys' research found that several factors influence the inclination of participants to take control, including that:

- They must know that what they are committing to is manageable
- They must believe that they are capable of influencing change
- They must see action as a result of their involvement

Outcomes

Project lead survey responses regarding overcoming or reducing social isolation question were very positive, with most respondents rating all outcomes relating to social links and ties as either 'high' or 'completely' being achieved. There was a notable increase in the number of respondents selecting the top rating of 10 (rated 'completely') for both of the outcomes 'increased friendships and social connectedness' and 'reductions in social isolation'. Respondents rated group outcomes highly, with approximately 80% of respondents rating their achievement of these within either the 'high' or 'complete' achievement categories.

Social connectedness

Project leads were very positive about the ways in which their activities had supported people to come together and boosted social connections.

Through the network I am making new friends

Strongly agree or agree



Neither agree nor disagree



Disagree or strongly disagree



Source: Active Communities 2018-19 residents' survey, Ecorys

The Active Communities resident survey confirmed this positivity, which provides evidence to suggest that project activities have indeed been a key source of social interaction for many of those involved. Evidence also suggests that many projects were successful in reaching people who were or had been previously socially isolated, with all respondents to the survey (n=359) agreeing with the statement 'I am meeting new people', and some 90% of respondents (n=350) agreed or strongly agreed with the statement 'I am getting out and about more'. Case study research found that the effects of these improved outcomes for individuals could be profound, providing them with the freedom to be themselves, develop support networks, trust, and connections to other groups, to develop shared interests that effectively supported the transfer of control.

Evidence also suggests that the benefits from involvement in project activities could also be achieved for participants without a substantial time commitment. The evaluation found that there was no strong relationship evidenced between the amount of time spent at a project and the rating project leads provided for several of the control outcomes included in the project leads survey, according to a statistical analysis.² This suggests that the strength of the outcomes does not depend on the length of time spent at a project, i.e. even a short time (e.g. one or two hours per week) is enough to generate a range of strong positive outcomes.

This means that with regular participation, for just £2.35 per person, per week, they can gain a wide range of outcomes to boost health and wellbeing, including increased social connection and control which are critical social determinants of health.

The benefits of improved social connections were observed beyond the level of those participating and could extend to those closely connected to these individuals. For example, when benefits were experienced by a carer, this could then extend to the relationship with their patient, but even within a household there was a sense that health and wellbeing improvements could be positive for others. The evaluation also found benefits emerging within project groups as a whole from improved dialogue, shared learning, increased recognition of a shared interest, and stronger social connections. Wider, neighbourhood-level outcomes were much less convincingly observed, although findings suggested an improvement of social connections at individual and group levels over time.



90%

of respondents agreed with the statement: "I am getting out and about more."

Notes:

- 2 A plotting and examination of the correlation between project leads estimate of participants' time spent at project per week and rating of success in reducing social isolation was carried out and found no significant correlation between these variables, see Figure 4.2.

Collective control

Developing individual and collective action and control was a major focus of the evidence collected through case study and survey research. Where projects have been successful in building this, they have been able to demonstrate how it has been achieved in different ways. This has included participants' increasing sense of ownership over project activities and actions to become more confident and

empowered, as well as seeing their contribution linked to wider community benefits, perceiving control at individual and group-level, and achieving projects that reflect local needs in their own structure and activities. These observations illustrate the complexity and nuances of developing control, which require carefully thought-through decision-making mechanisms.

I am able to have my say in how the project activities are designed, developed and run

Strongly agree or agree



Neither agree nor disagree



Disagree or strongly disagree



Source: Active Communities 2018-19 residents' survey, Ecorys

I am satisfied with the amount of control I have over the project

Strongly agree or agree



Neither agree nor disagree



Disagree or strongly disagree



Source: Active Communities 2018-19 residents' survey, Ecorys

There was limited evidence to support the suggestion that over time, projects improve their ability to sustainably embed their capacity to support the transfer of control. Changing organisational landscapes, funding contexts and shifting personnel all led to a sense of networks requiring significant effort even to maintain the status quo. Examples of capacity building that did support the transfer of control were often embedded in the processes projects had put in place. This included a pathway from participation-to-volunteering-to-leadership, or a model of participant training that leads to the cooperative delivery of free services to the group.

Active Communities projects have made a strong contribution to the development of individuals' confidence, knowledge, skills and assets, as identified in the programme's theory of change. The most positive results from the project lead survey were 'increases in self-confidence' and 'increased confidence to speak up'. The case study research reinforced the importance of self-confidence as a 'gateway' outcome to enable other successes. Qualitative evidence has again highlighted the importance of 'soft skills' for many participants as a complement to self-confidence, including communication and social skills.

Through the project, I feel more confident

Strongly agree or agree



Neither agree nor disagree



Disagree or strongly disagree



Source: Active Communities 2018-19 residents' survey, Ecorys

The development of practical skills and the opportunity to embrace new experiences are other ways in which participants have been observed to build or express increased confidence, knowledge, skills and assets. Confidence, like improved social connectedness, was key to supporting the achievement of other outcomes and providing a sense of energy, with people feeling that they are 'moving on up'. In addition, the research provided some strong examples of where these assets built beyond confidence and supported wider achievements for individuals, such as work readiness.

Through the project, I have learnt and developed new skills

Strongly agree or agree



Neither agree nor disagree



Disagree or strongly disagree



Source: Active Communities 2018-19 residents' survey, Ecorys

Projects positively influenced the personal and relational wellbeing of participants in a number of ways. Emotional resilience and relational wellbeing were generated out of the 'safe space' created by the project and some participants also experienced physical health benefits. These wellbeing improvements have had a positive impact not only on

participants but also among their friends and family. Improved wellbeing has been found to support the achievement of control outcomes, which in turn are often linked to the take-up of volunteering opportunities that can further embed and extend these benefits.

People involved with this project are pulling together to do something positive in the local area

Strongly agree or agree



Neither agree nor disagree



Disagree or strongly disagree



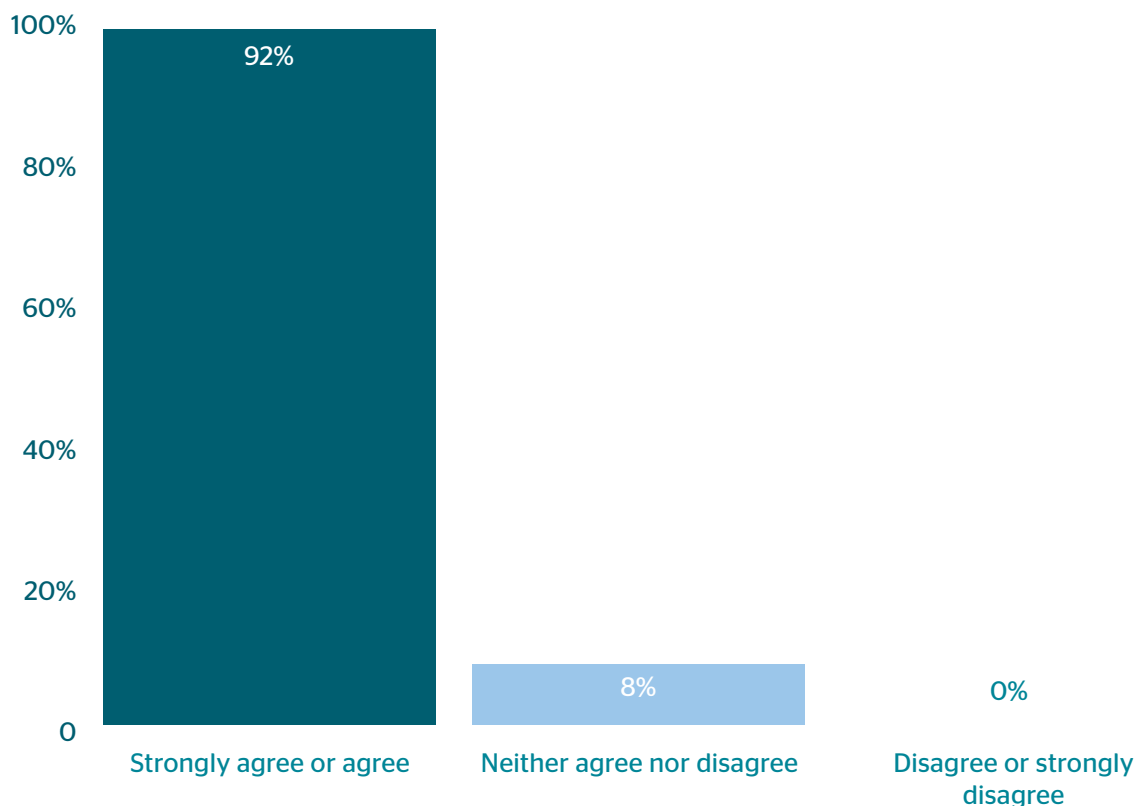
Source: Active Communities 2018-19 residents' survey, Ecorys, 2018-19 Community Life Survey, Office for National Statistics

98% of respondents to the residents survey agreed that their project involved people pulling together to do something positive in the local area. A large proportion (92%) of respondents also agreed or strongly agreed that the project they are involved with is helping to make the local area a better place to live.

Evidence from the survey of staff who lead Active Communities projects demonstrated further tangible neighbourhood-level benefits. More than 84% of staff surveyed felt the project had led to increased participation in voluntary and community activity locally, and more than two-thirds (70%) reported the projects they had contributed to better local activities and services than existed previously.



This project is helping the local area to be a better place to live



Source: Active Communities 2018-19 residents' survey, Ecorys, 2018-19 Community Life Survey, Office for National Statistics

Longer-term changes

There remains strong evidence overall that projects are achieving many of the short-term outcomes identified in the theory of change. Evidence regarding achievement of the longer-term changes and making progress in addressing social determinants of health remains less forthcoming, but it should be noted that this is beyond the direct accountability within the programme's theory of change. Most of the longer term changes observed have focused on health and wellbeing benefits, but interviewees have also highlighted that there can be a 'snowball effect' for the achievement of associated outcomes. For example improved quality of conversations can bring participants experience in inter-personal communication and the social tools to create change.

involved, such as relatable personal experience or warmth, which are often attributed to projects' success. However, whilst all successful outcomes cannot be attributed entirely to the programme, funded projects provide an opportunity to knit together some of the ingredients that help to achieve positive change for local communities, and some means to harness this opportunity.

Throughout the qualitative data, there are also examples of external enabling factors that have supported projects' success in meeting their project and programme outcomes. For example, the Borderlands project received a financial gift that enabled them to buy a building and some projects have combined their sources of funding to leverage its impact. There are many examples of the usefulness of existing skills of residents and volunteers and the personal assets of those

The future

The evaluation finds that the Active Communities programme continues to provide high-quality grant management and effective facilitation to enable community-led projects to flourish. There are many moving examples of life-changing benefits to be found among the case studies, and learning demonstrates that even moderate engagement with projects is likely to provide substantial benefits.

Through collective control, local people build more self-confidence, aspiration, a sense of empowerment and a greater sense of control over their own lives. These are the contributing factors for better health and some social determinants of health that Active Communities achieves. The evaluation shows participants gain control from an increasing sense of ownership over project activities and actions and this leads to self-efficacy and group-level belief in self-efficacy. Where relevant, this is reinforced by contributions to benefits for the wider community.

Building on the successes and learning to date, Ecorys recommend that People's Health Trust (the Trust) continue its focus on supporting projects to understand the aims of the programme, how their projects can contribute, and to provide capacity-building support for local leaders and facilitators. It is suggested that there is scope to build learning materials illustrating the mechanisms by which improvements in the social determinants of health may be achieved, in order to build a stronger influence in local and national-level discourse.

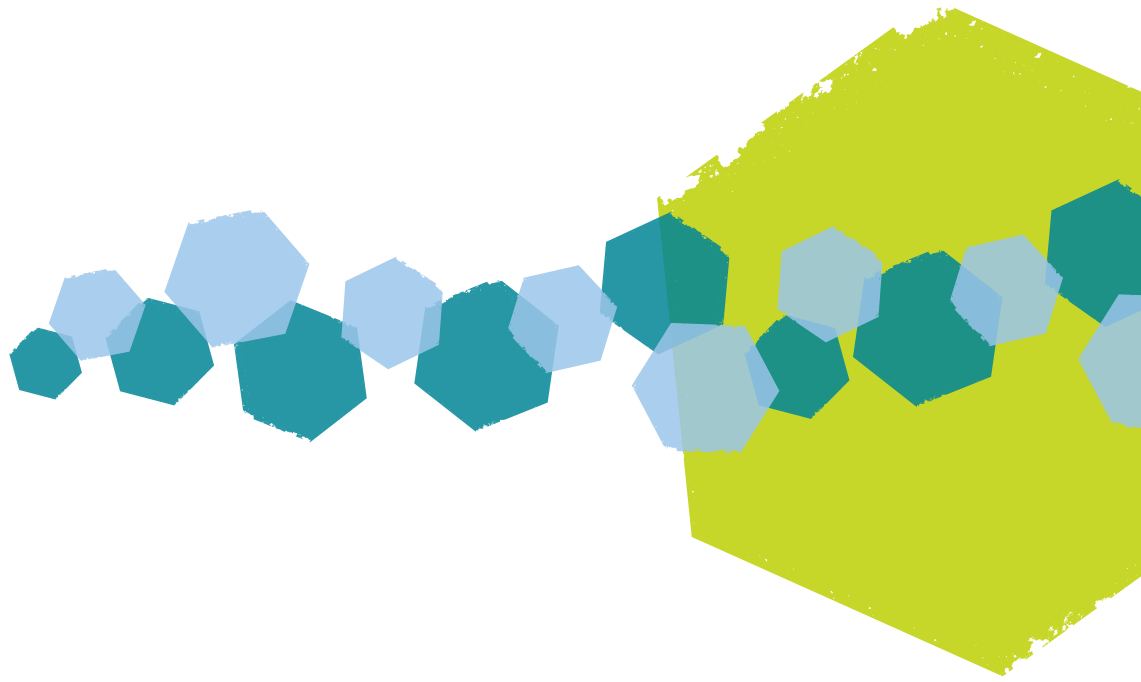
The Trust has already started responding to many of the recommendations in the report, particularly around strengthening funded partners' understanding of the social determinants of health and the capacity building of residents. Specific pieces of work the Trust has planned over the coming year include:

- Producing a stronger overall narrative about how and why Trust-funded projects contribute to the reduction of health inequalities across communications channels and integrated into the grant management process.

The trust has already started responding to many of the recommendations in the report, particularly around strengthening funded partners' understanding of the social determinants of health and the capacity building of residents.

- Active Communities virtual network events in which there will be an opportunity to clarify local partners' role in supporting social determinants of health and reducing health inequalities.
- An Active Communities framework that will provide practical support around ways of working to increase the effectiveness of projects in meeting the programme outcomes and provide a pathway towards greater levels of collective action.
- A capacity-building programme that will consider the inclusion of leadership as a key element of focus to support local projects in line with the evaluation findings.

However, the programme may have some in-built limitations due to the two-year limit in terms of project timescales, with previous evaluations suggesting it can take up to two-year to fully embed the processes and achieve the outcomes associated with collective control. The Trust has often repeat-funded projects for more than two years (around 10%), but they have not been designed to continue longer-term and are essentially distinct projects. In order to make greater impact with longer-term theory of change outcomes, it may be necessary to provide a more flexible model of funding and support that would allow projects to build on their foundations of connection and control and design for a longer period to take wider action on social determinants of health.



-  020 7749 9100
-  peopleshealthtrust.org.uk
-  enquiries@peopleshealthtrust.org.uk
-  facebook.com/peopleshealthtrust

-  twitter.com/Peoples_Health
-  Instagram.com/peopleshealthtrust
-  Linkedin.com/company/people's-health-trust
-  Youtube.com/user/peopleshealthtrust