



## Key facts

### HealthWhole: Northgate project

Kent and Medway Community Interest Company (CIC) area

**£49,996**

of People's Health Trust funding, through Health Lottery South East

### Main activities

Cooking and eating together; Gardening; IT

### Key outcomes

- Improved social links and ties
- Increased confidence, knowledge, skills and assets
- Individual and collective action and control

## People's Health Trust: Active Communities Case Study HealthWhole: Northgate Project

People's Health Trust believes in a world without health inequalities. The Trust funds small and local projects in neighbourhoods that are most affected by health inequalities with funding generated through The Health Lottery. Active Communities is one of its funding programmes and grants aim to support people to create or shape local projects that will help their community or neighbourhood to become even better, and require local people to design and run these projects. Typically lasting up to two years, the grants are between £5,000 and £50,000 for each project. The programme's main intended outcomes are:

- **Collective control:** Ideas designed and led by local people. Regular 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 loneliness, and improved connection, friendships and collective support networks among participants.

Drawing on telephone interviews with participant volunteers in spring 2019 and face-to-face follow up interviews in September 2019, this case study explains how people came together to shape and lead the [Northgate](#) project. It shares learning and achievements as part of the 2018-19 Active Communities evaluation.

## About the project

Northgate Project, supported by the charity TakeOff, brought individuals from the Northgate ward in Canterbury together to support them to share their interests and skills with one another. The project engaged local people suffering from social and emotional isolation, or with mental health needs. Many participants were (or had been) feeling suicidal and suffering from conditions such as Bipolar disorder.

The project aimed to develop people's social links and ties; helping a group to share cooking and eat together and enjoying outdoor settings, the company of others, and purposeful activity. The project gave participants the opportunity to take high levels of responsibility for facilitating sessions as well as designing and delivering the activities themselves.

This two-year project was repeat funded by People's Health Trust and aimed to develop some existing weekly cooking and IT activities. With the new round of funding, the project added a weekly allotment group to try and improve community cohesion in the local area. A relatively small number of participants were accommodated by each activity, with enough seating room for 10 people to attend each cooking session for example. The activities were delivered by paid staff who also lived in the local area.

## How did local people shape and lead the project?

TakeOff is a peer-led organisation. The project leaders involved local people in shaping the project's design from its outset. At inception, the project started with a 'blank page' and had a consultation process that took many weeks, involving several open meetings with people living in the local area. Project participants felt that they had a lot of input into shaping the project's activities.

"We change things quickly if we feel they are not achieving value. For example in the IT group there are lots of young men on the autistic spectrum. They wanted to do gaming. So we partnered with a shop in the area which does gaming and now the residents can go there and game against each other." (Project staff)

The small and independent nature of the project helped to ensure that things could be changed quickly if participants wanted. In the cooking group, participants would discuss and then select next week's menu.

At the end of every session and online via the website, participants were asked to share their views via anonymised feedback forms for all the project's groups. The project lead and staff said parallel mechanisms for open communication were the most popular, and these included participants entering the office to talk informally with project staff and suggest ideas.

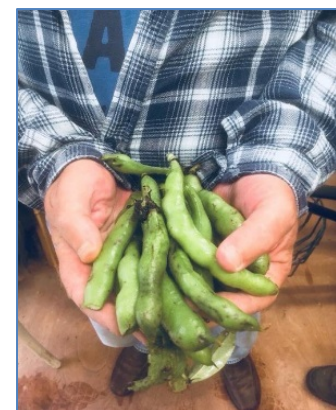
Very early on, the project lead and staff identified residents who could be peer workers or session facilitators. At the time of the second visit, more than 40 people had facilitated groups; all of whom started on the project as participants.

"Some people are natural leaders, others more quiet and shy especially those on autistic spectrum. Residents will sometimes encourage the quieter ones - even those who do not facilitate groups." (Project lead)



"Most of us have had no voice at some point in our lives, especially if you have been a sectioned patient. When you have had no voice you realise the value of having a voice."

(Project staff)



## What has the project achieved?

The project has achieved strong and transformative outcomes among participants, particularly those relating to improved social links and ties and collective control. Local people have become more aware of the need to come together to try and influence public services to meet local needs and more confident in doing so. In the longer term, the project's legacy will no doubt come from the structure of forming and nurturing community links that has been developed during the funded period.

### Improved social links and ties

The project achieved improved social links and ties for all the participants who regularly attended. The project lead and staff described people first arriving at the sessions lonely, depressed and sometimes also suicidal. A large proportion of participants lived alone in the neighbouring estate, sometimes 'going weeks or months' without having a friendly exchange with another person. With this in mind, it was a key aim of the project to 'bring the community together'.

The project's collaborative and open nature helped with this. Project staff expressed surprise at some of the friendships that developed among participants, including between younger people and older people.

"There's a kind of fellowship that's ongoing and developing all the time." (Participant)

These friendships between different groups of people helped participants to develop better support networks, which they often did not have prior to joining the group. Participants increased their social connectedness. Many of the group began to meet each other outside of the project, for example in 2018 some participants spent Christmas Day together who would otherwise have spent the day alone.

"We are very happy for people to say they don't need to come any more. We want people to make friends and when they do we actively encourage them to stop coming here." (Project staff)

All of this, at a group level, created more of a community environment in the Northgate area, which has five blocks of flats in the area surrounding the project. The project lead and staff emphasised the change that had taken place.

"We never saw those people. The area has changed. They now communicate with one another. It is more of a community, a neighbourhood." (Project staff)

### Individual and collective action and control

A key factor in the building of these social links and ties was the collective action and control of the participants in the design and ongoing activities of the project. The project lead and staff stressed the importance of collective control in helping to build social links and ties through the participants discussing what they want and reaching a consensus together. This led to a sense of ownership of the project and many participants expressed a desire to give something back. For instance, the group decided themselves that those who could afford it would put £1 in a tin to be used for social activities throughout the year. Out of this, they arranged a barbeque on the beach and bought each other gifts at Christmas.

"That collective action is vital to building social links and ties - people talk, discuss, learn from each other, what does x person like, what can y person do." (Project lead)



"The company is so different here. There is genuine human understanding. I don't even want to think about where I would be now if it wasn't for this."

(Participant)



Many participants had mental health needs and some had faced difficult circumstances, including being sectioned under the Mental Health Act or being placed in the care of services where their 'control' was taken away from them. They were told what to do, when they should do it and how they should do it. This project reversed that, giving participants the power to make their own decisions and design a project based on their own needs and desires, which for many was unlike any other they had been a part of.

"The company is so different here. There is genuine human understanding. I don't even want to think about where I would be now if it wasn't for this." (Participant)

Collective control also helped participants to develop other outcomes, including collective aspiration. One of the project's activities was an IT skills club where people learned basic IT skills. Some participants wanted to experience gaming and to compete with one another at various computer games. The project was able to form a partnership with a local gaming store where those people could go and play computer games.

### Increased confidence, knowledge, skills and assets

The project's activities also helped participants to increase their knowledge, confidence, skills and assets. A key part of this was the cooking and gardening sessions where group members developed their life skills by learning how to cook and look after plants and flowers. Project staff stressed the change that this helped participants to make to their lives.

"People learn to cook. Isolated people who were previously eating very unhealthily are now cooking healthy food at home and also gardening." (Project staff)

These activities helped the participants on two levels. Firstly, healthier eating habits helped people to improve their physical health. Secondly, by getting involved with gardening, participants spent more time outdoors, on their feet and with a common purpose. This helped them to improve their mental health.

As people spent more time at the project, their confidence increased. The project has helped people see that they are able to do things they previously were not able to do, such as cook healthy food safely.

"People have been in wards previously where they have not been trusted. This is something completely different for them. Trust has given them confidence." (Project lead)

Through the Northgate project, the organisation developed a training model for paid facilitators. Anyone wanting to become a facilitator had to regularly attend a group for six months. Following this, they were encouraged to volunteer for a three-month period and received mentoring and core training, such as Health & Hygiene Level 2, First Aid, Safeguarding and Health & Safety. Prior to introducing this mode, the charity had experienced dropout rates of up to 60%. Since the latest round of training and at the time of the second visit, no one had dropped out.

### Longer-term outcomes

There are several ways in which the project has had individual and group-level outcomes that are likely to have a longer-term effect. Growing in confidence, project staff described how people often moved on to other groups, also run by TakeOff but



"We always get complete choice over what we want to do."

(Participant)



outside the Northgate Project, such as weight watching and slimming. Eventually, some people stopped coming to the Northgate Project at all.

“It is nice when people get to the point where they stop coming but for some it helps maintain their wellbeing and the group is always open to them” (Project lead)

The project also helped its participants gain work experience. As a rule, Northgate Project did not take any volunteers and all staff were paid the Living Wage. This work experience and living wage pay helped participants to feel valued and appreciated whilst also providing them with experience and potentially improving their future job prospects.

At a neighbourhood level, the project supported the development of partnerships with local statutory and community organisations. For example, local branches of Jobcentre Plus and Citizen’s Advice Bureau used the charity’s building for drop-in sessions; and project staff saw a significant increase in GP referrals. These partnerships helped encourage people to access support in a safe, familiar environment.

The project also empowered participants to have a say about public mental health services in the area. All facilitators completed ‘Influencing powerful people’ training and would encourage participants to take an active interest in local issues affecting them or others. Several members of the cooking group were concerned about a proposal to close the local community base for secondary mental health care. TakeOff launched a petition on their behalf and were successful in raising awareness of the issue and urging the health trust to seek an alternative.



### Participant case study

Jess (alias) had been coming to the project for three years. She was unwell and the Northgate project was suggested to her by her mental health key worker. She went to a summer BBQ, met everyone and immediately started attending sessions.

“I never thought I would still be here three years later. It has been life changing.”

Jess attended the cooking group once a week and also went to TakeOff’s women’s group and cinema group. The key factor for Jess was that she had ‘a say’ and everyone’s views and suggestions were respected.

“Everyone has a right to say what they want to say, positive or negative. We come to a conclusion together to sort out any issues. There is paper work but to be honest I prefer to just have group discussion.”

Participants and staff had all been through similar experiences. This understanding meant that there was ‘no awkwardness’ and a ‘mutual respect’ that helped Jess to grow in confidence. Jess described herself as very quiet, reserved and withdrawn when she first came to the project. She has now made friends and is talking a lot more.

“I am a different human to before. I have made friends and these friendships have been vital to the change in me.”

In the future, Jess would like to facilitate a poetry session at the project. Although she did not feel quite ready yet to take on a facilitating role, it was something she hoped to be able to do soon.

“We call it the 3 d’s. Everything is designed, developed and delivered by the people who are going to use it.”

(Project lead)



## What has worked well?

- **Genuine collective control from the outset.** A key success of the project was to involve everyone in the project design and delivery. This collective control must then continue throughout the project with participants involved and leading in its delivery, helping them to feel trusted, empowered and confident. *“Start from nothing and then consult. Do not start with an idea and consult.”* (Project lead)
- **Give participants responsibility and value them when they do things.** A unique aspect of this project is that it does not use volunteers but pays all staff the Living Wage. This means that residents who take on responsibilities, such as facilitating sessions, feel valued in this way. However, it is also important to understand the nature of the individuals in the group and that their mental health conditions often require flexibility in the expectations of them.



## What are the lessons?

- **Outcomes measurement is challenging.** The nature of the project's work and the participants prevented the project team from quantifying a lot of their work. This was particularly the case with those suffering from mental health problems as the conditions can affect different people in very different ways. So, for example, when someone attends a session every week but does not get as involved as others, the data may show that the project has not been as beneficial to them. However, by returning every week, the project lead and staff knew that the participant must be benefiting in some way. *“In the statutory mental health services in this country, everything is measured. But actually it is the things not measured that are most beneficial.”* (Project lead)
- **Qualitative data is vital.** The project lead and staff emphasised the importance of personal stories and ‘soft outcomes’ that are not ‘part of the numbers game’ and necessarily recorded in monitoring data. The key success for them is people leaving the project in a better place than they entered it. *“The fact that there’s a group of people sat out there who are relatively well and laughing and smiling, that’s the most important legacy of the whole thing.”* (Project lead)

“If you’re going to do something with people, it must have a value to them. This is where it came from with the groups forming themselves.”

(Project lead)

## The future

The project funding ended in August 2019 but the charity intended to do their best to keep the group running in its existing format for as long as possible. TakeOff managed to secure some additional funds for running costs, but the project activities’ size and scope had to be reduced, e.g. by shortening the session time to two hours instead of three, having two paid facilitators instead of three, and simplifying menu options.

People’s Health Trust funding has provided the unique opportunity for the project leaders to run the cooking group using their ‘dream model’. Moving forward, they have been able to learn which are the most valuable elements of this model to prioritise, if the charity is unable to sustain the same funding levels.

