



## People's Health Trust: Active Communities Case Study

### Together We Can 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 participants, 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.

The case study draws on interviews with project leads, partners, participant volunteers, participants and parents, and focus groups with participant volunteers across two visits, which took place in spring and summer 2019. It explains how people came together to shape and lead the **Together We Can** project and shares what they learned and achieved as part of the 2018-2019 Active Communities evaluation.



#### Key facts

#### Together We Can project

**£37,733**

of People's Health Trust funding through Health Lottery Wales

#### Main activities

Drop-in facility and support groups for the local community (every weekday morning).

#### Key outcomes

- Improved social links and ties
- Collective action and control
- Increased confidence, knowledge, skills and assets
- Improved individual wellbeing

## About the project

The 'Together We Can' project is based in the Zone, a community space in Bridgend, Wales. This is part of the Bridge Mentoring Plus Scheme in Bridgend town centre, which is a charity that supports vulnerable people of all age groups in the area.

The Together We Can project runs every weekday morning at the Zone, offering a drop-in facility and support groups. Participants are encouraged to pop in for a coffee and chat regularly, building a sense of community amongst people with diverse life experiences. The project supports people experiencing social isolation and loneliness; people with learning difficulties or physical disabilities; people experiencing mental health challenges; ex-offenders, people at risk of offending or substance misuse; and the homeless.

The drop-in enables people to make social contact, whilst accessing general advice and support, including signposting to services. Participants are encouraged to engage in structured activity at the Zone through participating in, and in some cases running, support groups.

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

Local participants attending the drop-ins were encouraged to volunteer in a variety of roles, including making cakes and serving in the café, helping with the garden, and welcoming new participants to the Centre. These collaborative processes helped to build self-esteem and confidence and foster social contact and friendships through purposeful activity. The project workers mentored participants to help them develop in their roles and pursue their aspirations in society.

*"We provide a lot of volunteer placements. We mentor volunteers in lots of different roles, to hopefully enable them to go on to do training with us, other training programmers, and build up their CVs, to get into work."* (Project lead)

Participants generate the ideas for support groups and the focus of group activity diversified over time. Participant volunteers were supported to pilot and lead their ideas, with support workers providing advice and guidance if required. This approach meant that some support groups did not 'take off', whilst others flourished. Researchers found across the two visits, the main support groups included 'Friends and Neighbours' (FAN), 'Crafty and Creative', art therapy, and 'Warriors'. An International Cookery group and an Art Instruction group had also been piloted, with limited take-up.

The project trialled a steering group but found it difficult to find a meeting time convenient for most participants. Instead, each support group was organised collaboratively by several group 'leaders', which interviewees said worked well and provided opportunities for participants to input to the design and delivery of activities. They also used social network tools such as Facebook Messenger and a Facebook group to share ideas and plan activities.

"He comes here at least once a week, he loves it and we love it. [He] likes it because he likes to meet people, he is the 'meet-er and greet-er'. He makes everyone feel special and welcome."

(Parent)



"Each group has a support worker and then the 'leader' will feed back to us what they have done, what they are going to do... The 'leaders' take control. ... We get feedback from them but we don't interfere if it's running smoothly. The leaders take responsibility."

(Project lead)

## What has the project achieved?

Project leads, volunteer participants, participants and partners engaged in the Together We Can project agreed that the project was a success. The People's Health Trust funding enabled this new project to diversify provision at an existing drop-in centre, strengthening a community hub by helping local people design and deliver activities.

### Improved social links and ties

Over time, the drop-in approach **reduced social isolation** and increased the **social connectedness** of volunteers and participants alike. The support groups promoted a sense of belonging and camaraderie, empowering participants to develop their communication skills whilst engaged in a meaningful activity, such as cooking or art. This approach supported individuals with learning difficulties particularly well.

"People support you a lot and you can give support as well. It's very inclusive, no-one's looked at for any sort of disability... you're seen for who you are." (Participant volunteer).

Sharing experiences and supporting each other's development has enhanced the **personal wellbeing** of participant volunteers and participants alike.

"At mental health awareness week... I came in and explained about my PTSD [Post Traumatic Stress Disorder]. A couple of people came up to me and one lad ... he was a veteran and he was suffering quite badly. I was the first person he'd spoken to because he didn't know where to go." (Participant volunteer)

Participants and participant volunteers felt more connected with their community over time, some having attended the drop-ins for 18 months, forming **new friendships**, and extending their social networks. This was particularly valued by participants that previously felt isolated, lonely or displaced.

"A lot of the people that come here are quite shy and isolated, don't have a big social circle, so by coming here they are gaining friendship and interaction." (Partner – PSCO)

Connections often began over the sharing of food or a hot drink at the drop-in café. Over time, participant volunteers recognise and develop their **shared interests**. The group developed **collective support networks**, supporting each other and the community.

### Increased confidence, knowledge, skills and assets

The development of participants' communication **skills** and understanding of society and the local area helped to rebuild people's **confidence** and self-belief that they have **assets** to share with others. For example, by the time of the second visit, project leads noted an increase in confidence and self-esteem amongst vulnerable young people who had been attending a new therapeutic art group for just 4-5 weeks.

By encouraging participants to volunteer to help design and deliver activities for their peers, people's **skills and confidence** can be further enhanced. This approach empowered people with a range of learning difficulties or physical disabilities. Because of his autism, it was difficult for one participant to explain the difference the project has made to him, but when asked if he would choose a sad face or a smiley face he replied:

"Before they were people that I know, now they are friends."

(Participant)



"It is a sanctuary. You can come here and it gets you out, people talking to you.. Everybody is friendly here...it's a nice place to come...its foundational for the community. This place is what's right about a family, it's an ethical foundation. People can come in and meet people they would never meet otherwise, so you're getting diversity as well here."

(Volunteer)

"I wash, clean, dry dishes... Smiley face." (Participant)

In this way, participant volunteers have developed and adapted their organisational **skills**. Some participant volunteers have also used this experience to move onto training courses or into employment.

"Taking ownership of it... a lot of the people who have come here have then become volunteers here, whether it be serving behind the counter, generally tidying up or helping in the garden,... the boys behind the counter now, they originally came here as users of the facility, and now they are both volunteers here, and doing really well." (Partner – PSCO)

## Collective action and control

The Together We Can project facilitated **collective action and control** in several ways. Participants were engaged initially through sharing food, chatting and signposting to local services. **Peer support** was provided by established participants working as participant volunteers. Over time, participant volunteers became increasingly empowered and confident to **take the lead** for particular activities. Some participants initially volunteered as café assistants, helping prepare and serve food, and progressed into the support groups. Each support group was organised and led by participant volunteers.

"I call them the Zone family, because everyone has a different role. They have so many ideas, because they know what's best for the Zone, they know what is needed in the community." (Project lead)

**Collective control** was fostered through the support groups. For example, 'Warriors' was a peer support and mentoring group for people with learning difficulties and their families. A parent set up the group to share experiences with other parents supporting their children with complex medical needs, which can be a very isolating experience.

"It's nice and relaxed, it's no pressure. ...We talk about the struggles of our days ....Just [providing] reassurance is the biggest thing." (Group leader)

Group discussions and organised trips helped those involved regain a sense of **collective control** over the similar challenges they face. This process was found **empowering** for people who had lost control over many aspects of their lives, e.g. through ill health, homelessness or losing a partner.

Joining support groups has given participants **increased confidence to effect change** on a small scale through collective action. **Ownership** of the collective effort was encouraged over time, by promoting volunteering opportunities. These actions were very successful and were possible because participant volunteers felt empowered and supported by the project leads.

"[The project leader] is literally the backbone of all the groups. She will problem solve anything and will try to achieve the goals that we all want. She's not got a 9-5 job, she's 24/7. She brings the work home with her, she will take your problems on as her own." (Participant volunteer / group leader)

"It's a good challenge, stops us getting bored, and builds our confidence as well, to do something different and make a difference with it, is such a big thing."

(Participant volunteer)



"We are the enablers. We talk ourselves, and we give back to the community, so any way we can help, we like to give back."

(Participant)

## Participant case study

Julie [alias] joined Together We Can from an exercise referral scheme, following a period of ill health that had led to her needing to reduce her working hours. She came along to the group initially to try something new.

Julie developed skills and confidence through the project and then began to empower others to take collective control. Over time, Julie began to use her new skills in community settings and started to run a session at a local care home.

"We've done twiddle mats for local care homes... blankets... we also do things for the premature baby unit, and for babies that have passed away, trauma teds, the Police give out a knitted teddy bear.... if a child has been taken from home... they give this bag to the child, to see them over for the night."

"We mentor volunteers in lots of different roles, to hopefully enable them to go on to do training with us, other training programmers, and build up their CVs, to get into work."

(Project lead)

## Longer-term outcomes

Over time, the Zone developed **partnerships** with other local agencies and stakeholders. The Police Community Support Officers (PCSOs) were key project partners and supportive of the Zone's work. They referred vulnerable people to the project, and conducted outreach at the drop-in. The drop-in project was helping to ensure vulnerable participants had somewhere to go that was warm and safe, which could signpost them to health and other organisations, **demonstrating an influence over neighbourhood services**. Its referral, outreach and signposting activities were playing an important role in the community, building partnerships to ensure end-to-end provision.

"Their [the PCSOs'] work here is invaluable. They find people who are isolated, who have just lost someone, who might be looking at four walls day in, day out and then they can bring them here... see what's suitable for them." (Project lead)

By the time of the second visit, a previously vulnerable participant had established a support group for his veteran peers and developed a partnership with a local Further Education college, with the project's support. The man received management skills training from People's Health Trust, which he used to successfully manage the initiative.

At the second visit, the Mayor of Bridgend reflected that the project was empowering people to learn employment skills. For example, the in-house coffee shop enabled participant volunteers to learn barista skills, whilst simultaneously contributing to their community. This created an immediate **sense of purpose** as well as increasing some participants' employability.

"It's built my confidence personally and improved my mental health dramatically. Becoming homeless it degraded really quickly and I had to do something... It's helped me build up physically and mentally...I've never been in a community that's quite like this one... It is a level playing field." (Project staff / former participant and volunteer)

"The leaders are encouraging others in the group to develop and become leaders within the group."

(Project lead)



## What has worked well?

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- **Flexibility.** The drop-in approach enabled participants to gradually develop their social connections by attending when they can, recognising that vulnerable people often live with challenging conditions and / or in chaotic situations.
- **Devolving responsibility, encouraging leadership and autonomy.** Support group participants and participants regularly volunteering at the drop-in were gradually encouraged to take on more responsibility for the planning and coordination of actions. This approach ensured group actions were truly participant led, and over time, some support groups became more autonomous.
- **Building skills, knowledge and confidence.** The project was enabling vulnerable participants to volunteer in a safe and supportive environment, building their communication skills and ability to trust others. This approach worked well, empowering participants to build their self-esteem and confidence through practical task-oriented volunteering opportunities.

“The volunteers are amazing, we couldn’t run this place without them.”

(Project lead)

## What are the lessons?

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- **Establishing consultations to plan developments.** The original project design included a steering group, for participants to lead the development of the project. This structure was found impractical to organise. Organic mechanisms for project staff to consult participants and volunteers therefore emerged and this suggests that tangible task-orientated consultations may work best for projects with a high turnover of participants.
- **Creating and maintaining a representative volunteering base.** The People’s Health Trust funding provided the scope and capacity for the drop-in staff to support a diverse range of participants to progress from participant to (participant) volunteering roles. This approach enabled the charity to develop a more representative volunteering base.



## The future

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The project leads secured a small amount of funding for the support worker posts to continue beyond the project funding, and at the time of the second visit were exploring alternative funding opportunities to support the continuation and development of activities. As highlighted, some participants were also utilising their new skills in other community settings.

The project will achieve a legacy as the underlying principle of local people volunteering at the drop-in continues. Some of the support groups were also expected to continue beyond the project, as they continue to diversify through the collective control of participant volunteers.

“The volunteers are amazing, we couldn’t run this place without them.” (Project lead)

In addition to the financial sustainability of the project, the friendships and support networks developed throughout the project were felt likely to continue.

“The Zone gives somewhere for people to come and get advice. It’s very informal... you can come and go. It’s a brilliant place for people to come if they need it.”

(Participant volunteer)