

EVALUATION OF THE FIFE HEALTH AND WELLBEING ALLIANCE COMMUNITY- LED PROJECTS: FINAL REPORT SUMMARY

Fife Health and Wellbeing Alliance (FHWA) is a partnership between Fife Council, NHS Fife and the voluntary sector to tackle health inequalities in Fife. Since March 2013, FHWA has funded 6 *community-led health projects* to help communities develop and lead local health and wellbeing initiatives which create supportive social networks and increase participation in community activity. The 6 projects are:

- **A Healthy Voice** in Oakley. A community action plan is currently being developed for Oakley. The FHWA funding aims to support community-led health activity to complement this plan as health had been identified as an issue.
- **Broomhead Drive Community-Led Health Initiative** which focuses on the Broomhead flats in Dunfermline. The flats have a poor reputation locally for anti-social behaviour, crime and drug taking. Despite the poor reputation, a recent consultation saw residents voting to refurbish rather than demolish the flats. The consultation process identified that the creation of a community facility could provide a focus for work around health and wellbeing which was needed in the area. The project is helping residents identify what should be provided in the community facility.
- **Collydean Community Connections** (CCC) is in Glenrothes. Like many other neighbourhoods it is affected by increasing unemployment and is seen as 'at risk of becoming more deprived'. Local agencies feel health and wellbeing is an issue in the area with higher levels of disability and poor health. The FHWA funding has allowed a part-time community coordinator to be appointed to support the community to identify health and wellbeing issues and help them to take the lead on improving them.
- **HEAL 2** is based in Glenrothes. The project is targeting 3 areas, Auchmuty, Macedonia and Tanshall. The project is working in Auchmuty currently and is due to begin working in the other areas

in 2014. Auchmuty is an area of predominantly council and social rented housing. HEAL 2 is building on previous work carried out by the employability service based in Auchmuty Community Learning Centre.

- **Real Connections** is run by LinkLiving which provides a range of services for people who have experienced mental health issues. People with these issues can be affected by health inequalities in a number of ways including inequalities linked to poverty, poor housing and unemployment. They often need support to consider what options they have, to be more proactive in making decisions about their health and to get involved in local activities which can enhance wellbeing. The project works with people to identify what they feel would enhance their health and wellbeing and help them to identify ways of doing this.
- **Women's Health Improvement Research** (WHIR) - The project's aim is to use a participatory action research approach to better understand, prioritise and deal with the factors that compromise the health and wellbeing of women who have experienced domestic and sexual abuse. The FHWA funding has allowed a team of committed volunteer community researchers who are all women with experience of domestic abuse to be trained and supported to design and develop a research project drawing on their expertise and knowledge of the issues.

This summary presents the key findings of the evaluation of the community-led projects. The overall purpose was to understand how the projects are operating and their particular contribution to tackling health inequalities in Fife.

Practitioner Inputs

The evaluation looked at the kinds of inputs which support community-led approaches. Most communities facing additional barriers or challenges will need

some kind of input from practitioners to help them to achieve health outcomes. Practitioners have a role supporting communities and working with agencies to foster partnership working between agencies and communities. Practitioner input varies across the projects in terms of number of staff, the amount of time they are able to commit to the projects, consistency of involvement over their funding period; and their experience of the community-led way of working. However, there are commonalities in the ways they have worked with the projects including supporting people to engage in the project; consulting with people about needs; facilitating groups; and supporting the delivery of project activity. The importance of the practitioner's input to the community-led projects emerges clearly from the evaluation. The projects which have practitioners with strong experience of the processes of engaging communities and building community capacity and who are very focused on this have made more progress in involving people in meaningful way in their activity.

Engaging Communities

Engaging communities is a key aspect of the community-led approach as it is only by doing so that appropriate action that can lead to change can be identified. There has been variation in the nature and extent of community involvement in the projects. Some have been successful getting people involved in their projects in ways where there is potential to develop action on health issues; however in others engagement is more limited. Getting people involved and keeping them involved is not easy. Challenges include:

- People's lack of time, motivation or knowledge about what opportunities there are or what could be done.
- Lack of confidence which can make people reluctant to take on the responsibilities for activities within the projects.
- Reluctance to get involved in formal aspects like meetings and training - people like tangible and practical work.
- The impacts of welfare reform.
- Changes in people's personal circumstances such as illness, moving away, getting a job or going on the Work Programme.

In contrast, factors which support people's engagement are:

- Participants having a personal interest in a topic;
- A desire to work on the issue to make change happen;
- Making people feel valued;
- Feeling part of a group and peer support;
- Positive changes in individuals; and
- Practical aspects such as provision of child care, transport and lunch.

Supporting Capacity of Communities

All communities facing barriers and challenges will need support to develop capacity to identify and take action on health issues. This is a key element of the community-led way of working as it aims to support people so they are able to use their knowledge in a way that can bring about change in their community.

The projects' capacity building involves actions to:

- Empower individuals – people need to feel empowered to generate effective change.
- Help communities organise effectively as this can be difficult for communities experiencing disadvantage. Support is needed to help groups to organise.
- Increase people's ability to participate in participatory structures more effectively.
- Promote positive action which is focused on groups facing most challenges and aims to address disadvantage and exclusion.

Capacity building is more prominent in some projects than others and there is a need for some projects to think about how they can raise capacity while those that are doing well on this should continue to refine their approach. Capacity building needs to be a strong aspect of any project's work so that people develop the right skills needed to progress the project. If projects are to be sustained in the longer term this is critical. Projects need to look at what skills people need to do the things that they want to do and provide an appropriate input to this.

Supporting Capacity of Agencies

Partnership and collaboration between agencies and communities is also a characteristic of the community-led approach where they should work together to develop new and more effective ways of

addressing needs. There is involvement of a wide range of agencies in each of the projects which shows that there is interest in the potential of the community-led approach and the benefits of working more closely with communities to identify their needs. There is good collaboration among the agencies involved in each of the projects and they are working well with each other. In some cases they would not have had this collaboration without the funding for the community-led project. However, across the projects the experience has not translated into greater capacity to respond to community needs in any substantive ways yet but it is early days for the projects and this could develop.

Outcomes

The evaluation has focused on intermediate outcomes as the projects have been funded for a relatively short time. The evaluation indicates people involved in the projects are more aware of the way inequalities can impact on health and wellbeing. For example, in one project the project participants now have greater knowledge and a much deeper understanding of the issues they face as women and the impact on their health and wellbeing.

The projects are also addressing health inequalities with a good fit with the 3 themes approach developed by FHWA. For example:

- For the theme of changing the ways organisations work – WHIR and Real Connections are good examples of influencing approaches but the other projects are also making contributions to this by attempting to collect views on how to tackle health inequalities.
- For the theme of creating and sustaining healthier places and communities HEAL 2's work around the community clear-up and gardening project as well as Collydean's groups are good examples here but all of the projects are aiming to build connections between individuals in communities and developing existing assets; and
- For the theme of supporting healthier lifestyles for individuals and families they are beginning to make a contribution in terms of breaking down barriers by addressing some of the

barriers people face to achieving healthy lifestyles.

Conclusions and Recommendations

It is important to remember that most of the projects have started almost from scratch in terms of developing a community-led approach and are still learning about the approach.

The projects aim to support communities to:

- *Define their own health issues and priorities and identify solutions;*
- *Become organised and active in the interest of collective wellbeing;*
- *Participate in and influence wider decision making processes that affect health and wellbeing.*

It is in these ways that such projects can make a unique contribution to reducing health inequalities. They cannot be the only approach but need to be supported alongside wider efforts. The evaluation has helped increase understanding of the community-led approach and what needs to happen to achieve these three aims.

Practitioner input is critical to support communities and also foster partnership working between agencies and communities. It is a skilled and multi-faceted role and usually practitioners use community development approaches. Practitioners involved in the projects identified that the community-led projects are providing opportunities to implement community development and asset based approaches perhaps more meaningfully than they had been able to until now because this is an explicit focus. Factors which are important to working effectively in the community-led way include the following.

- Being supportive, enthusiastic and committed.
- Supporting action people see as relevant to the community.
- Going at the pace which suits the community (and practitioners need to have time as to do this).
- An ability to be flexible and work with the group to take it in the direction the members' think is important.

Using local assets is important. Local people's perceptions of organisations and buildings can have an influence in the way they perceive and engage in activity. In areas where there are positive perceptions

of these local assets this can encourage people to become involved.

Community engagement is not easy. The evaluation has identified a range of barriers to engagement. The evaluation has also shown that focusing on a particular issue or working with people who have a specific interest can support engagement. This may be because several of the factors which support engagement arise naturally in such an approach. Projects should think about where there is more potential for more such a focused approach.

Capacity building is important and all communities facing barriers and challenges will need support to develop capacity to identify and take action on health issues. As with engagement, there are barriers to capacity building (including lack of time, motivation, confidence and personal factors). Projects need to invest time in capacity building to overcome these barriers and so people develop the right skills needed to progress the project. Projects need to look at what skills people need to do the things that they want to do and provide an appropriate input to this. Funders need to realise that it takes time to build capacity.

If people are going to be involved in community-led activity they need to be supported to realise they **can** have an influence. A focus on increasing people's awareness of the way that they can influence needs to be built into project outcomes.

The projects can **impact on participants' health and wellbeing**. Projects already indicate progress on health and wellbeing in their annual monitoring returns but there could be more focus on ways that these kinds of impacts can be measured.

Achieving **community involvement in running the projects** is difficult and a long-term process but an essential part of the approach. Services and funders need to be aware of this. However in the longer term this will deliver benefits of:

- People have more enthusiasm about the things that they want to do;
- More ownership of the project;
- The development of skills in communities.

Agencies need to understand what this involves and that it does take time but it is very important that people who have lived experience are involved in the community-led work.

Communities and agencies should work together to develop new and more effective ways of addressing needs and taking action on health inequalities. There is involvement of a wide range of agencies in each of the projects which shows their interest in the potential of the community-led approach and the benefits of working more closely with communities to identify their needs. This needs to move beyond identifying needs to allowing communities more opportunities to influence change.

Where organisations are thinking about change there is value in applying the community-led approach in a targeted way. Funders should think about the areas/issues where there is potential for greater working with communities to develop joint solutions and most benefit to be gained from involving people in this way. More benefits are likely to be gained if there is a greater focus on the groups who face most barriers and who are less likely to have opportunities to have their voices heard.

Capacity building in agencies needs to be supported. The evaluation found practitioners found the community-led approach can be '*challenging*' and '*a learning process*' and different from approaches they may have typically used in the past. Some support for the development of the community-led way of working has been provided by FHWA and this could be continued. There could also be more focus in funding future projects where approaches to developing community-led action are specified clearly. This would allow funders to better understand the principles to be used in the projects and the extent they fit with community-led models.

Community-led projects cannot have large scale impact on reducing health inequalities, but they can make a valuable contribution alongside other approaches and the learning from them can influence the provision of services so that they can refine their approaches to tackling health inequalities.