



Adapting, expanding and embedding community and culture into health ecosystems

(The ARCHES project)



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Overview and Purpose of Project

Community anchor organisations work with communities who often experience inequality and disadvantage. This research project used community-based participatory research within a case study approach to work with 4 community anchor organisations, focussing on their role and activities in tackling health inequalities by developing relationships with people through access to the environment and creative activity. Additional questions explored how the wider public health system supported this activity and the potential for scaling up these approaches at place level. Our research investigated how staff, users, management and external agencies viewed this activity and its potential for scaling up, and what factors facilitated or blocked the potential for scaling up.

The purpose of the project was to work with the community anchor organisations to consider with them how they worked to address inequality through using arts/culture/access to the environment and how this activity could be ‘scaled up’.

All four community anchors had developed ways of providing a space for creative or nature-based activity. The key challenge they faced was ensuring that funders and decision makers understood the importance of this approach within the context of their wider service offer.

The project’s aim was to capture how these community anchor organisations understood ‘scaling up’ and then to identify the challenges they faced achieving this within their local context and the context of the wider public health ecosystem.

1 Background

In this section:

- The link between health, wellbeing, arts, culture and the natural environment
- Policy context
- The role of community anchors in addressing health inequalities
- Research Questions



Background

This research has been funded by the Arts and Humanities Research Council and National Centre for Creative Health as part of a three-stage national initiative to mobilise community assets to tackle health inequalities. The establishment of this programme was one of the recommendations arising from the 2017 All Parliamentary Creative Health Inquiry Report, which also led to the creation of the National Centre for Creative Health¹.

The first stage of this national research programme, which funded the current study, focuses on exploring how to scale-up small, local approaches that mobilise natural and cultural assets to address health inequalities.

This research project, adapting, expanding and embedding community and culture into health ecosystems (abbreviated to Arts and Culture in Health Ecosystems [ARCHES]), was led by Leeds Beckett University (LBU) in partnership with Dr Janet Harris, Social Life and Locality. It aims to explore what works for connecting community anchor organisations, delivering arts and cultural activities and/ or managing natural and community assets in areas of social deprivation to the wider public health system.

The link between health, wellbeing, arts, culture and the natural environment

The ARCHES research is informed by the analysis and recommendations in the 2017 All-Party Parliamentary Group on Arts, Health and Wellbeing's Inquiry Report – Creative Health: The Arts for Health and Wellbeing. Chapter 3 of this report notes that “there is an expanding body of evidence to support the contention that the arts have an important contribution to make to health and wellbeing” (All-Party Parliamentary Group on Arts, Health and Wellbeing, 2017: 34). The focus of the report is on the large and growing evidence base surrounding the impact on health and wellbeing of the creative arts, including for example, visual, performing, crafts, dance and cultural activities. It makes a number of recommendations with regard to how this area of policy and action can be strengthened. A key theme throughout is how barriers between health and care services and creative arts need to be addressed if health and wellbeing is to be improved.

The report broadens the definition of what might be considered creative activity, including gardening and the culinary arts as forms of creativity. The report's focus is on “everyday human creativity rather than referring to a lofty activity which requires some sort of superior cultural intelligence to access” (All-Party Parliamentary Group on Arts, Health and Wellbeing, 2017: 19). The areas covered by the report are extensive, however the focus is predominantly on the role that specific creative arts activities, often involving collaborations with specialist creative arts organisations, have on improving health and wellbeing.

The report has less focus on creative activity in neighbourhoods that experience inequality and the community organisations that work at that level. In part, this is probably because this is a less developed area of policy and one that has struggled to gain traction despite hopeful

documents such as such as By deeds and their results: How we will strengthen our communities and nation (Ministry of Housing, Communities and Local Government, 2019).

Organisations that work at this level, usually known as community anchor organisations (CAO), work with people and communities who experience health inequalities to establish shared places where creativity can happen and relationships and potential can develop. The ARCHES research project focusses on these shared places created by community anchor organisations – which Eileen Conn (2011) in her seminal discussion paper describes as “the space of possibilities” (2011:7) – and the creative activities that happen in them.

Policy context

Over the last decade there has been a growing alignment of policy at a national level (see policy timeline in Appendix 1), which seeks to recognise that the relationship between traditional clinical services and the social determinants of health, needs to be made more explicit in the way in which services work together. Part of this has been the clearer articulation of the role that can be played by arts and creativity to improve health and wellbeing, a vision set out in the Culture, Health and Wellbeing Alliance’s Charter for Arts Culture, Health and Wellbeing (Jackson, 2012).

In turn, this has led to an increased use, and development of, the evidence base on creativity and health (e.g. WHO report, **What is the evidence on the role of the arts in improving health and well-being? A scoping review** (Fancourt and Finn, 2019); the Department for Digital, Culture, Media and Sport report, **Evidence Summary for Policy: The role of arts in improving health and wellbeing** (Fancourt et al., 2020).

Notably, the focus of much of this work at policy level appears to be based on assumptions that arts, creativity and access to nature are primarily provided by the specialist arts/environment sectors rather than by more generic bodies such as community anchor organisations. However, the important role community organisations have in delivering arts-based activities was recognised by the Arts Council England (2021), **Let’s Create, Strategy for 2020-2030, and forms the basis for this research.**

With growing interest in strategic actions that can be taken to strengthen the relationship between creativity and wellbeing, this area has engaged policy makers – particularly the All Party Parliamentary Group, the NHS and Local Government. There is recognition that to drive this agenda forward, links between mainstream health services and the arts, culture and environment sector must be developed. This increased interest also led to the establishment of the National Centre for Creativity and Health, who have initiated the commissioning of a substantial new research programme to drive change (which this research project is a part of) and new services that seek to build bridges between health and community assets such as social prescribing (UKRI, 2022).

Despite these steps forward, it is our contention that there remain areas that are still to be addressed such as:

- Actions to develop a cross governmental strategy across culture, media, sport, health, education and communities and local government.
- More explicit requirements placed on institutional change in the NHS at the integrated care board (ICB) level in particular.

There are also areas which are not currently identified explicitly in policy which are likely to need addressing if this area of focus is to have significant traction. These include:

- Addressing the funding cuts experienced by the voluntary sector and local authorities in particular since 2010.
- The relatively underdeveloped policy agenda relating to creating environments where the local voluntary sector can flourish.

Finally, policies and strategies lack an understanding of the importance of long-term connected relationships with people and communities who experience health inequalities and how these communities become aware of, and access art, cultural and nature-based activities. Therefore, further research is needed to improve understanding of the most effective mechanisms, influencing factors, and pathways to implementation and impact for the diverse range of people at risk of health inequalities.

The role of community anchors in addressing health inequalities

Locality identifies the key features of community anchor organisations as being independent and community led, they tend to be multi-purpose, are committed to positive economic, social or environmental change in their community, generate diverse income streams and provide a voice for local people (Locality et al., 2022). Community anchor organisations sit within a wider (usually local authority level) ecosystem - sometimes called a place-based system. Place-based systems are important because although community anchors do not usually provide services across a 'place' they are active within them and need to connect with places in order to access funding and services, and influence investment into the local area (see **Figure 1**).

Community anchor organisations take a holistic approach to support, providing a wide range of activities, services, groups and amenities, that enable people's individual needs to be met in an integrated way (Locality, 2020). As a result, community anchor organisations are well-placed to respond to the wider determinants of health, with many services for specific prevention priorities embedded in broader support programmes to take a 'whole-person' approach (Locality et al., 2022).

Such an approach can therefore help to address social determinants of health across social, economic and environment spheres, thus promoting inclusive and sustainable economies (PHE, 2021) to tackle health inequalities (Locality et al., 2022) (see **Figure 2**).

Figure 1: Cogs of connection
(source: Locality, 2020)

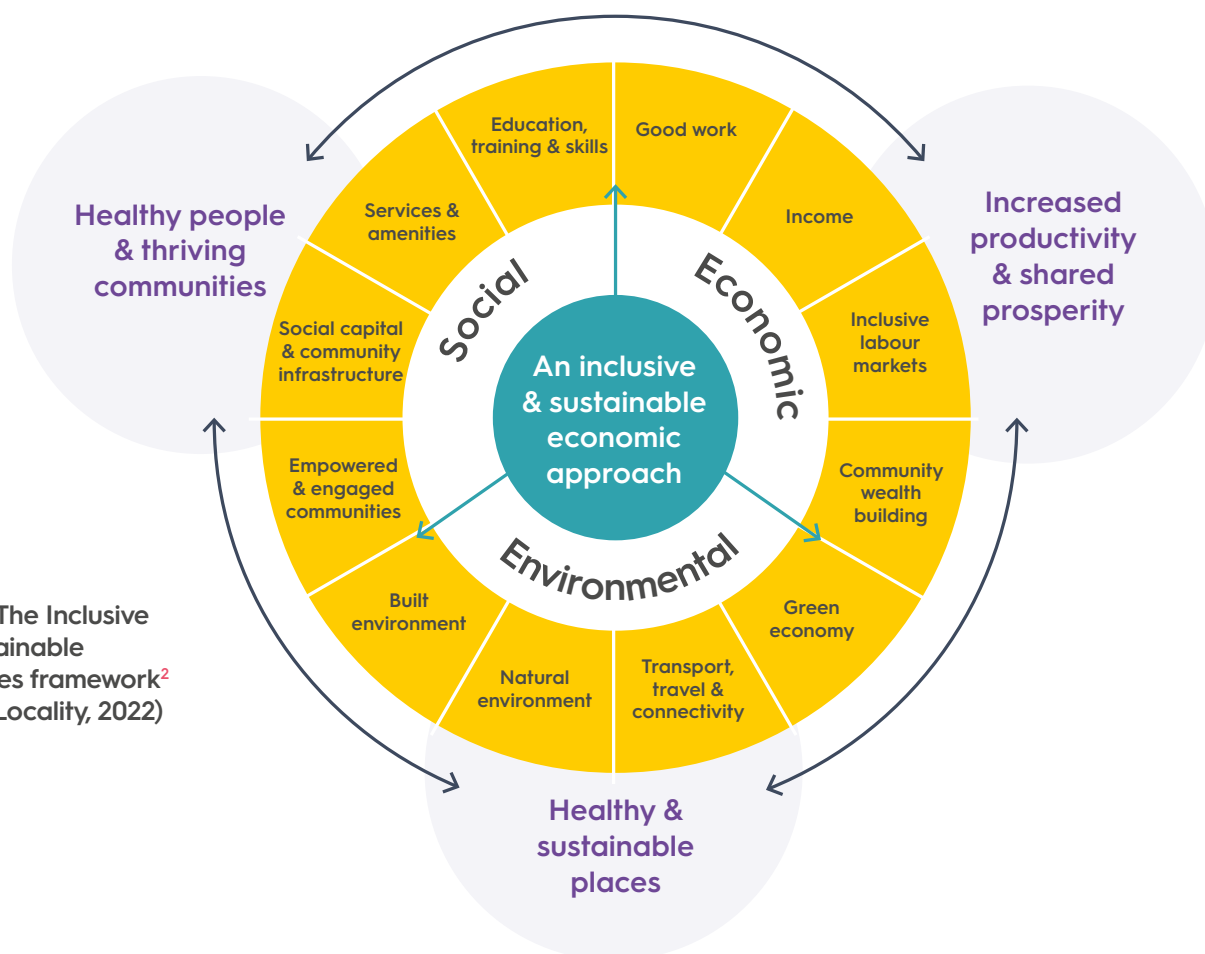


Figure 2: The Inclusive and sustainable economies framework²
(source, Locality, 2022)

Community approaches to health and neighbourhood-based action have a long-standing history. Many of the members of Locality (the national membership network supporting local community organisations, which has its origins in the movement of settlements and social action centres)³ have been in existence for over a hundred years. Whilst health assets within communities have a key impact on health and wellbeing (Public Health England, 2018), it is only in the last 20 years, national government, and more recently the NHS, has started to recognise the role that communities can play. In 2019 the NHS Long Term Plan was launched that explicitly recognised the importance of engaging with communities – particularly those experiencing health inequalities.

Recently, the new integrated care infrastructure has also outlined a remit to engage with the voluntary, community, social enterprise (VCSE) sector:

“For the VCSE to achieve its full potential in the delivery of integrated care, it needs to be recognised fully as a part of the system. All integrated care systems are developing arrangements for partnership working with the VCSE, often via alliances reflecting the diversity of the sector.”⁴

The evidence base supporting the rationale for place-based public health systems to engage with community-based organisations to address health and wellbeing is growing. In 2015, Public Health England and NHS England outlined ‘a family of community centred approaches’, that identified the diverse range of approaches undertaken to improve health and well-being. Public Health England went on to produce an evidence-based framework that identified 11 key elements to adopt a whole systems approach to community-centre public health, which outlined the important role of community-based organisations (PHE, 2020). More specifically, a recent systematic review of 102 studies published by the What Works Centre for Wellbeing (Bagnall et al., 2023) reported strong evidence that community hubs improved social relations (through social networks and social cohesion), community wellbeing (through increased sense of belonging, sense of pride, community empowerment, civic participation and social determinants of health) and individual wellbeing (through improved mental health and wellbeing).

Notably, one of the areas that continues to be an important part of the approach taken by many of these neighbourhood based community organisations is offering places for people to access creativity, the arts and nature. Access to these activities is often integrated into a wider range of services offered by these organisations that can include employment projects, nurseries, schools, and mental health services. The idea is that reach and impact are increased, and health inequalities reduced, by providing a range of activities in a familiar community setting.

The ARCHES study focussed on this arts/culture/natural spaces offer provided by four community anchors. The research team worked with these organisations to explore what they understood ‘scaling up’ their services to mean, the challenges they faced with regards to scaling and sustainability, and what would help them to be more effective at meeting their ambitions.

Research Questions

Recognising the policy context and the work to date on considering the evidence base with regard to creativity and health, the ARCHES project aimed to explore how four community anchors used creativity as part of their work to respond to the needs of the people they serve who all live in areas of deprivation and inequality.

The overarching questions this research aimed to address were:

- 1 How can prevention and intervention strategies be scaled up and adapted from locally based approaches benefiting small numbers of individuals, to whole communities?
- 2 Given that community anchors work within complex networks and local ecosystems of support, how can scaling up take account of these appropriately?

More specific research questions were:

- How do community anchor organisations in areas of social deprivation deliver cultural activities and manage natural and community assets to reduce health inequalities?
- What promotes /hinders social innovation and community mobilisation? What are the barriers and facilitators to success?
- Who should be involved and what assets are needed in a place-based system to support community anchor organisations in delivering cultural activities and managing natural assets for public health outcomes?
- How much does this vary from place to place?
- What is the best way of facilitating partnership working between organisations and groups in a place-based system to support community anchor organisations who deliver cultural, arts and nature based activities?
- What are the barriers and facilitators to effective and sustainable partnership working?

The research began with a working theory of change (**Table 1**) that guided the research process, and which was amended as part of the analysis.

Table 1: Working theory of change for the ARCHES study

Measurable effects of successful adaptation, partnership working, spread and sustainability

Essential processes leading to the achievement of effects are listed below, followed by anticipated effects: (1) realistic and relevant adaptation of the activities; (2) establishment and maintenance of local partnerships; and (3) spread of the activities to new groups and areas within the locality.

1. Adaptation of activities: Local people and organisations are involved in considering how existing activities can be adapted (and expanded) to others experiencing deprivation. Adapted activities are road tested with potential beneficiaries and with local organisations who will be delivering them. Feasibility of implementation is considered, including the resources needed to promote spread. The adaptation process should produce the following effects:

- Expanded activities that are perceived to be relevant by participants and providers
- Increased adoption of the activities by local organisations

2. Partnerships: Members are representative of all relevant organisations; gaps are identified and new partners incorporated as needed. Members are supported to participate equally. Areas of expertise and experiential knowledge are mapped followed by a clear division of roles and responsibilities. Budgets are pooled with shared accountability for financial management. Structure is formally defined and measures of accountability are agreed. Commitment to the partnership is demonstrated through protected time for participation and sharing of resources. This process should result in the following effects:

- shared ownership; increased number of collaborations; increased connections that support collaborative delivery; strengthened relationships evidenced by partnerships continuing during times of limited capacity and partnerships initiating new activities as a result of the original programme; co-development of research methods through community/ academic partnerships; successful proposals for ongoing research funding; partnership synergy e.g. evidence of continuing to forge new connections and relationships, in terms of linking, bridging, bonding at individual, group, organisations and cross sectoral levels

3. Spread and sustainability: Spread and sustainability are greatly influenced by the surrounding context, which can be enabling or hindering. We will document changes in context during the course of the project, in order to explain how/whether the following effects continue over time:

- Increased number of people engaged in cultural, arts or community activities in their community.
- Change in the types of people who are engaged, reflecting those who are experiencing deprivation.
- Increased number of people who feel they have increased their participation in wider community action.
- Increased diversity of participants, in terms of mirroring the diverse groups in their local communities.
- Increased number and types of organisations contributing to delivery of the activity. Evidence the co-delivery leads to innovation and development of additional activities. Sustained engagement, documented by the amount of time people have been involved and at what level
- Evidence that journeys and pathways that people created for themselves have enabled them to address health inequalities.
- Increase in number of partnerships established between different local groups/organisations – for both the index activity and new activities.
- Creation of new research groups with diverse interdisciplinary membership; successful transdisciplinary research projects triggered by the original research; two-way exchange of experiential/ academic expertise.

Benefits for local systems

- More active and involved citizens who are more strongly connected to their local communities – with people better able to build on and use their skills and strengths to reduce health inequalities, and to access services that support them
- Greater clarity about what services work best to support people to take more control of their health and wellbeing
- Increased insight into how health inequalities may be perpetuated by the current structure of local systems
- Better health outcomes, health inequalities reduced

What is the goal?

- To develop tools and evidence that enables participants to understand how communities successfully engage in mutual support; how they interact with local systems; what roles and relationships need to be sustained in order to further mobilise assets; to identify actions that strengthen the role of community anchor organisations in community building can be incorporated into the local health architecture
- To understand how learning from what is working well can be transferred from one setting/ context to another; to what extent successful models can be scaled and replicated and what are the conditions and factors that can support this



2 Method

In this section:

- Participatory case study approach
- Case study sites
- Data collection
- Sample
- Ethics
- Analysis



Participatory case study approach

The research used a participatory case study design (Yin, 2009), involving four research sites. The aim of the research was threefold:

- To describe what community organisations were doing or planning to do to adapt, expand and embed culture and arts activities at a larger scale
- To explore how their ability to offer activities and ensure their longer-term sustainability was affected by the surrounding context and structural barriers/enablers
- To explain what works, as well as the barriers, to adapting, expanding and embedding culture and arts activities to promote health and wellbeing.

Case study sites

Four community anchor organisations were selected with the help of Locality and Social Life. The team approached community organisations that were interested in and could benefit from this type of research, and who had capacity to participate, given the short timeline for the project. Initial selection criteria for case study sites included:

- Active engagement from decision makers from the NHS and Local Government
- Active participation in local authority wide networks and partnerships
- Links with peer (other VCSE) organisations

In the end, geographical spread and the type of community anchor organisation (community-led, place-based, and multi-purpose, providing holistic solutions to local issues) were key factors in selecting the purposive sample of community anchor organisations. The four organisations we selected were involved in delivering cultural activities and/or managing natural or community assets in areas of social deprivation, to local people from a range of ethnic, cultural and socio-economic backgrounds, and had some links to their local health system. The four case studies included (see **Table 2** in the [Results chapter for a description of each organisation](#)):

- ACCM (UK), Bedford
- Halifax Opportunities Trust, Halifax
- Pembroke House, London
- St. Paul's Community Development Trust, Birmingham

Participatory planning phase

Early in the project, online meetings were arranged with each community anchor organisation to review the research aims and objectives and reflect on the organisation's vision and activities. These discussions also focussed on how the research team and organisation could work together in a participatory way, identifying who should be invited to be involved in the project, what could be the focus of each case study and together defining key terms such as scaling, culture and arts. Finding out what each site wanted to learn from the project was important, to ensure active learning for each site took place. Face-to-face meetings were also arranged (May-June 2022) for the team to visit each site and local area, and meet staff and volunteers (the planning phase is outlined in **Figure 3**).

During the planning phase of the project, descriptive data were collected across all four sites as well as documents for the desk-based research. Descriptive data included:

- The evolution of each organisation, and how they have moved towards offering or delivering cultural activities and managing natural and community assets, how long these have been on offer, who are the people involved in delivering the activities, current capacity to deliver. Are there any particular local partnerships or collaborations with other organisations and agencies that have supported delivery of activities? Are there outside factors (funding, shifts in statutory support, etc) that have presented challenges to delivering activities?
- Who these activities are currently offered to, level and intensity of participation, type of people participating, amount and type of resources used?
- Which activities the organisation hopes to adapt, expand and embed and why (e.g. what currently works and why it works – this contributes to programme theory).
- How the organisation plans to adapt, expand, and embed – what steps are they planning to take, and why do they think these steps will work? This establishes an a priori description of the scenario that they think will work, in relation to identifying untapped assets, building relationships, developing partnership working.

These preliminary descriptions were written up for each site and used to capture the context in which each organisation was operating. The descriptions were reviewed by each site and verified by participants. The focus of each of the case studies was also agreed with the sites (see **Table 2**).

Site selection (bid phase to February 2022)



Online meetings to discuss participatory approach and start collection of descriptive data (February to March 2022)



Site visits to each community anchor organisations and local area to meet team (May to June 2022)



Agree preliminary descriptions and focus for the case studies with each site (June to July 2022)

Figure 3: Flow chart of planning phase

Data collection

A range of methods were used to collect descriptive and explanatory data. The approach to data collection was discussed and agreed with each site individually based on their preferences. All sites agreed to contribute to desk-based research and interviews with staff and management. Other potential data collection methods that were relevant were presented to each site so that they could identify which they would like to use for their particular interest in scaling. Each method is discussed below:

Desk based research – for all four case studies

The desk research focused on the written documents mentioned by the four anchor organisations during the initial planning meetings. Impact and operational reports were seen as useful resources to help the research team document the journey and build a robust strategic case study that connects the organisations' activities to health and wellbeing benefits. Other materials covered by the desk research included health reports, handover notes, case studies for funders, business plans, and evaluation and feasibility reports.

The desk research was included in the within-case and cross-case study analyses (Yin, 2009), and elements extracted from the desk-based research followed the 'context and implementation framework' (Pfadenhauer et al., 2017). The desk research focused on the environment or setting in which the proposed activities were going to be scaled up, and the set of factors and circumstances (political, social, economic, environmental) that could influence the community organisation's effort to scale-up.

Interviews (August to December 2022) – for all four case studies

In-depth semi-structured interviews were conducted with staff, volunteers, trustees, partners and commissioners across the four sites. Interviews took place via Microsoft Teams and telephone as well as face-to-face. Interviews lasted approximately 30-60 minutes. Topics covered in the interviews included: the work of the community anchor organisation, inequalities and health, how they define scaling, and the local and national context. Interviews were recorded and transcribed for analysis. See Appendix 2, 3 and 4 for participant information sheet, consent form and interview schedules.

Workshops – with Pembroke House and Halifax Opportunities Trust

Workshops with Pembroke House: the two workshops were co-designed with staff involved in the arts programme at Pembroke House. Workshop 1 developed an initial narrative around how Pembroke House offers arts and culture activities aimed at connecting people at all levels of the neighbourhood. Although the team originally focused on the seated dance programme as a vehicle to explore how to scale-up their arts offer, they decided to broaden the focus to all of the arts programmes as there was felt to be valuable learning from each of them. The second workshop focused on the visions and principles the arts programme staff would like to explore further.

Focus group with Halifax Opportunities Trust: the goal of this initial group discussion was to inform the staff and volunteers involved in Halifax Opportunities Trust about the ARCHES project and plan the community research. The focus group concluded with a discussion about the next phases of the research, the staff members to be involved in, and what the team would like to learn from it and the methods they thought would be appropriate to use in the context of the local area.

Community research training - with St. Paul's Trust, Halifax Opportunities Trust and ACCM (UK)

The research team offered training in research methods for the staff members and volunteers nominated by the community anchor organisations as potential community researchers. This took place during our second site visit between August and October 2022.

Community researchers (n=18) were nominated by the community anchor organisations to ensure that their lived experience was leveraged to build rapport with key groups involved in the arts and cultural activities. Community researchers were local people who had shared experiences with the people that the organisation wanted to include in their activities. They lived in the area where the anchor organisation is located or had experience of working in the area over time, giving them insight and understanding of the circumstances of local people.

Most of the community researchers had some established links and relationships with the people involved in each site and were willing to network in order to reach out to others who were unknown to them. Those selected had an interest in learning how to conduct community-based research. They also had some experience of working in teams, and actively contributing to projects.

The aim was to put co-learning and sharing expertise at the centre of this collaboration between community researchers and the ARCHES team. Involving local people in the research process ensured that the research built on existing resources, supporting local people to develop skills and gain new insight into local assets and challenges. In turn, we hope this has helped preserve the legacy of the project in the community and support a more equal process of knowledge production and dissemination that remains embedded in the four sites. The research methods covered during the training included:

- **In-depth interviews (with community members)**
- **Short surveys (with community members)**
- **Focus groups (with community members)**
- **Social infrastructure mapping** - to find out what the good things are about living in this community (Social Life, 2016). The community research training allowed the ARCHES team to gather initial information about social infrastructure by mapping it with those attending the training, while also training them how to use the method to gather additional information from community members.

Projects went on to design research questions and tools relating to the aim of the research, with the support of the research team.

Sample

A purposive sampling strategy took place to recruit participants for in-depth interviews with the help of each community anchor organisation. Overall, 46 interviews were conducted with service users (of the dance programme at Pembroke House, n=5), staff (n=18), volunteers (n=2), trustees (n=4), collaborators/ partners (n=10) and commissioners (n=7).

Five members of staff participated in workshops at Pembroke House, and 11 volunteers and staff took part in the focus group held at Halifax Opportunities Trust.

Overall, 18 community members, volunteers and staff participated in the community research training across three sites. Sample size of community research projects differed across each site:

- **ACCM (UK)** – focus groups with service users (2 groups, n=10); individual interviews with service users (n=7); survey with community members attending an ACCM (UK) event (n=33)
- **Halifax Opportunities Trust** – two focus groups, one with service users and one with community members living in the proximity of the Outback garden but did not use it (approximately 20 participants across the two groups); survey with service users (n=20)
- **St. Paul's Trust** – two surveys, one with the wider community (n=47) and one with attendees at a women's wellbeing event (n=33)

Ethics

Ethical approval for all aspects of the work has been provided by Leeds Beckett University.

Analysis

Framework analysis was chosen to analyse the data (Gale et al., 2013). The framework was developed using elements from Nesta's (Gabriel, 2014) models for scaling and Pfadenhauer et al.'s (2017) context and implementation framework.

Within-case analysis: Individual case study reports were produced for each of the case studies (see Appendix 5). These descriptive reports included data collected from all sources and followed a standardised format derived from the original research questions and theory of change to allow for later cross-case analysis. Each case study report was fed back to the case study site via a workshop (online or face-to-face). During the workshop, participants had the opportunity to provide feedback and amendments were made to the individual case study reports as necessary. Each case study report was then checked for authenticity and accuracy by the project lead, and other staff members, at each site.

Cross-case analysis: Cross-case analysis involved comparing findings from each case study report; using an iterative process, themes and

explanations were produced (Yin, 2009). The number of sites contributing to each theme was tracked, in order to identify whether there were any areas that were unique to one site. The cross-case analysis report provides a narrative synthesis and a logic model depicting how aspects of the wider national and city-wide ecosystem either enabled or constrained scaling at the level of community anchor organisations. All researchers involved in the data collection were also involved in checking the final cross case-analysis narrative. A workshop was delivered in February 2023 to feedback findings to all involved in the project across the four case study sites and discuss recommendations.



Adapting, expanding and embedding community and culture into health ecosystems (the ARCHES project)

Organisation	Location
Halifax Opportunities Trust (www.regen.org.uk)	Halifax
Brief description of organisation	
Halifax Opportunities Trust was established in 2000 to continue some of the activities of the government funded West Central Halifax Partnership when it came to an end in 2002. They focus on helping people to find new or better jobs, to learn new skills, to start or grow businesses and to help raise their families.	
Population	
Halifax Opportunities Trust (HOT) is based in Halifax in the borough of Calderdale, West Yorkshire. While some of the projects are Calderdale wide they are based in and have a particular focus and relationship with communities centred on Park Ward in Halifax. Park Ward has a population of approximately 15,000 and has approximately twice as many people who are income deprived compared to the Calderdale average. It is ethnically very diverse with a predominantly Asian British population (MHLG 2019).	
Main activities	
Halifax Opportunities Trust provide a range of services including employment training, an inclusive education programme for new migrants, and a nursery.	
Focus of research	
This project focussed on the work of 'The Outback' a community garden and kitchen.	
Research methods and sample	
<p>7 interviews with internal stakeholders (staff, management, volunteers and trustees).</p> <p>3 interviews with external stakeholders which includes commissioners and partners.</p> <p>Community researchers conducted a survey (n=20) and 2 focus groups (n=20) with community members.</p>	



Organisation	Location
Pembroke House (www.pembrokehouse.org.uk)	London
Brief description of organisation	
Founded in 1895 on the principles of a settlement house, Pembroke House aims to promote the general welfare of the community and is linked with Pembroke College Oxford.	
Population	
Pembroke House is located in Walworth, which is in the London borough of Southwark. Walworth has an ethnically and culturally diverse population of approximately 40,000. This neighbourhood is within the 20% most deprived in England, a quarter of local children live in poverty, and is also one where older people are exposed to a high risk of social isolation.	
Main activities	
Many of the services that Pembroke House provides are focussed on providing people with opportunities to express their creativity, including for example, a dance and music programme. Pembroke House also run The Living Room, with a café, and activity and social space for the community.	
Focus of research	
For this research study staff chose to review the dance and music programmes in order to explore how they can be more integrated under the umbrella of an arts programme, and to see how they may fit with other activities.	
Research methods and sample	
10 interviews with internal stakeholders (staff, management, volunteers and service users, trustees). 3 interviews with external stakeholders which includes commissioners and partners. 2 workshops with 10 staff members.	



Organisation	Location
St Paul's Community Development Trust (www.stpaulstrust.org.uk)	Birmingham
Brief description of organisation	
St Paul's Community Development Trust developed from 3 small community projects which began between 1968 and 1972. The mission of St Paul's Community Development Trust is "to support individuals and families in Balsall Heath and wider Birmingham to lead healthy and fulfilled lives and make a positive contribution to their neighbourhood and the city".	
Population	
The primary community served by St Paul's is the wards Sparkbrook and Balsall Heath East. The ward has a population of over 25,000. It is ethnically diverse with a majority Asian population. It is one of the most deprived wards in Birmingham.	
Main activities	
St Paul's provides a wide range of services that includes a Nursery, Children Centre, School and City Farm.	
Focus of research	
The research team focussed on the way in which St Paul's use a mixed offer built around the City Farm and a number of creative classes such as story telling to engage with people from its community.	
Research methods and sample	
6 interviews with internal stakeholders (staff, management, volunteers and service users, trustees). 6 interviews with external stakeholders which includes commissioners and partners. Community researchers conducted a survey (n=80) and workshop (n=33) with community members.	



3 Findings

In this section:

- **Theme 1:** How anchor organisations reduce health inequalities via cultural activities and management of natural and community assets
- **Theme 2:** Place and space
- **Theme 3:** Local scaling of arts, culture and natural environment
- **Theme 4:** Scaling in place-based systems



Findings

This section will discuss the cross-case analysis from the four community anchor organisations. **Table 2** presents an overview of the selected case study sites, providing a description of the organisations, their main activities and focus for the research. Within-case analysis findings are reported in individual case studies for each site and can be found in Appendix 5.

The four community anchors that took part in the ARCHES research all reflected on how they delivered activities to address health inequalities. Barriers and facilitators to innovation and community mobilisation were discussed, as well as the people and place-based assets needed to embed arts, cultural and natural environment activities.

For the research, one organisation (Pembroke House) decided to start with an internal stocktaking, involving mainly staff, of where the organisation was post-pandemic, in relation to their arts programme. Two of the sites (Halifax Opportunities Trust and St. Paul's Trust) wanted to work with local people and volunteers to actively review what was currently provided in their community garden and kitchen, and city farm respectively, with St. Paul's Trust also having an interest in reflecting on what needed to happen in relation to the women's activities and the writing group. The fourth site (ACCM (UK)) considered how to sustain and expand their offer of activities, particularly in light of their planned relocation to another part of the city centre. At the time of the project, the activities of interest were supported by funding, experienced staff and a roster of volunteers. All of the sites saw the project as an opportunity to consider and plan for next steps using the ARCHES funding.

Given the current context, of funding cuts within the local authority and a rising need within the community for services delivered by community anchor organisations, the initial emphasis was on the hyper local⁵ – what could be done using existing assets and resources. Where there was good agreement from the cross-case analysis across sites, these are presented as common themes. The four major themes emerging from the community anchor organisations are:

- steps to reducing health inequalities
- the use of space and place
- efforts to develop innovative approaches and mobilise groups to scale
- the challenges of developing scaling strategies to a place-based level, taking account of complex networks and local ecosystems.

Table 2: Community anchor case studies

Organisation	Location
ACCM (UK) (www.accmuk.com)	Bedford
Brief description of organisation	
ACCM (UK) was established in 2008 and is a community anchor organisation located in Bedford. ACCM (UK) support girls and women who are victims of illegal traditional cultural practices and work to address wider issues that affect ethnic minority groups and other vulnerable communities, including tackling health, social and economic inequalities at a local level in Bedford.	
Population	
When this research project started ACCM (UK) was based in the Castle ward of Bedford and predominately worked with Black African and Asian communities. ACCM (UK) moved in November 2022 and is now based in Cauldwell in Bedford. Cauldwell has approximately 11,000 residents (2021 census data) and is among the 20% most deprived areas in England (Ministry of Housing, Communities and Local Government, 2019b). The area was described by the organisation to have a large Eastern European population.	
Main activities	
A range of activities are delivered by the organisation, such as counselling, African celebration events (with dancing, music and food), culturally appropriate pop-up health events, cooking courses, yoga and ESOL and IT courses.	
Focus of research	
How to sustain and expand their offer of activities, with specific consideration given to their planned relocation to another part of the city centre.	
Research methods and sample	
6 interviews with internal stakeholders (staff, management, volunteers and trustees). 5 interviews with external stakeholders which includes commissioners and partners. Community researchers conducted a survey (n=33), interviews (n=7) and two focus groups (n=10) with community members.	



Theme 1: How anchor organisations reduce health inequalities via cultural activities and management of natural and community assets

The community anchor organisations are based in deprived communities experiencing health inequalities. To help reduce health inequalities, community anchors are an important link in the chain to engaging the local community, offering support and activities, and enabling access to wider services (e.g. statutory services). The descriptions provided by the community anchors fit with the pathway that has been described by Locality (2022) as follows:

Inputs: engagement to get people in; fostering connections; developing longer term relationships with staff, volunteers and other people.

“They [ACCM (UK)] work very much at grassroots level. Umm, I think it makes a major impact because they’re known. So they are known as well as hosting roadshows and events and things like that, but like, obviously the African festival, they’re becoming quite well known for... but I think because they are well known within the communities, particularly some of their project workers, and so they have [names of project workers] they’re very, very well known, very well known within the local diverse communities.” (ACCM (UK), External Interview)

“I think it’s important with the communities that we target being African, Caribbean, South Asian and Eastern European they’ve got beliefs, cultures, traditions and some of those beliefs can create barriers and because of those barriers that can lead to ill health, or not accessing services so we trying to engage with these communities. We try to use what is something that they can all understand, something that they can relate to. So for example if we’re running a diabetes event we offer lunch, we offer coffee and tea because food brings communities together. And also getting somebody who can speak their language so that they can really understand what the issue are.” (ACCM (UK), Internal Interview)

Outputs: Over the short term, the above inputs lead to a sense of connectedness. This reduces stress, improves wellbeing, and increases a sense of capability. Capability is defined as having the psychological and physical capacity to engage in the activities that the individual wishes to participate in. Becoming capable also includes developing the knowledge and skills to participate (Michie et al., 2011).

For example, activities that promote conversation, interaction, reading and writing skills “helps people with their literacy. This in turn makes people more confident and more likely to even read aloud. And this then breeds confidence in oneself and people are able to socialize. Who have been isolated”. (St. Paul’s Trust, community member survey response)

Outcomes: Over the long term, this chain of events supports people in addressing and managing health conditions and improving health outcomes.

“We used to run a mental health group Friday afternoons, some of those who came to the coffee mornings use to come to the mental health group as well. We’ll have specialists doing relaxation exercises, yoga, after yoga, nutrition and how to use medication... We have pharmacists we work with, will come... So some people with long term mental health issues may be on medication but they’re not taking it. So the pharmacist will talk to them about you know continuing to take the medication and sometimes the pharmacist found, they’re actually on the wrong medication.” (ACCM (UK), II)

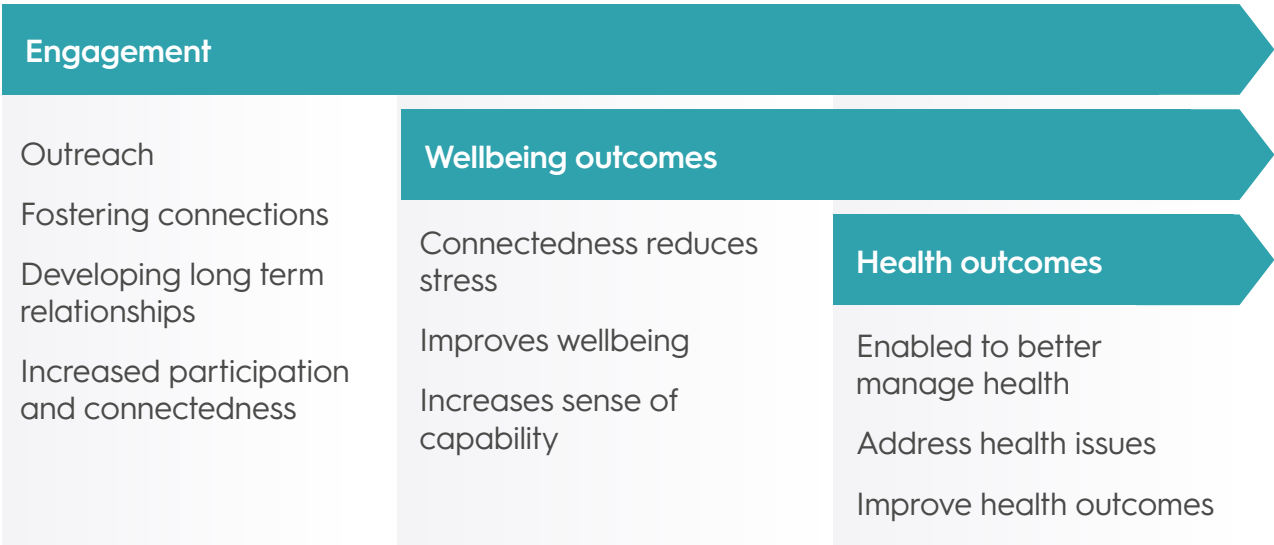


Figure 4: Provides a visual representation of this pathway of engagement.

Each of our participating organisations described how their arts, cultural and natural environment activities generated positive benefits going far beyond the activity itself. At Pembroke House, for example, parents who became connected via the dance class were better able to access services.

“So what we found with Inclusive Dance is that the parents and carers would sometimes bring the participants to their class. And then, because they did live much further away, they would wait until the class had finished. And we found that, very informally, because it was always the same people every week, they were getting to know each other. And they were then starting to provide emotional support to each other about their experiences of living with a young adult who has learning disabilities. We started to set a room aside for them, so they [could discuss there], rather than just sort of sitting on the stairwell. I think a direct and indirect benefit of that program is that the families of the participants developed some kind of support network. And I know that in some cases that continues of outside of the class as well. So it was through that class that they were introduced to other people with learning disabled young adults in the family. I think that must have helped mental health maybe even helped with the family relationship itself, you know, sort of understanding why things are the way they are, or where they could go and get help from the public sector or whether there are other resources that their family member could take part in.” (Pembroke House, II)

At Halifax Opportunities Trust, through a range of activities based around the community garden and kitchen, The Outback was leveraged to move local people closer to employment, which had an impact on their confidence, resilience, and overall wellbeing.

"[We] build up that sense of trust, and I think that's the basis of why we work as well, because we have a safe, warm environment and no prejudice is no judgement on them, and you can engage as little or as much as you want socially. So when you are feeling more confident and more trusting, you get more involved in things. I've seen that time and time again, where people have been quite reserved, and they've come and then through over a few weeks, suddenly start having conversations in the garden and they realise that people are going through the same experiences and they will start to trust [...] I would say about 80% of the people that come to us in that category, put that building up trust, and addressing those barriers with them is definitely something that's working time and time again." (Halifax Opportunities Trust, II)

In relation to cultural activities, cultural events, such as the African celebration events organised by ACCM (UK), were used as a gateway for community members to access services at the organisation, as well as an opportunity for staff to connect community members with other services (e.g. police, community health teams).

"And also, after that [African event], some of them because, they've taken away our leaflets, contact us with any issues, victims of domestic violence, or they want to join English classes, IT classes. Some of them because they're stressed, they want to, you know, some counselling support. So often, after every event, we often get, you know, people phoning or coming in, you know, I talked to one of you, I'm thinking of coming for help, or I took the leaflet, and contacting you to see if you can help me with these with this housing, domestic violence, wanting to do English." (ACCM (UK), II)

It is important to recognise that these points of connection between community members and community anchor organisations are often facilitated by one-to-one relationships between anchor staff and the community. For example, ACCM are known and trusted by the communities they serve, but this trust is often built first with a particular member of staff before individuals deepen their involvement with, and expand their trust to, the organisation.

"The vulnerable communities won't go to providers, they generally don't go to the GP unless they're really, really unwell. So in terms of prevention, they wouldn't be accessing anything. They wouldn't go to healthy living pharmacy, for example. They wouldn't. They wouldn't go to health events unless there was somebody there that they knew, or they'd had invitations. So with ACCM, they go around. That's one thing I'd say is absolutely brilliant about them before they have an event they go round door to door in Queens Park and some of the deprived

wards and actually speak to people. And because [staff members] are recognised, because they're well known in those communities. Umm, they obviously build that relationship so that people do come out and do attend these events." (ACCM (UK), EI)

Other forms of outreach by staff are also effective, including informal street outreach. Dance practitioners at Pembroke House, for example, will go to parts of the neighbourhood where they can find young people, and describe what happens in the dance programme. Word about the programme spreads, bringing in more young people to participate.



Theme 2: Place and space

Physical and social opportunities to engage and connect were created by making use of local neighbourhood places and community anchor organisation spaces, that were accessible to the local community. Local events, often drawing on arts, cultural and nature-based activities, raised awareness of the organisations and what is on offer (e.g. the African celebration event, city farm open day and a weekly food stall offering free cooked meals). Interaction in the neighbourhoods was fostered via events that bring people together who would not normally interact. Events also served to link people who already used the anchor organisation with others. Learning about the organisation from people in their own neighbourhood, who they might have something in common with, made people more inclined to consider attending activities.

Safe spaces are places within the anchor organisation where people are welcomed and workers are present to help people join into activities and meet other people. Within these spaces, anchor organisations often hosted arts, cultural and natural environment activities in parallel with other things. Some activities were also integrated with each other. For example, St. Paul's Trust has organised events at the community farm to showcase gardening activities; people have conversations about the other things that are happening and opportunities to join. Providing a place for outside organisations to meet further extends opportunities for interaction in the neighbourhood. The anchor organisation space becomes a space where people can assess problems, identify what they want to do, set up and run their own initiatives, thereby becoming a 'community development space'.

The Outback, for example, is a "space of opportunity", a space that has facilitated multiple types of simultaneous growth (people and places) and weaving of activities, people, and resources.

"We have a lot of referrals for young adults with learning disabilities who are not looking for work they're at the end of the spectrum where they've got quite a severe disability. [...] So one of the things that I'm very keen on is to bring employability out of the classroom. I really I've done this for so long [...] I've recognised that sitting a group down in a classroom and teaching them how to do the CV is not a good way of teaching employability. [...] So we get together we create a garden, we maintain a garden, and we do all sorts of cooking and things so we grow produce and then we cook it in the kitchen together. All of these things are life skills. All of these things are employability skills, they're working in a team, they're learning communication, they're getting involved, they've got a purpose, they're learning cooking skills, they're learning knife skills. All of problem solving, all the things we sit people in a classroom to do employability with, they're learning on the job, plus they're meeting other people, they're having a social aspect, and they've got a purpose and they love it." (Halifax Opportunities Trust, II)

This fosters a sense of ownership, enabling self-leadership and autonomy. When space is used in these ways, participation increases, often far beyond the original reason for attending.

During the lockdowns, non-physical spaces, such as online spaces and phone calls also sustained connections and, in some areas, they continue to be used to ensure participation, such as counselling and support services when this is the preferred means of delivery.

Engaging in known and trusted local places and spaces is a critical first step in making people feel that they can **“be part of society and be part of the community, and make friends”**. Shared space is **“absolutely essential for our community because it ties a lot of people together.”** (St. Paul’s Trust, External Interview). Within that space, engaging in creative activities offers many benefits. Some of these benefits, such as providing a safe space for interaction at a reasonable time, are found across all activities in an anchor organisation.

“People have gone from not sharing to sharing, you can see the comfort and the confidence of those that attended the sessions growing. It’s also regular attendance of people who have, you know, multiple issues or reasons that might actually prevent them from attending and who are coming back week after week after week. the Saint Paul Centre it provides a safe space. I think that is also key as well as the time of the sessions we’ve timetabled them for a Wednesday afternoon rather than a Wednesday morning because that is a time when people are more likely to be able to attend and I think the timing of sessions is really important for people with mental health challenges or even physical disabilities to get there, like the time of it is right.” (St. Paul’s Trust, II)

Offering arts, cultural and natural environment activities are however often the gateway to community members engaging in these other activities offered.

Other benefits are particularly related to the creative nature of being able to express oneself. One of these benefits was described as “a space to shine”.

“People when they first came along wouldn’t share anything that they were writing [but] now we’re at a place where everybody will comfortably contribute to that bit of the session and we listen to each other and give feedback. It’s a mix of writing and listening and sharing. What it seems to do is it opens up the world a little bit and it opens up ideas and people’s receptiveness to ideas. I think what’s really important about sharing the work, it’s about celebrating what people have done. It’s about enabling people to have a voice within the sessions and giving everybody the opportunity to do that.” (St. Paul’s Trust, II)

“There are things that are done with dance students who may lack confidence, where they can find a space to shine, to communicate and engage with people in nonverbal ways. Dance, any kind of exercise, it’s great for physical wellbeing, mental wellbeing...even performing and having the confidence to perform in front of people. It can really help, especially young people, build their self-esteem and self confidence that they will carry for the rest of their lives.” (Pembroke House, II)

Dance (alongside other forms of exercise) was described as a vehicle where people can learn to **“express themselves through movement”** and where disabled young people could **“build up physical strength, become more in tune with themselves, feel happier and more confident”** (Pembroke House, II).

Another benefit was described as the opportunity to experience arts and culture that they would not normally be exposed to.

“Taking them to see performances [is] exposing them to things that they would otherwise have not been exposed to. It only takes that one little seed to be sewn in someone’s mind, which if they hadn’t engaged with that programme...it’s life changing. The children that come from the most disadvantaged background, lack of exposure is what keeps them in those circumstances. And just even once a week, to be exposed to something completely different that isn’t of your background. It’s just vital for people’s mental and physical wellbeing [programme participants, Pembroke House].” (Pembroke House, II)

From the initial engagement in place and space, anchor organisations connect people together, whilst linking them to various resources and sources of support. Arts, culture and natural environment activities act as a vehicle for learning about individual and community issues and needs. They are a springboard, connecting people to a variety of other resources, that are tailored to individual interests and needs.



Theme 3: Local scaling of arts, culture and natural environment

Because the ARCHES project was funded to explore whether anchor organisations could scale-up these innovations, discussion surrounding what scaling up means in local places took place.

Importantly, anchor organisations did not define scaling up as replicating activities to do more of the same with a larger number of people across local places. In the first instance, community anchor staff looked at internal scaling as a process of going deeper, in terms of relationships and activities, with the individuals who currently participated.

"I think actually an easier way to scale-up is by other organizations delivering their activities from our spaces, who are doing interesting things or things that people locally have said that they wanted or needed so that the offer to the local community is broadened. The way to grow wasn't to have a bigger and bigger and bigger staff team delivering everything."(Pembroke House, II)

Growing internal capacity by developing the volunteer base, their knowledge and skills, was also seen as a form of internal scaling. Staff interviews further clarified that the approach to scaling was incremental, considering first whether activities that support individuals might be offered to a group. In order to make a decision, they explored what people want and require in light of their individual circumstances, and if common pathways were identified then funding was sought to support the activity. It was agreed that funding was the determining factor in scaling.

"[The] nature of working within the charities [is] that...we don't really think ahead until we've got that funding because we can't make plans unless we've got money. It all comes down to that." (Halifax Opportunities Trust, II)

If projects were funded, then scaling within the organisation was considered, for example offering activities to bigger groups or to more diverse types of people. When specific funding could not be identified, arts and natural environment were integrated into funded activities. For example, the community garden and kitchen has become more and more integrated with the other areas of activity at Halifax Opportunities Trust and was leveraged to move local people closer to employment, which had an impact on their confidence, resilience, and overall wellbeing. This approach is contingent on connecting different activities across the organisation, "weaving [the new activity] in with what we already have and do, so it becomes a new thread in our existing rich tapestry". (Halifax Opportunities Trust, desk research, internal stakeholder)

Despite funding constraints, community anchors continue to acknowledge the importance of arts, culture and natural environment activities. Mobilisation to scale activities to the wider community requires cross-sector working with public health and other place-based organisations. The success of this process to date is discussed in the next section.

Theme 4: Scaling in place-based systems

Within a place-based system, it was recognised that collaboration and partnerships that bring together different actors has a range of benefits. Organisations are constantly re-evaluating local needs, and as they shift to areas where support is needed, they consider how to use the existing community assets – skills, passion, energy of locals and outside groups – to scale. A key element of this is considering how other local organisations may be able to contribute. There were a number of examples of how collaboration has enabled mobilization in the past, and agreement that more formal partnerships have several benefits:

- enables sharing of assets and resources and raises awareness about other sources of support
- leads to greater connection across organisation leads and members
- makes organisations more competitive for funding but presents an opportunity cost in terms of staff time for project work

For instance, at Halifax Opportunities Trust, staff members take multiple approaches to partnership working ranging from paying an organisation for their specialist support (e.g. wellbeing gardener) to co-production activities such as the work with the Recovery College for a gardening and wellbeing project. Examples of collaborative working with St Paul's were also provided, demonstrating the value of a relational approach to collaboration, through offering support and sharing of information and resources.

"What we have done is supported each other with funding bids, supported each other with anecdotal information, data, case studies, we've shared knowledge, expertise and resources, and put opportunities to each other that we've come across that potentially the other person may not have come across." (St Paul's Trust, EI)

At place-based level, people noted several challenges in relation to partnership working. First, there had been changes in leadership during the COVID-19 pandemic.

"We've been through a bit of a rocky period over the last few years with our VCs umbrella organisation, who have had maybe three or four different chief execs over a fairly short period of time. And I think that when that stability is not there with the the main link lynchpin, then that makes it difficult." (Pembroke House, EI)

"I know years ago we did do some sort of consortium and that hasn't been done for a long time. That is something I feel organisations like CVS, like the Council volunteer sector, should be doing, you know, encouraging community groups to work together, consortium, which is, you know is, I think this is good, but it's who does, who takes up that responsibility. Because if you expect an organisation to do that, it requires a lot of work." (ACCM (UK), EI)

Changes to public health structures as well as staff turnover has also resulted in time needed to re-establish working relationships.

“The role of public health changed quite markedly, really, and particularly the, the team that I worked with from being more of a partner to more of a commissioner” (Pembroke House, EI)

Interest in establishing partnerships also needs to be balanced with concerns about competing for limited resources, where organisations can become viewed as “rivals” and sometimes leading to “tense” relationships.

“What I’m trying to do is build a network with organisations in Balsall Heath that might be interested in collaborating. There’s a small pot of money from the neighbourhood network scheme, to pay for the use of a room and to take notes on the meeting. It’s about trying to build a network and seeing what gaps there are in the local community, supporting each other, signposting each other’s services so we’re not fighting over money but working collaboratively. With the Neighbourhood Network Scheme, we’re looking into building a consortium of sorts, with lead organisations that can tender for larger commissions and pots of money, then share it out among the smaller organisations so you’re working together. There’s always history in any area, bits of politics and jealousies, things like this when one organisation appears to get more money than another. All that to wade through and clear out of the way, but I think it’s important that in communities there is a bit of collaboration. Then you’re stronger together.” (St. Paul’s Trust, II)

Nevertheless, there are indications that there is a will to establish coalitions.

“We had a very strong mental health arts sector. So we had a number of organisations, mostly user service, user-led organizations that were very active in the borough and several years down the line, we decided that it would be a really great idea to start up a partnership that brought together anyone in the borough that had a culture connection and recognised that the talents, the skills, the opportunities to support health and well-being by connecting through to the culture sector. So we have something called swap, which is the Select culture, Health and Well-being Partnership and we’re working with the GLA currently to think about how the model that we’ve grown locally might be of interest to others in in London. You could Commission through that vehicle in a way that allowed you to access a much bigger pool than you might necessarily have contacts with yourself, and offers an opportunity for the whole pool to kind of learn together when things are coming up and to strengthen and mobilize and excite each other and and have kind of a whole [that] is greater than the sum of its parts.” (Pembroke House, II)

But with the increased interest in partnerships, the focus on the

transactional (e.g. funders deciding upon what is important,) persists rather than a more collaborative or relational partnership with commissioners.

“There’s a big emphasis on allowing more influence on decisions by third sector providers, [...] my criticism of it is that I think it’s really transactional. So, we really value you, here’s some money to do it and that’s your job. This is our job. I think it’s got to be more than just giving people money to do a job, but actually collectively owning something. [...] I think there’s a lot of point in signposting people to things, and the third sector get a bit annoyed that there’s not sort of a discussion about capacity to actually undertake that work. So, I think it’s easier for the third sector and voluntary organisations like Halifax Opportunities Trust to become overwhelmed quite quickly [especially] when you’ve got added pressures of COVID and cost of living.”

(Halifax Opportunities Trust, EI)

Further, concern was expressed about the limited understanding by the wider system of what anchor organisations actually do. The pandemic raised awareness of the critical role of anchor organisations, when it was felt that the council recognised the importance of what anchor organisations do, but now that the urgency to address immediate issues such as food and illness has receded, ongoing support **“has been woeful”**. (Halifax Opportunities Trust, Internal Stakeholder)

This may be due to the fact that the limited number of commissioners interviewed were not the ones directly involved in supporting these activities as part of their local Health and Wellbeing Strategies. The ways in which the Strategies are being operationalised, however, has yet to be clarified at local authority level.

It was acknowledged by commissioners, however, that funding had been cut both for public health and for arts and natural environment. When asked about partnership working with commissioners, there was little evidence that anchor organisations had been involved in realising strategies. It was felt that a successful commissioning process would be co-produced and based on understanding the value from a community perspective.

“For it to be really successful you’d want to talk about codesign and how things emerge. There would be something about understanding what value it has and how people want to live their life and connect to other people.” (Pembroke House, II)

Funding was a recurring issue across all of our sites, who all experienced funding cuts affecting the activities that they were planning to scale during the course of our project. They agreed that loss of funding means that they have to switch to “reactive mode”, which limits their capacity to do strategic planning around scaling. Further, they noted that transactional funding which requires delivery of a specific activity, often for a short period of time, undermines holistic models of support (please see [Figure 5](#)).

The limits of transactional funding



Organisations required to deliver a specific activity



Impact is measured via indicators limited to that activity



Often focussed solely on health outcomes

Figure 5. The limits of transactional funding

"So, the commissioning process needs looking at. But I know local authorities are really under pressure of course we all know that... The organisations that I work with are subsidising those commissions so even if they were getting [funding from them], they would be paying to prop them up out of their own pots. So how those organisations basically survive is by stripping the people that work for them, of you know, basically it's all good will. It's not properly funded or resourced or supported and it's just, it's at risk". (EI)

Available funding determines the direction of travel. **"Parachuting a predesigned project [into the organisation], that's not the right thing to do, because that's not what the population are asking them."** (Pembroke House, Internal Stakeholder). All sites agreed that when funders take this approach, the anchor organisation:

- Uses a disproportionate amount of time piecing together activities to provide a person-centred approach.
- Uses more time chasing funding opportunities which may not align with their model.
- Struggles to retain staff.
- Is unable to find the right kind of staff when new funding comes in.
- Has reduced capacity to support a volunteer programme.
- Has less opportunities for local people to find paid and unpaid work in the organisation.
- Is unable to sustain – let alone scale – successful programmes.
- Is unable to do strategic planning: the funding landscape determines the direction of travel.

Limiting funding to short term projects further increases these challenges.

If a disproportionate amount of funding is dedicated to specific services rather than the core infrastructure, the capacity to sustain and to scale is threatened.

In relation, the four case study sites perceive that they are more likely to get funding that will enable scaling if they have:

- Dedicated fundraising staff.
- A larger, place-based footprint that is recognised by commissioners.
- They are part of a neighbourhood network or partnership consortia.

The advantages of being part of a network, however, are diluted by the opportunity cost (e.g. time and staff resources) of contributing to sustaining the network. Further, sustaining network relationships can be challenging when your partners are also your competitors.

In relation to funding, all the sites agreed that they are challenged to measure impact. The holistic approaches to supporting people which are typically used in community organisations are “tricky to then articulate in terms of impact or KPIs”. There is no agreement across funders on how to measure most of the steps in the process so organisation with multiple sources of funding face an evaluation burden (**Figure 5**).

As a result, it was suggested by community anchor organisations that commissioners needed to spend time with grassroots organisations to understand the process involved in working with communities and have frank conversations regarding the commissioning and measuring processes.

“I guess one thing we do is invite funders, challenge funders on what they’ve asked us to do and invite them into a space of greater understanding of what we do. We’ll say, we don’t think this thing you’ve asked us to measure isn’t very meaningful, how about we do this instead? We find if you’re willing to share insights, they are keen to understand the work and its impact. But that also takes time because it’s about developing a deeper conversation with funders.” (Pembroke House, II)

Whilst data indicates that community anchors are able to successfully innovate, they are severely constrained in terms of being able to mobilise – which is a key prerequisite for being able to scale.



4 Discussion

In this section:

- Summary of findings
- Social innovation
- Place-based ecosystems
- Limitations
- A framework for scaling up?
- Conclusions
- Recommendations



Summary of findings

How do arts, culture and the natural environment relate to social innovation?

- 1 Steps to reducing health inequalities
- 2 The use of space and place
- 3 Efforts to develop innovative approaches and mobilise groups
- 4 Challenges of developing scaling strategies to a place-based level

The case studies presented rich data on the facilitating factors in the context of community anchor organisations. Firstly, in terms of the organisations' longevity and localness in building trusted relationships and therefore community engagement. Secondly, in co-location of services within the trusted and familiar place, connecting people to activities they would not otherwise have known about or engaged in. The nature of the arts, cultural and natural asset-based activities also served to engage marginalised groups, who may lack trust in statutory institutions and health focused activities, as well as fostering wellbeing directly through participation in the activities.

Barriers and facilitators to scaling up within the local public health system included funding models (long vs short term; focus on health conditions or population groups rather than place/ organisation) leading to impacts on staff turnover and the ability to plan strategically. There was a range of experiences in terms of connections into the local public health ecosystem, but a common finding was that there was not enough dialogue or understanding between community anchor organisations and the wider system.

A perhaps unexpected finding was the variation in understanding and attitudes to 'scaling up', with most of our participants viewing this as deepening reach into their communities and/ or linking community members to further activities, and linking activities together within their collaborative networks (referred to by one organisation as 'weaving') rather than (as commonly understood) becoming a larger organisation or increasing the scale of their activities to a larger geographical area or to a much greater size.

Is the ambition of scaling to a "whole community" level, where arts and natural environment can contribute to achieving public health outcomes achievable? The ARCHES study has demonstrated that social innovation is happening on the ground which includes arts, culture and natural environment as a key activity to enabling health and wellbeing. There are multiple constraints, however, to scaling this social innovation at place-based level, that include:

- 1 Multiple demands on public health funding
- 2 Scarce funding for arts and natural environment, particularly in the context of public health
- 3 Low levels of awareness within the wider public health system of what anchor organisations actually do

- 4 Little indication from local health and wellbeing strategies of how arts, culture, natural environment can be part of a coherent plan
- 5 Lack of recognition that these activities are often a small part of, and often integrated with, larger programmes within a holistic community anchor model of support.

As a result of these constraints, anchor organisations take an incremental approach to developing arts and natural environment activities. The uncertainty of funding streams means that scaling is not defined as doing something bigger. It is rather conceptualised as a piecing together of various and often short term funding streams. Any scaling activity needs to fit with the funding landscape – which often is not aligned with the strategic goals of the organisation.

In some cases (Halifax Opportunities Trust, St. Paul's Trust and Pembroke House) it does feel that anchor organisations took a pragmatic decision to continue to fund the creative space from within their own resources. They saw this as important because it was part of who they are and how they work, in particular as a key mechanism to building active relationships with local people.

While not an explicit decision that appears in a strategy it nonetheless felt that they supported it for two reasons – it was part of how they culturally work and they felt that it was a better use of their time and resources to bid for other more transactional services which commissioners were more likely to be interested in funding.

Engaging with outside agents is challenging, which means that community anchor organisations have little influence in co-producing a coherent plan that provides resource that aligns with the effective programmes that have already been established at hyper-local level.

Person-centred pathways to wellbeing are difficult to sustain. The absence of a coherent strategic plan for embedding arts, culture and natural activity into public health means that a more pragmatic process was taken by community anchors, creating a patchwork of funding and relationships that together builds a larger and more coherent approach.

The larger challenge faced by community anchors is the absence of clear frameworks or strategies nationally or locally that describe why the role they perform is so important. It is community anchors whose long term trusted relationship with local people who experience inequality provide the mechanism for specialist organisations to engage with local people. This can be employment services, mental health services or in the case of this research arts, culture and access to environment specialists.

We planned to update our working Theory of Change (**Table 1**) with the findings from the ARCHES project. What our research uncovered was an emphasis on driving and restraining forces in the local ecosystem to scaling arts, culture and natural environment activities to address health inequalities. These are presented in **Table 3**.

Social innovation

How do arts, culture natural environment relate to social innovation?

“Social innovations are new products, services and models that both meet social needs and create new social relationships or collaborations – they’re ‘social’ both in ends and means.” (Murray et al., 2010)

Social innovations can be generated from within any sector – public, private or social – or from citizens and social movements. They may generate financial value, but don’t have to. Arts and cultural activities, as well as community gardens and farms, were all used as innovative vehicles to address long term problems and entrenched challenges of social isolation, challenges of bringing people together from backgrounds, and helping people to integrate into new communities. They have also been effectively used to deal with trauma and other mental health issues. This study provides some evidence that arts, culture and natural environment represent successful social innovations at a hyper local level.

Place-based ecosystems

Community anchor organisations sit within a wider (usually local authority level) ecosystem – sometimes called a place based system. Place based systems are important because although community anchors do not usually provide services across a ‘place’ they are active within them, and need to connect with places in order to access funding and influence investment into the local area (see **Figure 1**). Scaling is dependent upon how organisations use collaboration and partnerships to bring together different actors to:

- develop a shared understanding of local problems.
- identify resources to foster place-based community development to address the problem.
- collectively innovate to address complex local issues (using arts, culture, natural environment as the vehicle). The partners may include other community organisations, the local authority, and the local health system. Successful scaling requires the ability to collaborate across sectors to build trust, relationships and respect across partners.

Strategies and actions plans to address health inequalities are usually developed at place level and decisions about funding generally follow on from this.

There need to be a clear understanding and explicit frameworks to ensure that the place based systems create an environment that fosters and sustains collaboration between community anchors and organisations focussed on the arts and natural environment.

Table 3: Mobilising Local Ecosystems to Scale Arts, Culture and Natural Environment Activities to Address Health Inequalities.

Driving Forces	Current State	Restraining Forces
<p>High participation at hyper-local level</p> <p>Active engagement in local problem assessment</p> <p>Identifying solutions that can be achieved with existing resources</p> <p>Local leadership to motivate people to sustain and to scale</p> <p>Informal collaborations with local community partners</p>	<p>Community anchors have some control over interweaving activities at hyper-local level</p> <p>Community anchors have developed conceptualisations of “scaling” that are appropriate for their holistic model, acknowledging that success lies in tailoring using a person-centred approach rather than replicating</p> <p>Community anchors lack control over managing long-term strategic programmes where activities can be sustained to reduce health inequalities</p>	<p>Low levels of participation at place-based level</p> <p>Limited engagement with community anchors in local problem assessment</p> <p>Unanticipated cuts in existing resources</p> <p>Little understanding of how anchor organisations integrate activities within holistic models of support</p> <p>Identifying solutions with limited input means resources are short-term and a poor fit for holistic person-centred models of support</p> <p>Multiple demands on public health funding</p> <p>Scarce funding for arts, culture, natural environment</p> <p>Few indicators of partnership working</p> <p>Lack of success in negotiating appropriate resources at place-based level</p>
Driving Forces?	Desired State	Restraining Forces?
<p>Prioritise community based funding and local definitions of arts & culture engagement.</p> <p>Coherent place-based health & wellbeing strategy across institutions and organisations</p> <p>Formal neighbourhood networks that are supported (in some areas) by place-based commissioners</p>	<p>Established cross-sectoral relationships between anchor organisations and place-based decision makers</p> <p>Coalitions that include all stakeholders in critical assessment of health inequalities</p> <p>Transparent, facilitated processes for negotiation, conflict resolution, and decision making</p> <p>Agreement on conceptualisations of scaling that are appropriate for community-based holistic models</p> <p>Links between hyper-local and place-based levels that enable co-development of coherent plans for embedding arts, culture and natural environment into health and wellbeing strategies</p> <p>Alignment between holistic models of support and place-based funding models</p> <p>Transformation of power relationships between community anchors and place-based decision-makers</p> <p>Increased local control over decisions on implementation of strategic plans</p>	<p>Prioritise institutional funding and “traditional” definitions of arts & culture engagement (e.g. museums and theatre).</p> <p>No dedicated funding for communities.</p> <p>Missing in health and wellbeing strategy (or not implemented) by NHS and other local institutions.</p> <p>Local competition for funding.</p>

Limitations

The main challenge the project faced was completing the work within the allocated time. This was due to two main reasons: the after-effects of the COVID-19 pandemic and most fundamentally the need to work at the pace of the community anchor partners. The decision by each of the community organisations to participate meant that they and their volunteers had to commit to additional work over and above running their existing activities. This did mean that work took longer than was allowed for by the funding timeframe, despite funding being allocated to support their participation.

There were some other strengths and weaknesses to the approach we used to collect and analyse data. We were dependent upon sites to enlist interested people in each area. The types and proportion of commissioners, partners, staff, volunteers therefore varied by site. Although sites were selected on the basis that there was some active engagement with decision makers, finding commissioners and funders who had the time to participate was challenging across all four of the sites. The views may not therefore reflect those of the people who had the most direct working relationship with each site. Participation in data analysis was good across all sites. The iterative process which was used to member check the information allowed for corrections and clarification from a range of workers, volunteers and trustees before the final case studies and report were produced.

The limited number of commissioners interviewed were not the ones directly involved in supporting these activities as part of their local Health & Wellbeing Strategies. The ways in which the strategies are being operationalised, however, has yet to be clarified at local authority level. Our review of health and wellbeing strategies for the respective areas indicated that arts, culture and the natural environment were only mentioned in the very broadest sense. The Southwark plan¹ notes that community networks and relationships can be fostered via anchors and that one of the ways of improving health is via arts and culture. The Birmingham Joint Health & Wellbeing Strategy 2022-2030² notes that the strategy will "Develop and implement evidence-based interventions to improve mental wellness and balance, including arts and culture-based interventions." All of the Health & Wellbeing Strategies recognise the importance of increasing the use of green space. It is noted that three of the strategies were developed last year (2022) and the Bedford strategy was developed in 2018³, meaning that there has been little time (particularly given the major disruption of the Covid pandemic) for more specific objectives to be developed. It was acknowledged by commissioners, however, that funding had been cut both for public health and for arts and natural environment.

A framework for scaling up?

Our project showed that hyperlocal circumstances, as well as the strength of connections to local health ecosystems, greatly influence the capacity to scale-up. Capacity was also influenced by the COVID-19 pandemic, which has shifted resources to areas of greatest need. Recent research into community-centred public health, conducted by Public Health England, makes the case that the process of scaling needs to be linked to other key elements in order to address social determinants of health (see [Figure 6](#)

for a suggested approach from Public Health England, 2020). When this framework is applied to our findings, it becomes apparent that there are weak links in the chain that are limiting capacity to integrate arts, culture and natural environment into public health. Our sites demonstrated active involvement, with participation embedded into their practice. Local people, alongside workers and volunteers actively assessed local problems and needs, developing community insight which was used to determine the direction of travel. At a hyper-local level, there were anchor leads and workers who created and sustained activities through creative use of assets and resources. The arts, culture and natural environment activities were interwoven with other programmes to achieve integrate community centred approaches to promoting wellbeing. There were numerous stories documenting how social determinants of health were addressed, via linkages and support to take advantage of opportunities. In terms of sustaining activity, however, there was little indication that long-term health and wellbeing strategies had produced community outcomes frameworks. Further challenges in finding appropriate measures to document progress with health inequalities indicated that more joint working was needed to operationalise the strategies. At hyper-local level, every organisation had a history of informal collaborations and willingness to participate in establishing formal partnerships. Coalitions had yet to be developed, however, that included key decision makers for the local authority or other place-based institutions such as health and social care.

Collaboration and partnership working across voluntary and public health sectors was challenged by changes triggered by the COVID-19 pandemic, where resources were redirected to areas of most need and staff changes meant that former relationships needed to be re-established. As a result, an arts and natural environment approach has yet to be embedded into core business. More needs to be done within the workforce to raise awareness and promote understanding of the importance of arts, culture and the natural environment in the greater scheme of what anchor organisations do to promote wellbeing and health. Finally, the instability of the voluntary and charitable (VCS) sector undermines attempts to scale. Resources were mobilised effectively within communities, but there were no examples of ability to negotiate resources from beyond. As a consequence, community anchors have very little control over managing long term, strategic programmes where arts, culture and natural environment are systematically used to address health inequalities.

Conclusions

The NCCH collaboration with UKRI is aiming to “work in the space between the established worlds of arts, culture, health and social care, exploring how co-production and collaboration can provide new ways of thinking about the intersection between our creativity and our health.”⁴

Principles

- Shifting mindsets
- Bold leadership and radical change
- Collective bravery
- Co-production
- Complex systems thinking

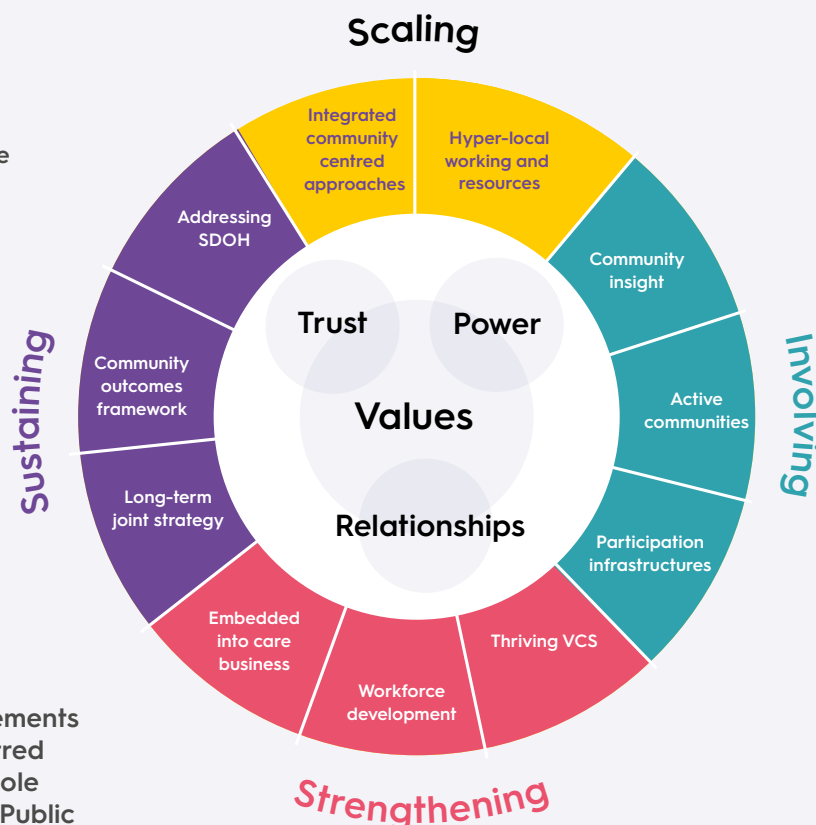


Figure 6: Eleven elements of community-centred public health: a whole system approach (Public Health England, 2020)

This aim requires cross-sector partnership working that looks at how to bring people from very different backgrounds into a collaborative space. In this space, community anchor organisations have an important role to play. Our phase 1 research showed that these activities are being effectively delivered, in ways that address health inequalities by fostering connections, enabling people to become capable of managing life circumstances, increasing wellbeing and health.

Our findings confirm the assertion made in Space to Thrive (2023)⁵, a report produced by Locality in partnership with the Health and Wellbeing Alliance, which notes that:

“Despite the benefits, community organisations are facing challenges on many fronts in sustaining community spaces, including: a lack of sustainable funding, increased demand, workforces issues, a lack of awareness, use as waiting rooms for public sector serves and a lack of available community spaces for CYP.”

The All Party Parliamentary Committee report focusses on the relationship between specialist creative and environmental organisations and health services, this is important. However, its analysis (and subsequent strategies such as Lets Create⁶) and recommendations miss the important role played by community anchor organisations at neighbourhood level.

Community Anchors are generally based in neighbourhoods that experience high levels of disadvantage. They are organisations who have very long term trusted relationships with communities who can often be easily ignored or have had poor experiences of engaging with statutory services.

We found that community anchors can provide spaces that allow people to come together for positive reasons, building on their creativity, strengths and interests. Further, we found examples of collaboration with more specialist organisations in the arts, health and care fields who benefited from the connections and trust that the anchors had developed. For all of the community anchor organisations, arts, cultural and nature-based activities were often used as a gateway to connecting community members to other services (e.g. ESOL classes, employment services) within the organisations or externally, in order to address social determinants of health.

We also found that this role of community anchors as a locus or conduit for other organisations and services is insufficiently recognised in local strategies and plans or in Creative Health the APPG report (2017)⁷. This makes it harder to access funding and to create collaborations with organisations who provide arts, culture and access to the natural environment.

Based on our findings we suggest that the effectiveness and impact of action to address inequality through the arts and access to the natural environment could be significantly increased if the role of community anchor organisations was recognised more coherently.

Recommendations

Community anchors have long term trusted relationships with disadvantaged communities and those at risk of marginalisation. This means that community anchors are an important 'cog of connection' that can be used to bring in other services and projects; however, much funding is transactional – focused on providing a particular service or project – which does not align with the relationship role of community anchors. Further, the role of community anchors is not usually recognised in place-based plans.

Some place-based Health & Wellbeing Strategies are continuing to use quantitative indicators measuring health outcomes; others acknowledge the importance of capturing the shorter-term benefits of engagement and capability but have not yet developed an agreed set of measures⁸.

- 1 That further work is done to identify good practice on arts, culture and access to the natural environment that is led by community anchor organisations, with a particular focus on how these activities are a gateway to addressing the wider determinants to health and health inequalities.
- 2 A simple notion of scaling up as growth or spread of activity does not fit well with the more organic work of community anchors. This project has

started to build shared understandings of what scale and sustainability means for community anchors and the communities they are rooted in. Further work is needed to consider what a good practice framework might look like for scaling access to creative activity and natural spaces in communities that experience health inequalities.

- 3 This framework can be used to contribute to how arts and natural environment organisations and place based funders work with community organisations that are rooted in place.
- 4 That further work is commissioned to consider what theory of change is being used at place level to address health inequalities, how these are being used to develop funding frameworks, and how these work best to enable community anchor organisations to flourish.

¹ Southwark Health and Wellbeing Board. (2022) Southwark Joint Health and Wellbeing Strategy 2022-2027. <https://www.southwark.gov.uk/health-and-wellbeing/public-health/reports-and-strategies?chapter=3#:~:text=The%20Joint%20Health%20%26%20Wellbeing%20Strategy,raising%20Cost%20of%20Living%20Crisis>

² Birmingham City Council. (2022) Birmingham Joint Health and Wellbeing Strategy. Creating a Bolder, Healthier City (2022-2030). https://www.birmingham.gov.uk/info/50119/health_and_wellbeing_board/1300/health_and_wellbeing_strategy

³ Bedfordshire Clinical Commissioning Group. Bedford Borough Joint Health and Wellbeing Strategy 2018-2023. https://bbcdevwebfiles.blob.core.windows.net/webfiles/Social%20Care%20Health%20and%20Community/Bedford%20Borough%20Joint%20Health%20and%20Wellbeing%20Strategy%202018_final.pdf

⁴ <https://ncch.org.uk/why>

⁵ https://locality.org.uk/assets/images/SpaceToThrive-Report-2023-update_2023-03-31-152406_rqel.pdf

⁶ <https://www.artscouncil.org.uk/lets-create/strategy-2020-2030>

⁷ https://www.culturehealthandwellbeing.org.uk/appg-inquiry/Publications/Creative_Health_Inquiry_Report_2017_-_Second_Edition.pdf

⁸ Bedfordshire Clinical Commissioning Group. Bedford Borough Joint Health and Wellbeing Strategy 2018-2023. https://bbcdevwebfiles.blob.core.windows.net/webfiles/Social%20Care%20Health%20and%20Community/Bedford%20Borough%20Joint%20Health%20and%20Wellbeing%20Strategy%202018_final.pdf

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<https://moderngov.southwark.gov.uk/documents/s105577/Appendix%201%20-%20Draft%20Joint%20Health%20and%20Wellbeing%20Strategy.pdf>

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6 Appendices

Appendix 1: Policy timeline

2012

- Charter for Arts Health and Wellbeing – Culture, Health and Wellbeing Alliance
<https://www.culturehealthandwellbeing.org.uk/who-we-are/charter-arts-health-and-wellbeing>
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2017

- All Parliamentary Group on Arts, Health, Wellbeing Creative Health
https://www.culturehealthandwellbeing.org.uk/appg-inquiry/Publications/Creative_Health_Inquiry_Report_2017_-_Second_Edition.pdf
 - LGA Response To Creative Inquiry
<https://www.culturehealthandwellbeing.org.uk/appg-inquiry/Briefings/LGA.pdf>
-

2019

- Arts Council England Draft Strategy “Let’s Create” Strategy for 2020-2030

Presents strategy for cultural communities but defines culture as Investment in cultural activities and in arts organisations, museums and libraries helps improve lives, regenerate neighbourhoods, support local economies, attract visitors and bring people together.

https://www.artscouncil.org.uk/sites/default/files/download-file/Strategy%202020_2030%20Arts%20Council%20England.pdf

- LGA Response to ACE Draft Strategy
<https://www.culturehealthandwellbeing.org.uk/appg-inquiry/Briefings/LGA.pdf>
 - LGA Summary of report
<https://www.culturehealthandwellbeing.org.uk/appg-inquiry/Briefings/LGA.pdf>
 - Publication of NHS Long Term Plan with commitment to establish social prescribing link workers to enable access to community assets including arts and natural environment.
<https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>
 - By Deeds and their results: How we will strengthen our communities and nation MHCLG
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/819477/MHCLG_Communities_Framework_Accessible.pdf
-

2020

- Evidence Summary for Policy: The role for arts in improving health and wellbeing. Report to Department for Digital, culture, media and Sport April https://assets.publishing.service.gov.uk/media/5f9812268fa8f543f786b37f/DCMS_report_April_2020_finalx_1.pdf
 - Lets Create. Launch of Arts Council England Strategy 2020- 2023 <https://www.artscouncil.org.uk/our-strategy-2020-2030>
-

2021

- Creation of Social Prescribing Link Workers.
 - NHSE Implementation guidance on building partnerships with the voluntary, community and social enterprise sector. <https://www.england.nhs.uk/wp-content/uploads/2021/06/B0905-vcse-and-ics-partnerships.pdf>
 - Establishment of the National Centre for Creative Health <https://ncch.org.uk/>
-

2022

- 2022. LGA Cornerstones of Culture. <https://www.local.gov.uk/about/news/culture-key-recovery-and-prosperity-cornerstones-culture-report>
- The Commission on Culture and Local Government established to explore the important contribution local culture can make to what is currently described as 'levelling up' and its role in responding to the ongoing impact of COVID-19.

Appendix 2: Example Participant Information Sheet



PARTICIPANT INFORMATION SHEET

Arts, Culture and Health Ecosystems research (ARCHES)

Please read this information sheet carefully. Please contact a member of the research team if you would like any more information.

You are being invited to take part in some research part of the Arts, Culture and Health Ecosystems programme that is being carried out by a research team from Leeds Beckett University (LBU), Dr Janet Harris (an independent consultant) and Social Life.

What is the purpose of the research?

This programme of research is funded by the UK Research Institute and it is looking at how to scale-up access to the arts and natural environments in order to address health inequalities. The focus of the programme is on how voluntary and community organisations can enable this. The four community anchor organisations involved in this programme are St. Paul's Community Development Trust (Birmingham), Pembroke House (London), Halifax Opportunities Trust (Halifax), and ACCM (UK) (Bedford).

We know that tackling health inequalities is a major challenge for local health and care systems - this was highlighted further by the experience of communities during the pandemic. At the same time, the recognition of the value of the VCS in addressing health inequalities and the new Integrated Care Systems presents an opportunity to address locally defined health and care priorities.

Why have I been chosen?

As part of this work, we are keen to talk with partners and wider commissioners in the health and care system. We are inviting you to take part in the research because of your expertise in the field. We do hope that you will be able to contribute your ideas and thoughts to this piece of work.

| Do I have to take part?

It is up to you to decide whether or not to take part in the research. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a consent form. You will also have chance to talk to one of the research team before you make up your mind. You are still free to withdraw up to two weeks after taking part and without giving a reason (to do this please contact a member of the research team - our details are below).

| What will happen to me if I take part?

We will ask you to take part in an online or telephone interview in August or September 2022. The interview will follow a schedule and will be led by a member of research team. The researcher will be asking open questions about your experiences working with the current health and wellbeing strategies for the area and/or national strategies, and about your knowledge or experiences of working with the community anchor organisations part of this programme.

The interviews will be recorded, although you may refuse permission for this. The interview will normally take around 45 mins to an hour. The online or telephone interview will be held at a convenient time for you.

| What will happen to the information that I provide?

After the interview, information will be stored securely on the LBU network in accordance with the Data Protection Act and only the research team will have access to it. Anything you tell us will be kept strictly confidential - this means that your name will not be used at any point in written reports, events or in any feedback to the project.

What are the possible disadvantages and risks of taking part?

There should be no risk from taking part in this study. We hope that being interviewed does not raise any concerns with you, but if it does then please contact a member of the research team.

| What are the possible benefits of taking part?

You will be making a valued contribution to the development of knowledge in this field of work but there are no personal benefits.

What will happen to the results of the research?

The results of the research will be used in reports, toolkits and events set up by LBU, Social Life and Locality and shared with the community anchor organisations taking part in the programme. The results may be shared with other researchers, professionals and a wider audience interested in this work through journal articles, conferences, and social media. You will not be identified in any report or publication about the research. Everyone taking part in the research will receive a summary of the results.

Ethical approval

The research has been checked by an independent person, called a Local Research Ethics Coordinator (LREC) to protect your well-being, rights and dignity. This research was reviewed favourably by the LREC at Leeds Beckett University.

If you have a concern about any aspect of this research you should ask to speak to the researchers who will do their best to answer your questions. If you wish to speak to someone independent from the study, you can do this by contacting Dr Kris Southby, Research Fellow, School of Health & Community Studies 0113 81 24372; K.Southby@leedsbeckett.ac.uk.

Contact us

Professor Mark Gamsu

Leeds Beckett University, School of Health

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Thank you and we look forward to speaking with you.

Appendix 3: Example Consent Form



CONSENT FORM

Arts, Culture and Health Ecosystems (ARCHES) research

Name _____

	Please Tick
I agree to take part in the above research and I am willing to take part in an interview.	
I have read and understood the information sheet and all my questions about this research have been satisfactorily answered.	
I understand that my participation in this research is voluntary and that I am free to withdraw up to two weeks after data collection.	
I understand that the discussions will be recorded and written down but the recordings will be destroyed after the research is finished.	
I know that all the information about me and other participants must remain strictly private and confidential.	
I agree that the research results can be published. I understand that all personal identifying details will be excluded and that any quotations will be made anonymous.	

Signed _____ Dated _____

I _____, a researcher from Leeds Beckett University or Social Life confirm that I have informed the above named about this research. To the best of my knowledge, they have understood and have given free and informed consent to become a participant in the research.

Signed _____ Dated _____

Appendix 4: Interview guides

Interview schedule for collaborators and partners

What do you know about [Insert name of community anchor organisation] and what is your relationships with them?

Working together

- Please tell us about how you and your organisation work or collaborate with [insert name of community anchor organisation]
- Why do you work or collaborate with them?
- Have you been involved in funding any community activities that use arts, culture, and/or the natural environment to support health and wellbeing? With this particular organisation or with others?
- How important do you think the role of these organisations is, in terms of making an impact on health inequalities?

Inequalities and Health

- In your opinion how does the approach taken by [insert name of community anchor organisation] to help address health inequalities?
- Do you think that there are particular groups of people or issues that the work of [insert name of community anchor organisation] is particularly relevant to?

Moving on to specific knowledge or experiences of working with [insert name of community anchor organisation]:

- Are there specific initiatives that are being run now, as part of the work of [insert name of community anchor organisation] that you think should be scaled up
- What sort of scaling up would be beneficial (increasing numbers for the existing activity; expanding to other age groups, other cultural/ethnic/faith groups)?
- How would you like your current working relationship with [insert name of community anchor organisation] to develop in the future?
- What would help this relationship develop?

Looking at local and national context:

- Is the role of community organisations adequately recognised and rewarded?
- What do you see as the main challenges in scaling up these activities?

- Any ideas about how to address the challenges?

Interview schedule for commissioners

- What do you know about [name of community anchor organisation] and what is your relationships with them?
- Have you been involved in funding any community activities that use arts, culture, and/or the natural environment to support health and wellbeing? With this particular organisation or with others?
- How important do you think the role of these organisations is, in terms of making an impact on health inequalities?

Looking at the current health and wellbeing plan for your area:

- Where do you see these activities fitting into your health and wellbeing strategy?
- Are there particular issues, conditions, or groups that you would want to target as part of the commissioning strategy?
- What sorts of short-term benefits and longer term impact would you be looking for?

Moving on to specific knowledge or experiences of working with [name of community anchor organisation]:

- Are there specific initiatives that are being run now, as part of the work of [insert name of site] that you would like to scale-up?
- What sort of scaling up would be beneficial (increasing numbers for the existing activity; expanding to other age groups, other cultural/ethnic/faith groups)?
- Are there initiatives that are being run by other local organisations, that seem to be of benefit? Would there be any benefits in linking these together and expanding them?

Looking at local and national context:

- Is the role of community organisations adequately recognised and rewarded?
- What do you see as the main challenges in scaling up these activities?
- Any ideas about how to address the challenges?

Interview schedule for trustees

About you and your organisation

- What is the overarching goal for [insert name of community anchor organisation]?
- What is the specific social context/set of problems that drives your aims and priorities?
- How is your organisation organised to address this?
- How are you using current opportunities for innovation, scaling, and emerging new practices?

About the community organisation and ARCHES

- What approach does your organisation take to using arts, culture, and/or the natural environment to support health and wellbeing?
- How important do you think this sort of focus is with regard to making an impact on health inequalities?
- Do you feel that your organisation has the right balance with regard to the activities, services and relationships it currently has?
- Are there areas of activity or focus that should be scaled up more?
- What should your organisation be doing differently?

Looking at local and national context:

- Is the role of community organisations recognised and rewarded?
- What do you see as the main challenges in scaling up these activities?
- Any ideas about how to address the challenges?

Interview schedule for staff and volunteers

What is your role in working with [name of community anchor organisation]?

Working together

- How are you are working with [name of community anchor organisation] on [community activity that is the focus of the ARCHES research project]?
- How do you see this activity as supporting health and wellbeing?

Inequalities and Health

- In your opinion how does the [community activity that is the focus of the ARCHES research project] delivered by [name of community anchor organisation] help address health inequalities?

- Do you think that there are particular groups of people or issues that the work of [name of community anchor organisation] is particularly relevant to?

Moving on to specific knowledge or experiences of working with [name of community anchor organisation]:

- For the activities that you are involved in, what sort of scaling up would be beneficial? For example, do you think the existing activity should aim to increase number of people taking part? expand to other age groups, other cultural/ethnic/faith groups?
- How would these groups benefit if you were able to scale-up the activity?
- Has any of this scaling up been tried in the past? If so, how did the process go?
- What's needed to scale-up (More workers? More trained volunteers? Additional resources such as space, funding, protected time? Etc)?

Looking at local and national context:

- Is the role of your community organisation adequately recognised and rewarded?
- What do you see as the main challenges in scaling up these activities?
- Any ideas about how to address the challenges?

Interview schedule for community member interviews (for the Pembroke House case study only)

- How long have you lived around here (in Walworth)?
- What are some of the resources/assets and challenges of this neighbourhood?
- Do you feel there are enough support and opportunities available in Walworth for the different groups who live here? Do you know what wellbeing activities are available around here? Is there anything that is missing in the area?
- How did you learn about Pembroke House? What activities or events have you attended at Pembroke House?
- What motivated you to join them? Could you tell me a bit about your experience with the activities you've attended at Pembroke House?
- How would you like to be involved with Pembroke House in the future (activities, events, etc.)? Is there anything you need from Pembroke House to help you get more involved in their activities?
- How else can Pembroke House support the health and wellbeing of the local community?
- How can Pembroke House get new people involved with their activities?
- Is there anything else you'd like to add?

Appendix 5. Case studies

Pembroke House

www.pembrokehouse.org.uk

Exploring approaches to scaling up arts programmes

Pembroke House is located in Walworth, which is in the London borough of Southwark. Walworth has an ethnically and culturally diverse population of approximately 40,000. This neighbourhood is within the 20% most deprived in England, a quarter of local children live in poverty, and is also one where older people are exposed to a high risk of social isolation. Founded in 1895 by alumni from Pembroke College Cambridge on the principles of a settlement house, it aims to promote the general welfare of the community. Many of the services that Pembroke House provides are focussed on providing people with opportunities to express their creativity. Pembroke House used their engagement with the ARCHES project to provide protected time for staff to review their various arts offers, and to envisage how the arts programme can fit with the larger strategic vision as it is developed for the entire organisation.

For this study, staff chose to review the dance and music programmes in order to explore how they can be more integrated under the umbrella of an arts programme, and to see how they may fit with other activities. This included dt17 a performing arts and social skills programme for young people aged 9-13. This uses contemporary dance, techniques for training actors, creative exercises and competitive activities to work with local young people over the long term, to develop emotional, social and transferable skills. The programme is fully inclusive and open to participants of all backgrounds and physical abilities. Other programmes the research team discussed included PAMs the Pembroke Academy of Music. An open access music project for around 50 children aged 7-14 in Walworth who would otherwise miss out.

Two workshops were held to develop this vision with the ARCHES team. They first looked at why and how arts are offered, how the activities align with each other, and what a future programme may look like. The ARCHES research team worked with Pembroke House staff to put together a set of questions to explore perceptions of benefits, identify the challenges of running an arts programme, and find out what staff, commissioners and trustees thought a future programme should look like.

Method	Number	Who
In-depth Interviews	10 interviews with internal stakeholders (staff, management, volunteers and service users, trustees) 3 interviews with external stakeholders which includes commissioners and partners	Staff, volunteers, partners, commissioners, users – carried out by ARCHES team
Workshops	2 workshops, 10 people involved	Staff members – carried out by ARCHES team

Addressing health inequalities

Pembroke House does not explicitly state that one of its key objectives is to tackle health inequalities, instead it offers a range of services and activities in an inclusive way which aims to connect people who live in this part of London.

Pembroke House does this through providing a safe, positive creative space where relationships can develop and creativity is nurtured. Creative practitioners are trained to deal with issues by creating a non-threatening, accepting space. The social environment that they promote helps dance students to learn new ways of interacting and coping.

Young people are **“not under threat, so they are able to offer constructive feedback to others, because they feel more safe.”** (Internal User).

The facilitation **“helps young people to manage their emotions and behaviours and interactions”**. (Internal Interview)

We heard how an important part of how workers in the dance programme worked involved going out onto the streets and talking with young people, inviting them to come along to Pembroke to try out activities.

A recent evaluation of the effects of regular attendance indicates that bringing young people together **“for an activity where they have to work together and have to communicate with each other”** may help them to better manage the relationships that they have in other places, such as school. (II)

“It changed my life completely, because I couldn’t talk....my speech was not that good. I started talking more...we had to talk it through. Talked to other people who went to seated dance.” (IU)

“He was here six weeks with [the teacher] when he first started, and they didn’t know that he could speak. Then all of a sudden he put his hand up and he’s never shut up since. He’s really come out of himself since he’s been here. Which is a good thing, because when he was at school, in college, he was so so quiet. With no confidence. And he was very withdrawn.” (IU)

The facilitation and support enable young people to find a space to shine, to communicate and engage with people in nonverbal ways. **“The practice that we’ve developed is very reflective and sensitive and not setting out to teach people things.”** (II). It also exposes people to things that they wouldn’t normally consider.

“The children that come from the most disadvantaged background, lack of exposure is what keeps them in those circumstances. To be exposed to something completely different - It only takes that one little seed to be sown in someone’s mind...it’s life changing. This is really good for people’s wellbeing.” (II)

In the dance programme, tutors have the tools and training to pick up on someone whose wellbeing isn’t as good as the week before. The inclusive dance staff work as a team, informally discussing progress and setbacks, and supporting each other to sustain a non-threatening creative milieu that supports expression. Over time, people report increasing engagement, both with the dance and with other students. These reports of becoming

more connected and interacting with others are key in promoting inclusion and reducing inequalities.

"From a wellbeing perspective, it's massively important. Dance, any kind of exercise, it's great for physical wellbeing, mental wellbeing...even performing and having the confidence to perform in front of people. It can really help, especially young people, build their self-esteem and self confidence that they will carry for the rest of their lives." (II)

Parents and people taking part in the activities agreed that young people feel happier or more confident about expressing themselves, not only physically but also verbally. People also described how the attendance helped them to develop agency.



"I think a direct and indirect benefit of that program is that the families of the participants had to develop some kind of support network. And I know that in some cases that continues outside of the class as well. So it was through that class that they were introduced to other people with learning disabled young adults in the family. I think that must have helped mental health, maybe even helped with the family relationship itself, sort of understanding why things are the way they are, or where they could go and get help from, you know, public sector or whether there are other resources that their family member could take part in." (II)

This is an example of how initial engagement leads to stronger connections that enable people to become more capable of managing their circumstances.

Scaling

At Pembroke scaling was not necessarily seen as doing more. In discussion it was seen as a process of exploring how to integrate activities, both within programme and across programmes, to align with the settlement house model. Both music and dance activities enable people to come together and mix with people that they wouldn't otherwise have mixed with.

"The settlement model is more about trying to change the context around people so that people are able to help themselves. A particular manifestation of what I would call clubs, associations. ...everybody can come once a week and strangers can mix with each other. There's no intervention for an individual at all. So, it's a bit hard to say how we would scale-up." (II)

The arts programme is one of many things that Pembroke House offers. People felt that the focus of the organisation seems to have shifted away from the arts programme to, more broadly speaking, cultural activity.

In discussions some of the issues raised with regard to scaling included:

It's not necessarily about making services larger but improving their quality – for example by providing wrap around activities such as food or a session on nutrition and health.

"So, is it a priority to scale-up in that part of the charity, or in another part of the charity? Because scaling up is going to take resource in terms of staff time, as well as financial resource. So I think there needs to be a conversation as to is the priority to scale-up that part of the business, that arts program or something else." (II)

A key principle of the organisation **"is flexibility. They look at what is there, but they are aware that there are great social inequalities within the area and they support and seek to help."** (II)

The Pembroke team are currently conducting a needs assessment – recognising the need to be responsive to community interests and needs.

"I think I've always wanted there to be a different type of dance. The thing about this area is that contemporary dance would never cross anybody's mind, and it certainly didn't cross mine...I think urban would be great, because it would be more in line with children's interests." (II)

A comparatively new initiative Walworth Living Room (<https://www.walworthlivingroom.org>) exemplifies this approach. It is an open access space that provides opportunities to people to come together and create new activities and services. Through providing a comfortable welcoming activity space and café.

Factors that might facilitate scaling that were mentioned by the Pembroke team included:

1. Considering the role of trustees – how can they be more effective through becoming more representative of the community Pembroke serves.
2. Helping people who use the service – such as the Pembroke Academy of Music – become more skilled which may attract funders to fund further development in this area.
3. The team also recognised that reviewing access could increase usage – for example dance and music programmes could have more classes on different days at different times, with more funded places for people who truly couldn't afford it. Accessible activities were seen as important by all, because a lot of the participants experience economic disadvantage

"It's basically about bringing it closer to the people who live here, and giving them something that's close by, something that's more accessible. I also think it's really important to have something that's free to access for people." (II)

4. There was also a pragmatic view that in some cases scaling was better achieved through collaborations with other organisations. Here, the contribution that Pembroke was making was its physical space and access to other services it provides.

"I think actually an easier way to scale-up is by other organisations delivering their activities from our spaces, who are doing interesting things or things that people locally have said that they wanted or needed so that the offer to the local community is broadened. The way to grow wasn't to have a bigger and bigger and bigger staff team delivering everything." (II)

Barriers to scaling up

Barriers to integrating the arts programme include the funding landscape, the relative visibility of the organisation, skills and time constraints among staff.

"The funding landscape is very challenging and it's very difficult to get core funding, particularly for arts programmes." (II)

There was a recognition that the wider funding environment and lack of investment in key services such as mental health and the arts and creative sector made it particularly difficult for organisations to sustain and scale services. This was compounded by the impact that these funding constraints has on maintaining flexibility and responsiveness and the lack of investment in mental health, and lack of opportunities for young people with physical and learning disabilities post-16.

There was a real concern that in addition to impacting on Pembroke House this also affected people who use its services such as those with mental health problems and disabilities.



The type of funding is **"likely to be focused on delivery but you can't deliver unless you're paying 30 people to support wellbeing and development, but they're unwilling to fund core costs." (II)**

Flexibility of funding can also be an issue, because some foundations stipulate that activities must meet their key performance indicators. **"Parachuting a predesigned project [into the organisation], that's not the right thing to do, because that's not what the population are asking them. [But] it's tricky to then articulate in terms of impact or KPIs." (II)**

Pembroke House does try to initiate dialogue about what is meant by impact.

"I guess one thing we do is to challenge funders on what they've asked us to do and invite them into a space of greater understanding of what we do. We'll say, we don't think this thing you've asked us to measure is very meaningful, how about we do this instead?" (II)

Changing the impact indicators, however, requires a flexibility on the part of funders and willingness to try a different approach.

“For it to be really successful you’d want to talk about codesign and how things emerge. There would be something about understanding what value it has and how people want to live their life and connect to other people.” (II)

This is much more difficult to measure than assessment of specific interventions or activities.

The resources needed to maintain the visibility of the organisation were also seen as a challenge.

“I’ve always wondered, how do we go about making ourselves known? I think as a charity we can only do so much because we don’t have the funding to constantly advertise. We need support from funders to do that.”

Mapping local ecosystems

As noted above, the direction of travel for anchor organisations is influenced to some degree by the availability of funding, which in part is determined by how organisations such as Pembroke are perceived.

During the pandemic, it was felt that the council recognised the importance of what the organisation does, but now that the urgency has receded, ongoing support...

“...has been woeful. Pembroke has invested heavily in making sure that we have the right staff to go out there and get the support. One of the problems that small charities have, they’re doing fantastic work but going out and getting the funding is a nightmare and paying good people to go and get the funding is expensive, so it’s very chicken and egg.” (II)

The shrinking funding base creates more competition over resources in the local area, which leads to Pembroke House sometimes being seen as a competitor rather than a partner. Navigating this complex landscape can be exhausting. Further, Pembroke House is challenged to secure arts funding because they are not an arts organisation. They plan to change their mission statement to better reflect the arts as a core activity.

Prior to the pandemic lockdown, the dance programme had access to a trained psychologist and progress reports were regularly prepared for parents. There is interest in training more staff to manage mental health issues. At the same time, staff noted that it was increasingly difficult to subsidise activities for people with disabilities as social services have cut it from many people’s personal budgets.

Before lockdown, **“I don’t think there was enough recognition at all”** of the organisation, but the pandemic raised awareness of the critical role of the organisation, **“and I think Southwark really realize what was going on and how much they were needed.” (II)**

Looking Forward

The discussions that had been generated during this course of this research led the Pembroke team to the following conclusions:

First, to develop strategies for continuing to get recognition and support for the settlement house model in the face of shrinking resources and increasingly competing demands for resources in the commissioning landscape. This will involve seeking to ensure that the settlement house model is better understood by commissioners. This means recognising that the settlement house model is successful because it offers a space for development that is unique to a particular area, meaning that specific activities cannot be replicated. Funding needs to go instead to supporting the organisation as a whole rather than to specific services.

Second, the team also recognised that internally Pembroke needed to be clearer about what it does and how it works – this included:

1. A focus on engaging, nurturing and enabling creative abundance in the community. Raising awareness of cultural assets that already exist in the community and building and celebrating them.
2. Using arts to connect people in the community.
3. Creating a space for local people to develop art disciplines.
4. Using art to develop leadership and agency.

The Pembroke Team also identified a set of principles that they felt should underpin their objectives.

- Create an Arts programme that isn't siloed and trains people to deliver things here [a method of art education that distinguishes Pembroke House from other organisations, "a coherent practice"].
- Foster Joy – Shift the health-related focus (which often emphasises 'curing' or 'fixing' people) to a more joyful approach, where we engage with and celebrate the creative abundance of cultural assets in our community.
- Create and sustain a clear identity and advocate for it (e.g. online).
- Articulate our role in mental health – centre our practitioners as artists who need to be experienced in recognising mental health issues that arise during the process of artistic expression, but who can move away from fixing people to supporting people to become capable.

ACCM (UK)

www.accmuk.com

ACCM (UK) was established in 2008 and is a community anchor organisation located in Bedford. ACCM (UK) supports girls and women who are victims of illegal traditional cultural practices and works to address wider issues that affect ethnic minority groups and other vulnerable communities, including tackling health, social and economic inequalities at a local level in Bedford. The organisation delivers a range of activities such as counselling, African celebration events (with dancing, music and food), culturally appropriate pop-up health events, cooking courses, yoga and ESOL and IT courses..

The table below shows the research methods used and the number of people involved.

Method	Number	Who
In-depth Interviews	11	Staff, volunteers, partners, commissioners – carried out by ARCHES team
Survey	33	Service Users, carried out by community researchers
Focus Groups	2 groups, 10 people involved	Carried out by community researchers
Interviews	7	Carried out by community researchers

Because interviews involved a relatively small number of people to maintain anonymity, we use the following classification in the case study:

- **Internal Interview (II)** Staff, Management Committee, Volunteers
- **Internal User (IU)** Service users
- **External Interview (EI)** Organisations who are collaborators or partners, Commissioners

Addressing health inequalities

Community outreach is a key factor for engaging ethnic minority groups in the work of ACCM (UK) to reduce health inequalities. Face-to-face engagement with communities (e.g. hosting culturally appropriate health events and African celebration events) is considered necessary to successfully engage communities and build trust and relationships. From here, further participation and deeper engagement and connections are supported by ACCM (UK) staff and volunteers who demonstrate values of kindness and compassion. Having a **“very multi-cultural team” of staff and volunteers who are “able to accept and understand the cultural elements within the community” (II)**, and invest time to build trust and relationships, was considered essential to engaging the communities that ACCM (UK) serve.

"And also, after that [African event], some of them because, they've taken away our leaflets, contact us with any issues, victims of domestic violence, or they want to join English classes, IT classes. Some of them because they're stressed, they want to, you know, some counselling support. So often, after every event, we often get, you know, people phoning or coming in, you know, I talked to one of you, I'm thinking of coming for help, or I took the leaflet, and contacting you to see if you can help me with these with this housing, domestic violence, wanting to do English." (II)

Community members discussed how participating in activities and events allows individuals to improve their English and digital literacy skill set and explore their employment options. Attending ACCM (UK) also offers participants the opportunities to get support and help, socialise and have fun. Community members felt that participation led to increased knowledge and skills, confidence, community connections and well-being as well as reduced feelings of isolation.

"I always enjoy their events, they bring people together, have fun, relax and good for mental health especially women." (II)

Interviews with staff members, volunteers and trustees confirmed participants' views of the perceived value of cultural activities, and the role these activities play in reducing health inequalities, through increasing individual's capabilities, improving access to employment, benefits and healthcare as well as promoting social inclusion.

"I think they're beneficial in the sense it connects. As I keep saying it connects the statutory bodies, to the service users. You know, you hold the very big event, anybody off the street comes into it, they're the service users. And the statutory bodies there, they have the opportunity directly personally, contact, connect with the service users." (II)

ACCM (UK) is also valued by partners and commissioners, as an organisation that bridges the gap between the local community and Local Authority, and has attracted national and European interest, particularly around their work on female genital mutilation (FGM) and other harmful traditional practices towards girls and women.

"What we have in Bedford, is a lot of small communities, which is great in terms of richness, in terms of just living right, you know, just being able to live in, it's great...But of course, that brings different challenges in terms of each of those communities can have their own ... issues which affect life in the borough. Right, and really understanding all these different communities and the different communities needs comes with challenge and umm and so I say that because it's our community. Groups like ACCM who are working with communities on the ground, a grassroot level who helped to bridge that gap for the local authority, you know, between those communities, right? So that the organisations who are on the ground are critical to providing that, bridging that gap for us." (II)

During the Covid-19 pandemic the work of ACCM (UK) continued and was adapted to meet the needs of local ethnic minority groups. Subsequently, the importance of this work was recognised by wider stakeholders. The organisation was involved in the distribution of food parcels, continued

support for victims of domestic violence, awareness raising of Covid-19 health messages among ethnic minority groups and setting-up vaccination pop-up events to encourage the attendance of “undocumented” members of the community. The relationship ACCM (UK) has with the community and specific cultural knowledge was considered essential to engaging Black African and Asian groups who were at greater risk of serious health consequences from Covid-19.

Scaling

Differing understandings of scaling were apparent, from expanding delivery, increasing reach, deepening engagement to **“providing more structure, more stability and rooting down”** (External Interview), exploring long-term impact and ensuring work is **“more neighbourhood driven”** (EI).

Research with community members generated ideas about what could be further developed based on community members’ views. These ideas related to sustaining current practice (“keep doing the good work”) and developing the offer of events/services/support available (e.g. community events, advice surgeries, parenting classes, IT support, yoga/ exercise, cooking, arts and crafts), including expanding outreach work across other areas of Bedford. Staff and volunteers discussed that scaling of activities should be responsive to community needs.

“And they do complain like, ‘oh, why, you know, haven’t come back [post Covid-19] , or why haven’t you started this? So there’s a need to go back.” (II)

“We’re going to be contacting the learners that have shown an interest from very diverse communities. Yes. And that’s where the scaling up, there’s going to be new, new areas of work for the team.” (II)

After years of uncertainty surrounding having to relocate the organisation at the request of Bedford Borough Council, in November 2022 ACCM (UK) moved to new premises within a different neighbourhood of Bedford. In interviews prior to the move, staff offered a shared vision for ACCM (UK), hoping that its relocation would establish the organisation and the building as a “community asset”. There was a view that relocating held opportunities for the organisation to scale through:

- engaging new communities and partners within the local area
- utilising existing networks to re-start the delivery of services post-pandemic (e.g. coffee mornings/health events)
- expanding the offer of current activities (e.g. through becoming involved in social-prescribing)
- offering a kitchen/social space for community members to socialise after/between activities

Participants recognised that the offer might change in response to community need (of existing and new communities).

"And other areas that we have identified is in the recent oncoming community influx. Particularly from Eastern European the Romanians, the Croatians and Polish are settling into Bedford, whom we welcome. Having lived here all my life, yes we as Bedford, yes, we welcome the influx, but they will come with their special needs. They will have specific needs which we need to address as our fellow citizens. And so that is something where a lot of work will now will be taking place." (II)

Increasing the offer of services available would also help to deepen the engagement of service users and address their wider unmet needs.

In the past, ACCM (UK) have scaled their work by increasing the size of events as well as trialling new activities.

"We took on a project of raising awareness of hate crime. Now hate crime can be, there's a legal element to it. There is the negative element, a discriminatory element, where people become victims. And there are supports available to the victims that we want in our communities to be aware of. So then... we started off with a very small gathering downstairs. And it grew to other events... then it went to a local regional level. We delivered it at the Bedfordshire University where we had the interest of the National Police authorities taking an interest in it saying "wow look what Bedford is doing", yeah and attracted the National Crown Prosecution." (II)

In the research teams' workshops with ACCM (UK) staff after relocation, early evidence of scaling was apparent. New groups (e.g. cooking on a budget) have started, and NHS winter wellbeing sessions and yoga classes are planned. Scaling had been the result of being approached by other organisations to deliver activities at the centre with the support of ACCM (UK), current funding opportunities and needs of the community. Staff spoke of a desire to sit down as a team and develop a strategic plan for the organisation.

Opportunities and challenges for scaling

There was general agreement among staff, trustees and volunteers that outreach undertaken by ACCM (UK) was enabled by:

- The dedication of loyal and hard-working staff and volunteers. Staff and volunteers placed importance on the role of developing trust and recognising the values and cultures of the community. This was informed by the lived experiences and background of staff and volunteers who "are part of the community". Developing these relations enables people to seek and get support.
- Offering a flexible and individualised approach to working with the community.
- Having an accessible location.
- Collaborative working and membership of networks. ACCM (UK) have collaborations with a range of supportive services (e.g. religious organisations / schools/ police/ GPs/ pharmacists/ Healthwatch) that champion the approach of the organisation, and support with outreach work and delivery.

"Yes, we put these events together. We invite other service providers to come and share their work with the community. So it's a two way process for us, whereby we bring in the community and we connect the community and the statutory bodies together, including the voluntary sector. And it's a two-way learning process when the community learns from what's available out there for them and the service providers are there in a relaxed atmosphere." (I1)

It was noted that outreach work has also been constrained by:

- The Covid-19 pandemic. Face-to-face delivery of activities and events largely stopped due to social restrictions. Fear, and uncertainty about social restrictions in place, remains among the community. Reach is below pre-pandemic figures. Post-pandemic, it has also become a challenge to get health professionals to engage in face-to-face delivery at events.
- Security of assets. Loss of delivery space at the previous location prevented re-starting delivery immediately after the lifting of social restrictions. Uncertainty regarding re-starting groups continued due to delays in relocating.
- Limited staff and volunteer capacity – see next bullet point.
- Funding. The organisation has lost funding in some core areas (including outreach work); funding for the delivery of an activity is often only short-term and once funding ends delivery is no longer sustainable; some funding streams only cover delivery costs and does not account for time spent building and maintaining relationships with the community and partners or time-consuming reporting processes (in some cases this process was considered so bureaucratic that funding was not pursued e.g. EU funding).
- Problematic partnerships. Whilst the benefits of strong partnerships are valued, difficulties in partnership working were recognised, surrounding market competition (with the perception that other organisations viewed ACCM (UK) as "rivals"), politics (e.g. when ACCM (UK) was awarded lottery funding and another organisations were not, this led to "tense" relationships) and speed of decision-making processes.

Further challenges and opportunities surrounding the commissioning process that had the potential to impact on scaling and organisational sustainability were identified by partners and commissioners.

Whilst the work of the voluntary sector is recognised across the borough, funding for VCS organisations has been cut and there was perceived to be no coherent and joined up approach to funding their services.

"So different services can and do commission the voluntary community sector to deliver specific services. So, for example, you'll have things around maybe support for older communities, you know ... So, depends on what the service area is responsible for. And what we don't have currently is a kind of third sector funding stream in that way where organisations are funded on or whether it was a short term and medium- or longer-term cycle to deliver kind of core services for the council". (E1)

In addition, organisations such as ACCM (UK) are subsidising commissions they do get (e.g. to provide necessary admin support for engagement), which impacts on their ability to survive due to a lack of core funding.

"So, the commissioning process needs looking at. But I know local authorities are really under pressure of course we all know that... The organisations that I work with are subsidising those commissions so even if they were getting commissions, they would be paying to prop them up out of their own pots. So how those organisations basically survive by stripping the people that work for them, of you know, basically it's all good will. It's not properly funded or resourced or supported and it's just, it's at risk". (EI)

Externally, it was suggested that the work of ACCM (UK) was not adequately recognised within the commissioning process, with ACCM perceived as losing out on commissions to larger organisations. Staff also raised this concern, stating that funding criteria favoured large organisations, who were considered "less of a risk", with greater capacity to deliver on a larger scale and "produce glossy reports", overlooking specialist knowledge and relationships with the community. Larger organisations also were perceived to have specialist staff in writing bids, whilst ACCM (UK) staff had to juggle bid writing alongside other tasks. These larger organisations were also considered to be more "vocal and aggressive" and "directly or indirectly connected to the funders", resulting in a more favourable position within the commissioning process.

"they [ACCM (UK)] know the issues and problems, they know the community in Bedford and wider I'm sure because they have a national remit as well don't they? So they know the communities and they work with them tirelessly, but they're not properly supported and backed by the local infrastructure. It's the same old story of the politicians are supportive, they make the right noises, but the officers just can't deliver in the Council, so they come a cropper with the Commissioning process. They're doing the work, they're working with the people, they're delivering, but they're not actually given commissions... The Council wants to scale-up and do it with a larger organisation. So they commission them ... and they ... come to ACCM and says 'oh can you give us this, can you tell us that?' So their skills and what they have to offer is not recognised because of the commissioning process in the local Council. So that's something that needs changing". (EI)

One partner also raised concerns surrounding perceived prejudice towards ACCM (UK) and structural racism within the commissioning process. This was corroborated by staff, who felt not only was the commissioning process impractical for small cultural-based organisations who felt they were sometimes viewed as "unprofessional" but there was a lack of transparency in the decision-making process.

In terms of scaling, the relocation of ACCM (UK) was viewed as an opportunity for the organisation. The new centre not only gave the community a physical space to use, but it was felt it would aid delivery of activities. Opportunities to diversify income streams through room hire were also recognised. Scaling was seen as a chance to develop new

relationships with organisations established within the neighbourhood, such as the hospital and Men's Sheds, as well as explore new funding opportunities (e.g. social prescribing). The risks of relocating were also recognised, with the potential to lose existing service users due to the change in location as well as the challenges and length of time it will take to establish relationships with the new communities (largely Eastern European communities) it will work alongside.

"Having to actually expand that and reach out to communities that they don't really know that are also quite insular. And I think that might be quite a challenge for them." (II)

In order to scale, the ACCM (UK) team felt that resources needed were felt to include:

- Adequate funding - delivery and core organisational costs reflecting resources needed to engage partners, develop strategies and outreach community work.
- Staff/ volunteer capacity - who also speak the language and understand the cultural values of different local communities.
- Time - to develop relationships and trust with new communities local to the centre; to develop a strategy to focus on scaling; for skill development (e.g. social media training).

Mapping the local ecosystem

ACCM (UK) are known by the community, local VCS, religious organisations, statutory services and the Local Authority (LA).

"So we also often get awards from the council, from police for our work in the community. Our sheriff... gives us support, and they appreciate what we do, every time they talk about our work... The local MP is always supportive, and every time, he says "you know where I am, just call me", very supportive. So local organisations that we work with closely, they're very supportive as well. They provide reference letters to funders. And the community, you know, they keep coming because they know we're be doing something good, otherwise, they wouldn't come". (II)

The national work of ACCM (UK), particularly surrounding FGM and harmful traditional practices against girls and women is also recognised, which has helped to raise the profile of the organisation.

"[ACCM (UK) director] is considered to be one of the government's lead advisors for FGM. Very, very well respected at Parliament for it." (IP)

The reputation of the staff members at ACCM (UK), and the trust they have built over years with the communities they serve, was considered imperative to the work the organisation undertakes. In the case of a small organisation like ACCM (UK), relationships with communities may be with a particular member of staff before individuals deepen their involvement with, and expand their trust to, the organisation.

"The vulnerable communities won't go to providers, they generally don't go to the GP unless they're really, really unwell. So in terms of prevention, they wouldn't be accessing anything. They wouldn't go to healthy living pharmacy, for example. They wouldn't. They wouldn't go to health events unless there was somebody there that they knew, or they'd had invitations. So with ACCM, they go around. That's one thing I'd say is absolutely brilliant about them before they have an event they go round door to door in Queens Park and some of the deprived wards and actually speak to people. And because [staff members] are recognised, because they're well known in those communities. Umm, they obviously build that relationship so that people do come out and do attend these events". (11)

Examples of previous collaborative and partnership activities were provided and there were positive attitudes towards continuing partnership working in the future. Staff discussed how they have a small number of productive local partnerships but would be open to expanding these. Current relationships with partners and commissioners were often considered transactional (for example paying partners to deliver work and referring community members into the service) and reactive to need ("they contact us when they need ACCM"). More relational approaches to partnership working, especially prior to Covid-19, were also apparent, for example, with partners assisting in the delivery of health events organised by ACCM (UK) to address health inequalities.



This local ecosystem of supportive partners is often initiated by personal relationships with individual members of staff (e.g. a support worker working with a GP). However, staff felt 'succession planning' was in place, with relationships initiated by individuals becoming established within the organisation. Relationships are also built with organisations through the training ACCM (UK) offer to professionals to aid understanding of cultural issues within the community. In relation to this, one interviewee discussed the importance of have strategic planning in place surrounding the future direction of the organisation when considering scaling, particularly if there was a change of leadership in the future.

ACCM (UK) are well known across the Local Authority and supported the community during the Covid-19 pandemic. A partner noted that during the pandemic, the Local Authority and Clinical Commissioning Groups called on organisations, such as ACCM (UK), to discuss how best to respond and deliver essential services, despite a previous "lack" of co-production between them and VCS organisations.

Post-pandemic, ACCM (UK) felt that this co-produced way of working has not been maintained. There was a feeling that this represented a missed opportunity for the NHS and LA to capitalise on the work undertaken and move forward in a productive way to address the needs of communities.

There was a feeling that the contribution of organisations like ACCM (UK) was not sufficiently recognised and that there needed to be more discussion going forward on how to develop coproduced ways of working.

This situation was compounded by the establishment of the local Integrated Care System (ICS). Where it was unclear how organisations such as ACCM (UK) could be involved in the planning and delivery of a joined-up health and care services. Whilst the LA have a corporate plan, focussing on rebuilding and responding to local issues post covid, how this recognises and supports cultural-based organisations such as ACCM (UK) feels unclear.

One of the challenges that is faced by organisations such as ACCM (UK) is perceptions about how local they actually are. Unusually, ACCM (UK) have some trustees who are national figures. While this clearly can be an asset, it can be perceived as a deficit by local commissioners who want assurance that local resources are channelled to organisations who are rooted in local communities.

This perception of “localness” and “rootedness” (raised by some external stakeholders) of the organisation, can potentially impact on partnership work with other organisations across Bedford.

Whilst the value of consortiums was recognised by an external stakeholder, which would offer support for capacity/ partnership building, questions surrounded who would support/ fund this – highlighting a potential disconnect between strategies and budgets.

“I know years ago we did do some sort of consortium and that hasn’t been done for a long time. That is something I feel organisations like CVS, like the Council Volunteer sector should be, should be doing, you know, encouraging community groups to work together, work, do consortium, which is... I think is good, but it’s who takes up that responsibility.” (EI)

In order to tackle funding challenges to support scaling, it was suggested by staff that commissioners spent time on the ground with grassroots organisations to understand the process involved in working with communities and have frank conversations regarding the commissioning process. This could help change attitudes towards small charities, enable commissioners to recognise the importance of outreach work undertaken and help them to understand the challenges they face in the commissioning process.

St Paul's Community Development Trust

www.stpaulstrust.org.uk

St Paul's Community Development Trust has its origins in the desire of people in Balsall Heath to make a better future for their children. It developed from three small community projects which all began between 1968 and 1972. The primary community served by St Paul's is the wards Sparkbrook and Balsall Heath East. The ward has a population of over 25,000. It is ethnically diverse with a majority Asian population. It is one of the most deprived wards in Birmingham. (Information Birmingham City Council)

St Paul's provides a wide range of services that includes a nursery, children centre, school and city farm.

The ARCHES research team focussed on the way in which St Paul's use a mixed offer built around the city farm and a number of creative classes such as storytelling to engage with people from its community. The project looked at perspectives within St Paul's on scaling these services and what opportunities and barriers exist to achieving this.

Method	Number	Who
In-depth interviews	Six interviews with internal stakeholders (staff, management, volunteers and service users, trustees) Two interviews with external stakeholders which includes commissioners and partners	Staff, volunteers, partners, commissioners, users – carried out by ARCHES team
Survey	80 people from the general public	Carried out by community researchers

Because interviews involved a relatively small number of people to maintain anonymity, we use the following classification in the case study;

- **Internal Interview (II)** Staff, Management Committee, Volunteers
- **Internal User (IU)** Service users
- **External Interview (EI)** Organisations who are collaborators or partners, Commissioners

Context

The staff, volunteer and trustee interviews confirmed participants' views of the perceived value of arts, cultural and nature activities. There is already a shared narrative in terms of the vision of St Paul's and how it wants to act as a resource to local people. This vision includes offering space and support to local people who want to run their own groups, enabling autonomy and self-leadership; offering support and opportunities to people who want to become more connected and to develop skills; and offering practical and

tangible support in terms of helping people to access what they need in relation to education, employment and training. This narrative, however, is challenged by the current context for community anchor organisations, particularly for arts, culture and natural environment activities. One of the views expressed was that commissioning at a city level did not show an understanding of the role of St Paul's and how it contributes to community development, particularly in terms of arts, culture and natural environment activities. In part this is likely to be because of the scale of Birmingham as the UK's second largest city and the difficulty the research team found in identifying a specific commissioner to speak to. Our set of interviews, however, found that although arts and natural environment activities to promote wellbeing are mentioned in the health and wellbeing plan for Birmingham, the funding for these activities has significantly decreased over the past several years.

The pandemic has affected public health funding structures and strategies, making it difficult to realise the existing health and wellbeing strategies. Birmingham is a very large city, with a number of competing demands for funding. Smaller organisations may be more competitive if they become part of a larger neighbourhood network consortium to develop joint proposals that cover wider geographical areas. There is some indication that commissioners would like to move away from a service provision model toward a model that supports people to become autonomous.

St Paul's already aligns with commissioners' interests in funding transferable skills, empowerment, development of agency, enabling people to discover their own direction and increase their ability to achieve what they would like to do. The potential to scale-up via partnership working has been recognised by St Paul's, and there are ongoing partner relations that could be exploited in the future. Further, there is plenty of evidence from previous case studies, as well as the current ARCHES project, that St Paul's addresses health inequalities.



Addressing health inequalities

Interviews, along with the survey conducted with local people, and discussions with the community researchers showed that St Paul's addresses health inequalities in a variety of ways. Reaching out, engaging, and fostering connections **"that is the art. The art is to see people, to talk to people and to find out what it is they want and require. You identify with that, so it's not one-size-fits-all, it's a person-centred approach."** (II)

Data from the survey documented the path that people follow in terms of developing confidence. Activities that promote

conversation, interaction, reading and writing skills **"helps people with their literacy. This in turn makes people more confident and more likely to even read aloud, and this then breeds confidence in oneself and people are able to socialize. Who have been isolated."** (II)

People go on to many other activities after the initial engagement, **"working on the farm, working on the gardens. Working together and attending other groups that have been taking place at Saint Paul's; people have been learning great skills."** (II) Survey participants say that these things **"get us out of the house; give us respite from the usual tasks; enable socialising; enable mindfulness"** which leads to the **"ability to take care of yourself."** (II).

They say that participation leads to wellbeing, which means **"feeling well mentally, physically, spiritually – mind, body and soul."** (IS) Being able to move from one activity to the next means that many people can form long-term relationships with staff, volunteers and other people. This reduces isolation, and promotes recovery for people who are challenged by mental health issues because there are "good support networks". Those who refer people to St Paul's say that the "structured activities give people meaningful things to do" and opportunities to "socialise...and utilise people skills which they'd lost" from being isolated, which promote recovery and prevent relapse". (IS) St. Paul's is a place where people who may be challenged to fit in elsewhere **"can get jobs and stay for a long time"**. It also provides a safe environment as **"women, and especially Asian women, seem to feel safe at St. Paul's."** (II)

People feel that they can **"be part of society and to be part of the community, then what's happening is people make friends and it's wonderful. Places like St Paul's, they're worth their weight in gold, they are absolutely essential for our community because it ties a lot of people together."** (II)

In all of these ways, St Paul's contributes to reducing health inequalities by reducing stress, improving wellbeing, increasing capability promoting development and ability to address and manage health conditions and improve health outcomes.

Scaling

Outreach has been enabled in the past when there was ongoing funding for core activities such as early years development and the school. Sure Start, for example, provided a basis for parents and children to draw upon St Paul's resources for a range of needs.

"In those days we had a very wide range of groups and people coming through the door. Our play schemes used to have other play schemes coming along, because we had so many facilities. There would be 150 kids here on a play scheme." (II)

This in turn led to scaling because participation generated ideas about what people needed beyond the play scheme. People continued to attend long after funding was cut for the original programme, creating "generational participation" e.g. long-term relationships that extended to children and grandchildren. Local people who do not know about St Paul's are people who were not involved in the Sure Start programme. This indicates that a change in funding model, with ongoing core funding, could significantly change the need to do outreach to raise the profile of the organisation, as the programmes themselves would generate connections over time.

Opportunities and challenges for scaling

There are many ideas for how scaling could be done in the current situation. These include:

- Increasing access for more of the target group. For example, extending the storytelling group and **"include a befriending element, someone to bring them, because it takes time to connect with people with mental health needs."** (II)
- Expanding the resources available for existing groups: **"The storytelling group, which is another part of the ARCHES focus, are adults with learning disabilities. All the members of that group also have mental health needs. That's an area I'm keen to develop, so they can enjoy the environment. There's also a grant from the Royal Horticultural Society to develop new gardening projects, and my thoughts were that it would be good to have a new group for adults with learning disabilities, expanding in that direction."** (II)
- Using grants to offer extra support across a range of groups is also being considered: A small grant from Versus Arthritis and Sport Birmingham is being spread across different groups, with a worker is coming in to do **"a session with the gardeners, helping their backs and limbs; he's doing a session with the Yemeni ladies and he's got a session where members of the community can come in."** (II)
- Broadening access to more independently run groups: The Yemeni women's group pay rent to use the space, in return some support is provided in terms of helping with funding applications and letting them know about resources that they might be interested in using. Several people mentioned that it would be good to include other outside groups. Staff also want to consider how to engage with people who are traditionally home-bound and/or socially isolated, who have not attended any previous events or activities. For example, finding culturally acceptable activities for Muslim women to attend.

Enablers/constrainers

There are factors that either enable or constrain all of the scaling ideas. Potential challenges include outreach to different groups. Over time, there has been a shifting mix of ethnic groups in the neighbourhood. Some of the ethnic and faith groups already have communities that are relatively closed, centring on their local mosque.

In some ethnic groups, women's ability to participate outside of the house is dependent upon the type of activity that is offered. Also, participation competes with other aspects of managing life, such as raising children and managing a household. Maintaining the garden in summer was mentioned as a challenge by many people. **"Over the summer they didn't really come in, so I've got to work with the group to say 'If you want to do the gardening you can but it's not a term time only thing.'**" (II) People who are isolated will often need someone who initially brings them in. Offering 'taster' activities, such as the recent Women's Wellbeing event, can be an effective way to raise awareness and encourage ongoing participation. Expanding to rent space to other outside organisations takes a certain amount of staff resources

and oversight. Space constraints also need to be considered - holding activities in the school and the farm is limited by the fact that the farm cannot expand beyond its current geographical boundaries and the school space is mostly dedicated to educational activities.

The team at St Paul's has used the ARCHES project to gain more insight into what needs to be done next. Some of the key learning so far, building upon what was already known, is that core funding for long-term initiatives, such as Sure Start, raised the profile of the organisation across several generations in the neighbourhood, which has had a positive impact on participation. The recent survey showed that, in contrast, those that didn't get involved via the school initiative have little knowledge of St Paul's.



Mapping local ecosystems

St Paul's has an in depth knowledge of the surrounding neighbourhood, gained in part by the fact that it has a number of staff who have been in post for many years, in addition to staff and volunteers who started as users of services and moved on to work in one of more of the activities. Many of them live in the area. On a 'hyper-local level' e.g. working with local people and organisations, the anchor organisation uses their local knowledge to keep abreast of what people want and need. There is a history of partnership working, and there will likely be more

collaborative ventures as a result of long-term relationships with people working in other neighbourhood organisations. Balsall Health has a Neighbourhood Network, recently established with some funding from Birmingham City Council, which is developing collaborative proposals for funding. St Paul's is recognised as a valuable asset by other local organisations, and the local social prescribing service. Sustaining network relationships appear to be key in terms of addressing funding issues. The way that activities are currently funded challenges staff to knit various project funds together. There might be **"one funder that's really interested in wellbeing or mental health and another funder that's really interested in employment [when] actually we see that an individual needs a holistic package of support that is**

addressing them as an individual." (IP) One potential enabler to creating holistic support is via organisational partnerships. Linking up with other local organisations has happened in the past and continues under the Balsall Health Neighbourhood Network. Organisations that have been



involved with St Paul's in the past and at present agree on the value of arts, cultural and natural environment activities. Examples of previous partnership activities were provided positive attitudes towards continuing partnership working in the future were expressed.

Involvement in the Neighbourhood Network is likely to help St Paul's to interact on a place-based level with the local authority, across a wider footprint. **"It's making sure I've got networks and partners in the community that we can signpost to. It's trying to establish this site as a place for adults as much as it is for children. I think people see it as a farm for children, with the nursery opposite. So it's that kind of reputation, they need to know that adults can come here for their wellbeing."** (IS) People within Balsall Heath know about St Paul's, but **"outside Balsall Heath, we are less well known."** (II)

The main constraint is the lack of resource – taking time to co-produce proposals and do area-wide strategic planning takes staff away from day-to-day activities in the organisation. There has been increased demand during the pandemic, so organisations are forced to choose between 'immediate-response' mode and 'long-term planning' mode. Funding also tends to be short term, with people noting that there is an expectation that after a project is developed it's up to the organisation to find **"continual funding for these kind of wellbeing projects. It seems difficult to get funding for something you've created to continue. Someone wants a new project, and there's always the core costs for the building and staff time that's difficult to get hold of."** (II)

A general decline of funding over time, coupled with increased demand, means that the organisation is **"trying to maintain the same services with fewer and fewer people."** (II)

"When you're hammered down by the amount of work you're having to do to maintain the services you're running, it's very difficult to have the will to expand services, unless there's somebody attached to it." (II)

Halifax Opportunities Trust

www.regen.org.uk/about-the-trust

Halifax Opportunities Trust (HOT) is based in Halifax in the borough of Calderdale, West Yorkshire. While some of their projects are Calderdale wide they are based in and have a particular focus and relationship with communities centred on Park Ward in Halifax. Park Ward has a population of approximately 15,000 and has approximately twice as many people who are income deprived compared to the Calderdale average. It is ethnically very diverse with a predominantly Asian British population (data from Calderdale Borough Council)

HOT was established in 2000 to continue some of the activities of the government-funded West Central Halifax Partnership when it came to an end in 2002. They focus on helping people to find new or better jobs, to learn new skills, to start or grow businesses and to help raise their families.

HOT provide a range of services including employment training, an inclusive education programme for new migrants, and a nursery. This project focussed on the work of 'The Outback' a community garden and kitchen.

This case study aims to summarise the main points from all of the workshops, interviews and discussions that were held with Halifax Opportunities Trust between March 2022 – January 2023.

The research included in-depth interviews with partner organisations, statutory bodies, and staff members. The research team trained staff from Halifax Opportunities Trust and some of the Outback volunteers to carry out community research. They used a survey and two focus groups to explore the use of the Outback by local people.

The table below shows the research methods used and the number of people involved.

Method	Number	Who
In-depth Interviews	7 interviews with internal stakeholders (staff, management, volunteers and service users, trustees) 3 interviews with external stakeholders which includes commissioners and partners	Staff, volunteers, partners, commissioners – carried out by ARCHES team
Survey	20 people	Carried out by community researchers
Focus Groups	2 focus groups, 20 people involved	Carried out by community researchers

Because interviews involved a relatively small number of people, to maintain anonymity, we use the following classification in the case study;

- **Internal Interview (II)** Staff, Management Committee, Volunteers
- **Internal User (IU)** Service users
- **External Interview (EI)** Organisations who are collaborators or partners, Commissioners

Context

The Outback is a community garden and kitchen run by Halifax Opportunities Trust in Park ward in Calderdale. The Outback sits next to the Jubilee Children's Centre and Nursery, on a piece of land that was left unused for years until Halifax Opportunities Trust leased the land from the council and started to develop it as a community garden. The construction of the Outback was funded via the Trust's reserves.

The Outback houses a straw-bale kitchen building, which is used for a range of activities and events. A community kitchen runs from the building on Tuesdays and serves hot meals to anyone who needs it from the local community. The hot meals give the Outback volunteers and the employment team the opportunity to create a safe space to chat with those who come for meals and understand how they can be further supported.

The Outback was initially a small growing operation, but it has been growing steadily over the years and now it includes several growing areas, including two small polytunnels and a beehive. The Outback has been growing in other ways as well, and it has become more and more integrated with the other areas of activity at Halifax Opportunities Trust. Now it is an important resource for the Staying Well programme (a social prescribing scheme) and the employment programme, as well as other small activities run by Halifax Opportunities Trust.

Addressing health inequalities

The staff and people working with Halifax Opportunities Trust (partners, commissioners, board members) agree that the Outback addresses health inequalities as part of their core work by moving local people closer to employment, which has an impact on their confidence, resilience, and overall wellbeing.

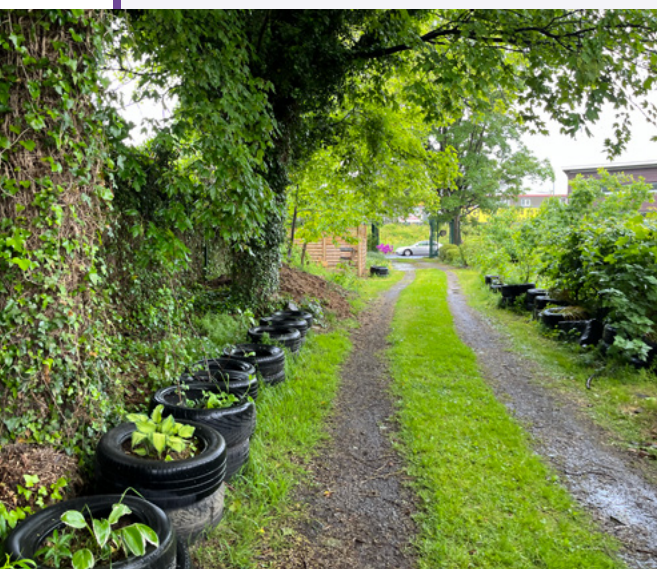
"[We] build up that sense of trust, and I think that's the basis of why we work as well, because we have a safe, warm environment and no prejudice, no judgement on them, and you can engage as little or as much as you want socially. So when you are feeling more confident and more trusting, you get more involved in things. I've seen that time and time again, where people have been quite reserved, and they've come and then over a few weeks, suddenly start having conversations in the garden and they realise that people are going through the same experiences and they will start to trust [...]. I would say about 80% of the people that come to us are in that category, but that building up trust, and addressing those barriers with them is definitely something that's working time and time again." (II)

Those working with Halifax Opportunities Trust as well as staff find the Outback's approach to addressing local health and inequalities is person-centered and community-oriented. They spoke about the approach being rooted in a deep knowledge of community relations and key actors who are adept at navigating the complex system of local power relations. Some noted that this manner of working is the opposite of a transactional approach. The staff's dedication to reducing health inequalities through their work at the Outback came up repeatedly in interviews:

"The team there are just very much unsung heroes because they just get on and do it."
(II)

The impact that engagement with the Outback has on staff was also brought up. Several staff members mentioned that being involved with the Outback improves their wellbeing, provides a supportive network and offers an opportunity to develop new skills. Some also noted that the work of the Outback is considered to be 'life-saving' for some community members and volunteers.

The community research survey revealed those who come to the community kitchen on Tuesdays come for a range of reasons that include food (70% of those who answered the question), advice (25%), clothes (35%), social (70%), and volunteering (25%). Those who come by have some familiarity to other activities that take place at the Outback, as 70% of them attended other events or activities organised there.



When asked about what the Outback team could do to improve the garden and what happens there, 35% of those who answered the question said that it already had a positive impact. Some ideas about what can be improved in the future surfaced. These included increasing the offer for events and activities (45% of those who answered), improving the Outback's visibility (10%), making it more inclusive - including sign language (5%) - and increasing support for the local community (10%).

The focus group with parents who use the Outback on Saturdays corroborates the survey findings. When parents were asked what they get from visiting the Outback, improving wellbeing (70% of responses) and learning a new skill (30% of responses) were the two benefits mentioned.

When asked about whether they would like to see any changes to the Outback, the focus group participants answered that they would like to see a wider range of activities, including sewing clothes/tailoring, trips, camps, music, dance, sports-cricket/basketball/gymnastics, outdoor cinema,



movie theatre, evening programmes (musical), as well as a wider range of times for activities (especially work-friendly hours). The focus group also showed that what these participants value most about the Outback is that it “brings people together” (60% of responses), “the environment itself” (20% of responses), and “the activities on offer” (20% of responses). When asked how they would like to help the Outback team in the future, responses included helping those in need (13% of responses), getting involved in cultural exchange (25%), running/helping to run activity (56%), and sharing skills (6%).

The focus group with local people who do not use the Outback highlighted some of the same themes as the other strands of the community research. When asked what people need in the neighbourhood, the main themes that surfaced included day care centre for older people, social space in summertime, cleaning / improving Hanson Lane & Memorial garden, creating our own neighbourhood group/forum, and a community cinema.

This focus group also surfaced ideas about what would help other local people engage with the Outback. Suggestions included that word of mouth, specific timetables for activities, growing plots for the neighbouring terraces, and a bee keeping course could increase involvement with the Outback. Lastly, when asked what the Outback team could do to support the health and wellbeing of local people, the focus group participants noted two main opportunities: (1) getting the opportunity to grow their own fruit and vegetables, and (2) learning about what healthy traditional food is.

Scaling

In the early days, Halifax Opportunities Trust looked into ways to capitalise on the Outback to cover some of their costs, for example, by hiring the space. In 2018, the employment team operating within Halifax Opportunities Trust started paying to use the Outback space. The employment team’s manager is a keen gardener, and it is their passion and connections that grew the role of the employment team at the Outback. In time, the Outback has become an integral part of the employment team’s work. Another Halifax Opportunities Trust staff member played a key role in developing the food component of the Outback. There is awareness among staff that passion and energy of key people in outside groups can combine with energy of staff to increase use of existing resources.

There is shared understanding among staff members and some of those partnering with the Outback that the employment team deploys the Outback to move local people closer to employment by improving their wellbeing, confidence, resilience, and sense of control. Those working with Halifax Opportunities Trust saw the Outback as an example of the larger, community-based work done by Halifax Opportunities Trust locally:

“I think Halifax Opportunities Trust is brilliant at [working with local groups] because they are really localised, they understand those communities really well, a lot of people were employed there, come from those communities, and so they understand the importance of getting that approach right.” (EI)

During the COVID-19 pandemic, the Outback received funding to cover its costs for two years. Some staff members described this funding as flexible and noted that it increased capacity and innovation (e.g. Hopeful families project). Halifax Opportunities Trust leadership noted that it is best if the Outback is not solely reliant on prescriptive external funding, as that may impact on the team's ability to be creative and innovative.

The Outback is seen by staff members as an example of how scaling works as an organic process of connecting existing resources and activities across the organisation in response to local needs. This approach relies on the team's knowledge of what resources are available across the organisation. It is contingent on connecting different activities across the organisation, **"weaving [the new activity] in with what we already have and do, so it becomes a new thread in our existing rich tapestry"** (EI). It also relies on spending time in the community to continue building trust and relationships, and exploring new ways of developing longer-term partnerships that span across projects and are not restricted to one-off collaborations.

From the perspective of staff members, scaling activities have included expanding the scope of the employment team's work, building networks/partnerships, and being flexible about the roles and responsibilities of staff and volunteers. In the early days, volunteers were recruited to provide practical help with the gardening but now their role goes beyond that as they are better embedded in the overall functioning of the Outback. Staff members noted that nowadays volunteers feel like they have "a stake in the place" and a feeling of ownership.



The fact that the Outback has increasingly become an "important and valuable place" within the larger organisation was seen as part of the scaling journey. Staff members noted that the Outback is a place for creative and innovative community work, where community engagement is key. The Outback allows the organisation to try out creative ideas (often developed by the community and volunteers). Recently, the Outback has been scaling their work by responding to the ever-changing needs of local groups, and by spending time in the community to build trust and relationships. Trialling activities for a short period of time and regularly evaluating events/activities and reflecting on how they could be improved were also noted as ways of growing the work.

The interviews with staff members surfaced ideas about how to engage with new groups who could benefit from the Outback, and how the Outback could be relevant to other initiatives, for example to the Greening Up agenda. Ideas included having staff members or volunteers who speak the language of different local communities; being (more) active on social media but also by using traditional outreach methods to be more visible to those without social media; opening the garden during times accessible to those in full-time jobs (evenings, weekends); creating new similar spaces for

growth and community kitchen in the local area; continuing to assess what programmes and events are worth replicating or need improving going forward; and supporting staff to take up additional training to develop new skills (mental health training was seen as particularly useful given the Outback's main target groups). Staff members also noted that a strategy for engaging those in the community who do not take part in activities run by Halifax Opportunities Trust is needed:

"[On] my wish list is that we engage people more in the community around and growing, and we create pocket gardens, we do land grabs and pocket gardens, so that a member of staff could take out garden volunteers out into the community." (II)

Having to respond to an ever-changing target group has not been without challenge for the Outback staff and volunteers. Staff members also spoke about the difficulty of working with strict project outputs/outcomes (e.g. target numbers) as this impacts negatively on their capacity to respond quickly and flexibly to the emerging needs of the local communities.

Collaborative/partnership working to scale-up

Scaling or weaving (staff preferred this term, which describes how different services and activities at Halifax Opportunities Trust work together) requires internal capacity to think through strategic activities and respond innovatively. Staff members noted that a key challenge for continuing to grow or weave the Outback activities is internal capacity. There is recognition among staff members that the scaling of activities at the Outback has been down to "innovative" and "brave" staff. Relying on part-time, temporary staff employed only for the duration of a project was noted as a challenge by several staff members who work with the Outback:

"[We] don't have enough people to step into those roles. So, recruitment's very very difficult at the moment. The other thing as well with recruitment for our industry is it's so temporary. We get some funding it's for two years or one year. We want to offer permanent contracts for people so they're not going to leave a permanent job for a temporary job." (II)

Relatedly, limited core funding appears as an important barrier as it can interfere with the strategic goals of community anchor organisations:

"[The] nature of working within the charities [is] that...we don't really think ahead until we've got that funding because we can't make plans unless we've got money. It all comes down to that." (II)

Some staff members pointed out that the commitment that Halifax Opportunities Trust has made to the Outback has lifted some of the pressures of working with strict budgets. Those working with the organisation as well as staff members noted that increasing core funding would allow Halifax Opportunities Trust to offer ongoing employment to staff and increase staff and volunteers so they can engage in more outreach to attract new groups and deliver more activities at the Outback.

"It's all down to funding, you can't do the jobs without volunteers. And that's what makes us unique because we all work together as a big team. And that big team strengthens the community." (II)

Interviews with staff members showed that relaxing funding requirements such as target numbers and eligibility would enable those who need these activities to join without too many restrictions in place. Creating a funding system that is flexible and based more on trust than on bureaucratic requirements would go a long way towards ensuring that "whoever needs [the service can join]".

Strategic partnership working across sectors is seen as another key challenge by some of those working with the Outback (partners, commissioners) and staff members. Halifax Opportunities Trust have been working in collaboration with local organisations on projects but many of these have been short-term contracts. The interviews document a need for further strategic partnership building between local authorities and local community anchor organisations.

Mapping the local ecosystem

At the start, members of the Outback team leveraged their connections to develop relationships with external organisations. As time went by, some of the relationships have grown as partners have got to know or worked alongside staff and volunteers through their involvement with projects at the Outback.

In other cases, especially when exploring new ideas, staff members may take the initiative to develop new relationships. Staff members noted links with key organisations such as St. Augustine's Centre, the Recovery College and Halifax Academy School. The relationship with Halifax Academy was strengthened during the pandemic, as the Outback started to provide fresh produce to families. This has led to other collaborations including having organised paid student visits at the Outback, setting up an allotment at the school and having the Outback staff deliver workshops and talks at Halifax Academy School. Calderdale Council's Climate Agenda was also brought up and the council are supporting the work of the Outback through this funding stream.

Collaborative or partnership working has a key role in how the local ecosystem shapes scaling. Staff members take multiple approaches to partnership working ranging from paying an organisation for their specialist support (e.g. wellbeing gardener) to co-production activities such as the work with the Recovery College for a gardening and wellbeing project. The difference between transactional and collaborative or relational partnership working models was also brought up in interviews with those working with Halifax Opportunities Trust. The interviews show that it is important for community anchor organisations to provide "advice at every level in the system to affect it for the better" but it is not clear what the mechanisms to progress this would be.



Interviews with staff and people working with Halifax Opportunities Trust document the link between scaling and local recognition. When individual staff collaborate with local organisations and the wider health system, they form an individual connection and can leverage their personal relationships, with positive benefits in terms of the scope of work the Outback can provide. Partners and commissioners see value in the work done at the Outback; however, it was not always clear if this translates effortlessly into system-wide recognition of the approach taken by the Outback, especially at the level of the larger health system through the integrated care system and Calderdale health system, as well as the wider community.

Some staff members mentioned that the Outback is also a resource for social prescribing locally, as the space is available for teams to bring their service users to take part in activities. The challenge is ensuring that 'specialist staff' (support workers/ organisations) are also available for those who are referred into the service through social prescribing.

As a community anchor organisation, Halifax Opportunities Trust offers a range of activities through the Outback and outside it. Some staff members enquired whether this might make it more difficult to be recognised and receive funding as a 'specialised' type of organisation.

Endnotes

¹ <https://ncch.org.uk/>

² The inclusive and sustainable economies (ISE) framework was published in: Public Health England. (2021) Inclusive and sustainable economies: leaving no-one behind. Available at: https://assets.publishing.service.gov.uk/media/605c99f88fa8f545da1c2da1/Inclusive_and_sustainable_economies_-_leaving_no-one_behind.pdf

³ <https://locality.org.uk/>

⁴ <https://www.england.nhs.uk/ourwork/part-rel/voluntary-community-and-social-enterprises-vcse/>

⁵ Hyper local: how people who live in the area and local voluntary organisations address social, economic, environmental needs; how organisations offer arts, cultural and environmental activities to foster connections, promote wellbeing; how they interweave these activities and use them to engage people in other activities that address social determinants of health.

⁶ <https://census.gov.uk/census-2021-results>

Locality

Locality supports local community organisations to be strong and successful. Our national network of over 1,800 members helps hundreds of thousands of people every week. We offer specialist advice, peer learning and campaign with members for a fairer society. Together we unlock the power of community.

Leeds Beckett University

The Leeds Beckett University Centre for Health Promotion Research (CHPR) is a leading academic institution for health promotion research in the UK. Research focusses on community health, active citizenship and volunteering. Our emphasis is on what communities can contribute to health and how participation can be stimulated and sustained.

www.leedsbeckett.ac.uk/research/centre-for-health-promotion

Social Life

Social Life was created by the Young Foundation in 2012 to become a specialist centre of research and innovation about the social life of communities. All our work is about the relationship between people and the places they live and understanding how change, through regeneration, new development or small improvements to public spaces, affects the social fabric, opportunities and wellbeing of local areas. We work in the UK and internationally.

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