NEF CONSULTING

Project Smith Evaluation 2017−2019

Final Report

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Contents

Executive summary

The Project Smith programme

Project Smith is a community development project in the London Borough of Lambeth. It takes a local approach, working at street and neighbourhood level, to support the community and its people in building and improving their own capabilities and local connections and thereby improving their health and wellbeing and that of others. The project is designed using a person-centred approach where the ethos of coproduction is applied throughout each of its stages (design, delivery, and review).

Project Smith is working in 11 wards across Lambeth: Vassall, Coldharbour, Larkhall, Stockwell, Ferndale, Streatham Hill, Streatham Wells, St Leonard's, Gipsy Hill, Streatham South and Thornton. It is part of Lambeth's Better Care Fund and sits within integrated commissioning.

Project Smith is part of a mixed-model approach supporting social prescribing in Lambeth. NEF Consulting was commissioned by the Lambeth Clinical Commissioning Group (CCG) and Lambeth Council to conduct an evaluation of the programme for the period 2017–2019. The evaluation focused on understanding the impact of the programme's two work streams:

(i) Local Community Connectors – local people who give their time to support individuals and connect them to each other, as well as to relevant community groups and statutory services. Training in the Royal Society of Public Health (RSPH), *Supporting Behaviour Change,* is provided before they become a Community Connector. Community Connectors attend regular safaris, which bring them together as a group, and is an opportunity to visit support services and projects in Lambeth.

(ii) A small-grants fund that supports a range of activities, which can be grouped into the four broad categories: physical activity, arts and crafts, community activities, and digital / IT skills. Most of the projects received funding ranging from £2,000 to £5,000.

The two work streams are designed to support change in outcomes related the Wheel of Well-being (Figure 1), and three 'I statements' developed with Lambeth residents which indicate what is important to them:

'I can manage my own health and wellbeing (or condition) and I am supported to do this, including having access to information and being able to stay healthy.'

'I have systems in place to help at an early stage to avoid crisis and as small a disruption as possible if a crisis happens and I live independently.'

'I feel part of a community.'

The evaluation

Reflecting the requirement of the evaluation brief to develop a holistic approach to evaluating Project Smith, a range of qualitative methods were used to address seven evaluation questions:

Outcomes

- Is the Project Smith model having a positive impact on participants?

- What sort of impacts are being demonstrated and on whom?

- Do the impacts reflect the six ways to wellbeing?

- Are these impacts sustainable?

Approach

- Does the approach/model influence impact?

Value for money

- Can the impacts demonstrated provide value for money (VFM)?

- Why should we continue to invest in Project Smith?

The findings

Outcomes

Is the Project Smith model having a positive impact on participants? What sort of impacts are being demonstrated and on whom?

The Community Connector programme has mobilised 80 Community Connectors who are working at street and neighbourhood level. The evaluation demonstrated that the Project Smith model is having a positive impact on Community Connectors and on the people being connected.

- The initial assumption behind the Community Connector role was that they would be instruments for change for others. Our findings suggest that significant impact is experienced by the Community Connectors as a result of participating in RSPH, *Supporting Behaviour Change* training, developing their role, and from regularly coming together as part of the safaris. Community Connectors were able to identify a range of outcomes they experienced as a result of taking on the Community Connector role. The most commonly reported outcomes included increased social connections/reduction in isolation; increased sense of belonging/feeling connected/part of the community; increased sense of meaning and purpose; improved physical health and mental health; increased knowledge; and increased confidence.

- **Connectees reported a range of outcomes they had experienced as a result of their interactions with their Community Connector** including increased access to the services and activities they needed through effective signposting; increased social connections and feeling more connected within the community; increased knowledge and skills to make a health behaviour change; improved emotional wellbeing; and, improved mental and physical health.

For very small amounts of investment in the projects, **all the small-grants-funded projects** have been able to report positive change for the people participating in their activities. Most of the beneficiaries were older people (aged 65 and over).
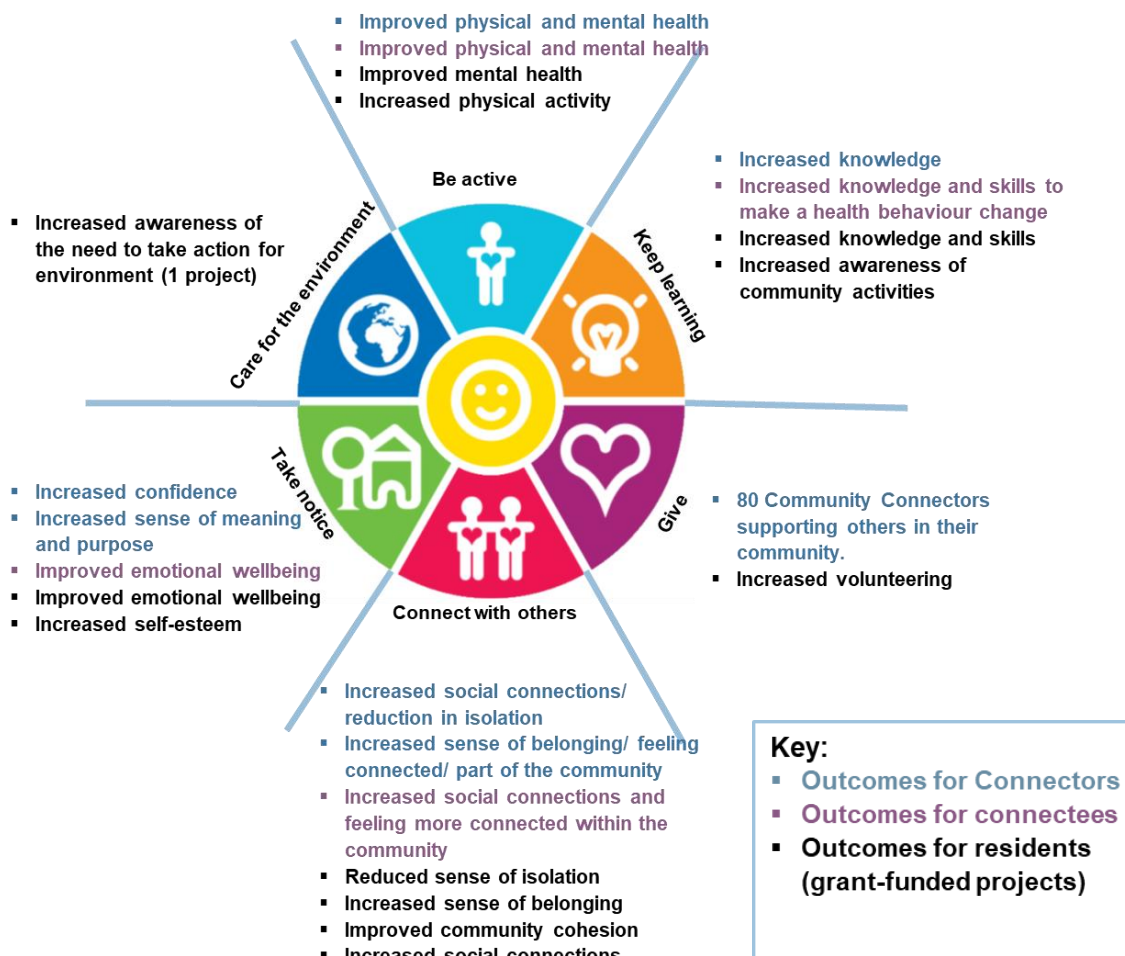
- **All nine projects funded in Year 1 supported participants to reduce their sense of isolation.** The nine grant-funded projects can be grouped into three broad categories of physical activity (3), arts and crafts (2), and community activities (4). Most projects also supported participants to improve their mental and emotional health and wellbeing (78% of projects) and improve community cohesion (89% of projects).

- **Being connected and keeping learning were the most common outcome areas supported by projects funded in Year 2**. The most commonly reported outcomes for participants across the funded projects included experiencing an increased sense of belonging, making new friendship groups, and developing new skills/increased knowledge. Outcomes related to the environment were the least reported outcomes, with only one project reporting participants increased their awareness of the need to take action for environment.

- *Do the impacts reflect the six ways to wellbeing? Are these impacts sustainable?*

The evaluation evidenced outcomes which can be mapped against all six ways to wellbeing (Figure 1). However only one project reported environmental outcomes.

The findings of the evaluation emphasise the importance of the micro-local scale of the project in terms of supporting, and continuing to support, the connections between people, and improving access to prevention and early intervention activities.

Sustainability of the impacts needs to be considered within a wider context. First, connectees reported experiencing structural and systemic issues such as homelessness, income insecurity, and health inequality which may quickly undermine the progress people have been able to make through the programme. Second, the current funding environment and competing priorities for that funding which could reduce the number and scale of local activities available and funding for the programme, were identified as the most significant threats facing the programme.

Figure 1: Wheel of Well-being impacts

Be active
- Improved physical and mental health
- Improved physical and mental health
- Improved mental health
- Increased physical activity

Keep learning
- Increased knowledge
- Increased knowledge and skills to make a health behaviour change
- Increased knowledge and skills
- Increased awareness of community activities

Care for the environment
- Increased awareness of the need to take action for environment (1 project)

Take notice
- Increased confidence
- Increased sense of meaning and purpose
- Improved emotional wellbeing
- Improved emotional wellbeing
- Increased self-esteem

Give
- 80 Community Connectors supporting others in their community.
- Increased volunteering

Connect with others
- Increased social connections/ reduction in isolation
- Increased sense of belonging/ feeling connected/ part of the community
- Increased social connections and feeling more connected within the community
- Reduced sense of isolation
- Increased sense of belonging
- Improved community cohesion
- Increased social connections

Key:
- Outcomes for Connectors
- Outcomes for connectees
- Outcomes for residents (grant-funded projects)

Approach

Does the approach/model influence impact?

Using a coproduced approach throughout the design, delivery, and review process has meant that the model has been designed to support outcomes that are important to residents as reflected in the three I statements, and the Wheel of Well-being. The people-centred practice applied in the model focuses on developing meaningful human connections between residents within the community, and builds on community assets by funding micro-local projects.

- **Community Connectors were motivated to take on the role by a range of personal development and altruistic reasons.** Being able to draw on their lived experience allows people to relate to them more quickly. They come from a diverse range of backgrounds and many have experienced mental or physical health issues. Community Connectors have found that their lived experience is like the experience of some of the people they support, and the fact that they are described as residents, rather than volunteers, allows people to more quickly relate to them.

- **Community Connectors identified seven features of the model that positively impacted on them. Regular meetings** and the **micro-locality** of the approach

supported them in developing close and sustained relationships with other Community Connectors. This resulted in their confidence growing and their sense of belonging increasing. **The non-prescriptive role** meant that it could fit around their lives and responsibilities, and **their lived experience** meant they were able to quickly relate to the people they were connecting. **Structured behaviour change training and support** from the Project Smith facilitators and **safaris** enabled the Community Connectors to build a better understanding of the available support in their area, alongside the **constant flow of information** between them using WhatsApp, a freeware, cross-platform messaging and Voice over IP service.

- **The flexibility of the Community Connector model also raised several challenges.** Some Community Connectors reported they found it difficult to connect with people outside of their immediate circle, and that setting boundaries with the people they supported was difficult. This should be addressed as part of the initial training and then further supported in the safaris. Community Connectors taking part in the evaluation were only able to evidence limited connections with the statutory sector, which may be the result of the small sample size. They were not necessarily aware of all the grant-funded projects, which potential reduced the connections that they could be making. There is scope to address this in the safaris with the provision of information sheets on the grant-funded projects and awareness raising.

- **The Commissioner and project manager have been very engaged in the project.** Feedback from stakeholders has emphasised that the coproduced approach changes the nature of the Commissioner-project relationship to one that is more engaged and collaborative. The Commissioner attended safaris and visited projects alongside being part of the steering group for the programme. The project manager role required someone who goes out into the community and works at street level to build trust with the Community Connectors.

- **A proportionate approach is used to monitor the small-grants programme**. Support is provided through development days to help projects through the application process, and in a training session on measuring impact. Projects, some of which are receiving funding for the first time, are asked to select outcomes and indicators at the start of the project from a list of outcomes reflecting the Wheel of Well-being outcomes, and report on them at the close of the project. The London Community Foundation administers the grant funding.

Value for money

Can the impacts demonstrated provide VFM?

The project case studies demonstrate that that the projects funded by the small-grants programme provide VFM. The three case study projects were selected as illustrative examples of the three categories of projects supported through the small-grants programme: physical activity, community activities, and arts and crafts. Each of the projects was able to

evidence that participants experienced change as a direct result of being involved the project. The outcomes experienced were broad ranging and included increased social connections, increased sense of belonging to a community, increased skills and knowledge, increased self-esteem, and increased physical activity. Using conservative assumptions, the three case studies found that the value created is between £1.31 and £5.32 for every £1 invested.

- **Physical activity:** Fit and Friendly, run by Lambeth Patient Participation Group Network (LPPGN), supports people over 60 who have felt lonely and isolated to be more physically active through weekly chair-based exercise. The case study demonstrated that for every £1 invested in the project, an estimated £5.32 in social value is generated.

- **Community activities**: Better Fridays, run by Brockwell Community Greenhouse, provides horticulture therapy projects for adults with mental health problems and their carers. The case study demonstrated that for every £1 invested in the project, an estimated £1.58 in social value is generated.

- **Arts and crafts**: South London Knits, run by Paxton Timebank/The SpaceCraft, provides weekly knitting sessions for older people who may feel lonely and isolated. The case study demonstrated that for every £1 invested in the project, an estimated£1.31 in social value is generated.

Why should we continue to invest in Project Smith?

This evaluation has demonstrated that the two workstreams have achieved outcomes that residents indicated are important to them in terms of wellbeing. The roll-out of the model has demonstrated that it is possible to scale out the micro-locality approach with central co-ordination support and proactive engagement by the Commissioner without compromising the coproduction principles which underpin the success of the model. An analysis of a selection of small-grants-funded projects has demonstrated that they provide VFM, even when conservative values are applied.

Individuals with a strategic oversight of Project Smith interviewed as part of the evaluation identified three core strengths of the approach.

- **Project Smith has demonstrated that it is a viable social prescribing model.** The programme has a much wider reach into the community than other initiatives (e.g. Healthwatch, Patient Participation Groups). This includes the people who have become Community Connectors, the people they have been in contact with, and some of the people leading the projects funded by the Wellbeing Fund. The Community Connectors themselves are reaching out to people and sharing the positive experiences they have had as a result of the role, which then attracts more connectees to the role.

- **The coproduction model reconnects individuals to the community, thereby building individual and community resilience.** Working in the most deprived areas of Lambeth to achieve local objectives and outcomes with a strong community focus and some community design is a core element of the model.

- Several of those from the wider stakeholder group who took part in the evaluation, including a GP, indicated that **the model has been embraced by health and social care professionals.**

Extending the programme and mainstreaming it at the neighbourhood level and encouraging the CCGs and Primary Care Networks to adopt the model, building on the momentum already achieved, were identified as key opportunities. However, it was also noted that integrating it with more formal statutory provision, for example through GP practices, risks losing or diluting the principles on which the project is built, such as coproduction, the micro-locality focus, and working closely with residents as opposed to volunteers or formal employees.

Reflections

Regarding the evaluation, our aim was to design a data collection approach which was feasible (reflecting the scale of funding under the small-grants funding, and role of the Community Connector) and robust. We have used a wide range of methodologies in this evaluation, which have been co-designed with participants; however the quality of the data and the convenience sampling has limited the scope of the evaluation, particularly in relation to conducting a wider VFM assessment of the programme.

If VFM analyses are to be used in the future, the small-grants data could be improved by:

- Recording the sample size of those who complete survey questions.

- Reporting on both positive and negative responses (e.g. the number of people reporting on each point of a Likert scale).

- Providing data where it is possible to track survey responses to individuals as opposed to reporting an aggregate response.

Training should continue to be offered to project leads awarded a small grant on selecting outcomes and indicators detailed on the small-grants impact assessment form. Some additional guidance should be given in the training on how to collect and report the findings to ensure consistency.

Data collection must be designed to fit the role of the Community Connectors. During the evaluation, Community Connectors expressed concern about the work burden, and the impact that collecting data would have on their relationship with connectees. A case study approach is likely to be the most feasible way to collect data in the future, supplemented with an analysis of the Community Connectors' WhatsApp group.

1. Introduction

The Project Smith programme

Project Smith is a local community development approach which focuses on supporting people to work together to improve physical and mental health and wellbeing in the community at the ward level in the London Borough of Lambeth.

Figure 1.1: Project Smith locations in Lambeth[1]
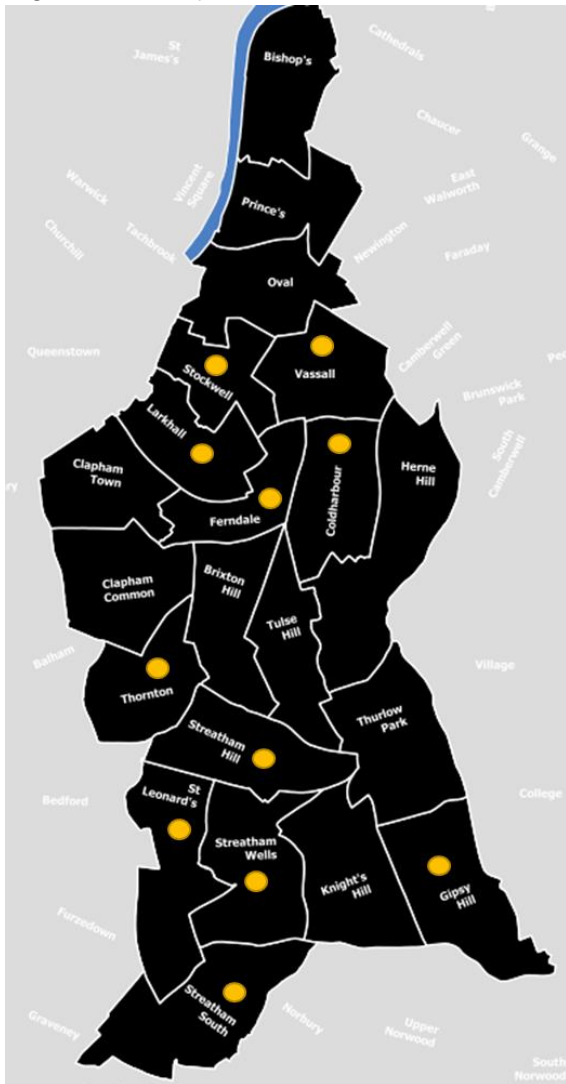
Project Smith was first piloted in Vassall and Coldharbour wards with Vassall and Coldharbour Forum and residents during the period October 2015 –March 2016. Subsequently the approach was extended in October 2016 to the wards of Larkhall, Stockwell, and Ferndale in the north of the borough (in addition to the ongoing work in Vassall and Coldharbour), and in September 2017, to the wards of Streatham Hill, Streatham Wells, St Leonard's, Gipsy Hill, Streatham South, and Thornton (Figure 1.1).[2]

Project Smith is described by the project team as applying well-established community development principles of empowerment, participation, inclusion, equality of opportunity, anti-discrimination, self-determination, and partnership. The project's approach also draws on asset-based community development by focusing on community strengths and assets rather than needs and deficits; mobilising individual and community passions, skills, and assets; letting the community drive the agenda; and building relationships. Five principles underpin the Project Smith approach:[3]

1. **Focusing on outcomes important to residents:** Project Smith refers to three 'I statements', developed with residents in Lambeth as part of the Big Lambeth Health Debate,[4] as the driver for the model:

   > 'I can manage my own health and wellbeing (or condition) and I am supported to do this, including having access to information and being able to stay healthy.'

   > 'I have systems in place to help at an early stage to avoid crisis and as small a disruption as possible if a crisis happens and I live independently.'

   > 'I feel part of a community.'

2. **Developing local connections**: Appreciating the importance of making meaningful human connections with others within the local neighbourhoods where we live our lives.

3. **People-centred practice**: Appreciating that people are experts in their own lives, and they should lead the changes they make. The desires, values, situations, and circumstances of others need to be respected when helping them.

4. **Using an asset-based approach.** Working coproductively to allow the community to drive Project Smith's agenda. The starting point is that every resident has something positive to give.

5. **Focusing on actions to support wellbeing**: The Wheel of Well-being[5] is used to describe the set of evidence-based actions promoted by Project Smith, which have a positive impact on wellbeing (connect with others, keep learning, be active, give altruistically, take notice, and care for the environment).

Project Smith has two workstreams:

- The local Community Connectors – a voluntary role with individuals trained in behaviour change[6] to enable them to provide support to individuals and connect them to community groups and appropriate statutory services. Project Smith has involved 80 Community Connectors working flexibly at the ward level.

- The small-grants programme – supports initiatives in the community that promote outcomes related to the three 'I statements' and the Wheel of Well-being.

The research questions

The evaluation was designed to address seven research questions detailed in Table 1.1, which explore the impact of the model, and whether it demonstrates VFM.

Table 1.1: Project Smith evaluation research questions

Outcomes	Approach	Value for money
Is the Project Smith model having a positive impact on participants? What sorts of impacts are being demonstrated and on whom? Do the impacts reflect the six ways to wellbeing? Are these impacts sustainable?	Does the approach/model influence impact?	Can the impacts demonstrated provide VFM? Why should we continue to invest in Project Smith?

2. Methodology

Reflecting the requirement of the evaluation brief to develop a holistic approach to evaluating Project Smith, the evaluation methodology was constructed to capture change at three levels: Community Connectors, grant-funded projects, and the programme. At each of these levels, the evaluation approach was co-designed involving individuals leading grant-funded projects, Community Connectors, and the Project Smith programme team. Over the course of the evaluation, the methodologies were adapted to address practical challenges of capturing data, particularly at the Community Connector level. The methodology design process is summarised in three phases.

Rapid review

To understand the scope of the evaluation, a rapid review of key project documents and data collection methods was undertaken. Semi-structured telephone interviews were conducted with five individuals involved in the delivery and evaluation of the project to illicit views on the scope of the evaluation, and the practical challenges of collecting data encountered to date (Appendix 1).

Co-design

A co-design session was held with the group overseeing the evaluation to clarify the research questions, develop the theory of change, and scope the evaluation methodologies. The theory of change was refined in discussion with the project team and used as the basis for developing the evaluation framework, which describes the outcomes, the indicators (how the outcomes will be measured), and the method for capturing the indicators.

Community Connectors reviewed the methodology to collect data from themselves and connectees using an online platform, Podio. Each stage of the evaluation was reviewed with members of the project team.

Capacity building

A training session on evaluation methods and the six ways to wellbeing was conducted with individuals leading grant-funded projects. Indicators were co-designed in the session which informed the revisions to the small-grants impact assessment form.

A range of qualitative methods were used to capture data, which are detailed and summarised in Table 2.1.

Table 2.1: Methodology summary

Level	Methodology
Grant-funded projects	▪ London Community Foundation reporting form (Year 1: 9 funded projects) ▪ Co-developed revised monitoring form for Year 2 with London Community Foundation to capture change for participants against the six ways to wellbeing (7 funded projects) ▪ VFM case studies (3 funded projects)
Community Connectors	▪ Community Connector focus group (8 connectors). ▪ Community Connector case study interviews (6). ▪ Community Connector VFM survey (5) ▪ Community Connector survey using Podio (4). ▪ Community Connector WhatsApp group analysis (75). ▪ Community Connector network maps captured through Kumu – used as illustrative examples (5). ▪ Connectee survey captured using Podio (8). ▪ Connectee case study interviews (4). ▪ Connectee VFM survey (2)
Programme level	▪ Stakeholder interviews (5)

Community Connectors

The data collection methods were adapted during the evaluation to overcome some of the practical barriers encountered, particularly in capturing information about the type of connections being made, and the impact on people being connected. The initial aim was to collect data in two time periods during the evaluation to reflect how the programme had been extended into specific wards across Lambeth. However, there were challenges recruiting Community Connectors to take part in the evaluation from specific time periods.

A group of eight Community Connectors from different cohorts and time periods agreed to take part in the evaluation. Information was collected using a range of qualitative methods. A focus group with eight Community Connectors allowed the scope of the evaluation to be explored, and to develop an understanding of how Community Connectors worked in the community. The original intention was to develop a series of case studies by interviewing Community Connectors and a sample of people they had connected. This required information about connectees to be collected by the Community Connectors so that a sample could be constructed. An online platform, Podio, was trialled to capture information about

connections being made by the Connectors in real time, capture some initial information about the nature of the connection being made, and identify connectees who would be willing to take part in the evaluation. Training on how to use Podio was provided to all Community Connectors from the last two cohorts recruited. Community Connectors raised three concerns about using the online platform during the trial:

> (i) It was challenging to use when they were delivering their role.
>
> (ii) It created an extra layer of work.
>
> (iii) It was perceived as negatively impacting on (acting as a barrier to) the relationship between Community Connectors and connectees, as they had to ask people questions (the General Data Protection Regulation (GDPR) compliance form was mentioned specifically).

Data collected through Podio was included in the evaluation, and this was complemented with an analysis of the information shared between Community Connectors in their WhatsApp group.

Case study interviews were conducted with six Community Connectors (two of whom had collected data through Podio), and four connectees. Given the challenges of using Podio, convenience sampling was used to select the connectees based on recommendations from the Community Connectors, and their willingness to take part.

As part of the wider project activities, network maps were created for the Community Connectors during their initial training and updated at subsequent safari meetings. The connection maps depict direct relationships the Community Connectors have with people and organisations, and indirect relationships they have through other Community Connectors they interact with (i.e., the potential access to networks they have). Example maps are included in this evaluation in the Community Connector case studies to illustrate the range of networks developed through the role.

Small-grants programme

Data was collected through a survey administered by the London Community Foundation collected at the end of the grant period. The aim was to ensure that data collection was both feasible to use (for small-grant recipients and individuals who may be receiving funding for the first time) and the measures were robust. The form was designed to capture outcomes related to the six ways to wellbeing.

Indicators and guidance on how to capture the information was included in the Impact Assessment Form, which is reproduced in Appendix 1. Projects were asked to choose two of the six ways to wellbeing outcomes that most closely fit their project and to select at least two and up to four indicators per outcome detailed on the form to measure those outcomes.

- **Connect with others:** Increased sense of social connection to others and sense of belonging in the community.

- **Keep learning**: Increased sharing of skills and knowledge in the community.

- **Be active**: Increased level of physical activity.

- **Give:** Increased levels of sharing and volunteering in the community.

- **Take notice:** Increased awareness and appreciation.

- **Care for the environment:** Increased awareness of the need and level of action to positively impact on the environment.

Value for money case studies

VFM case studies were conducted on three grant-funded projects to illustrate whether the social value created by the project was greater than the costs of delivering the project's activities. This comparison resulted in a cost–benefit ratio which helps us to understand if the intervention provided VFM (i.e., for every £X spent, £Y is generated in value).

The illustrative case studies were selected based on the quality of the data available for analysis, as well as their potential to be illustrative of the types of projects funded by the small-grants programme.

The VFM model requires several pieces of data. The net value created by the project is calculated using outcomes data, alongside data/assumptions regarding additionality, and the value of outcomes created. Conservative estimates and assumptions for each model are applied using the best practice principles.

Key research steps and terminology

The application of the VFM analysis involved considering:

Determining outcome incidence, i.e., how much change has occurred. In this case, self-reported indicators were used to understand the outcome. Typically, the methodology uses the average 'distance travelled' (the magnitude of the change experienced) since the beginning of the intervention. Most survey data collected by the grant-funded projects measured whether the *change* had occurred, as opposed to how much change had occurred.

Establishing impact. For each outcome, we considered other factors that might have influenced the change:

- **Deadweight** – defined as an assessment of the amount of change that would have happened regardless of the project.

- **Attribution –**involves defining the percentage of overall change that is attributable to the service, compared to other actors.

- **Displacement –** an assessment of how much of the change (remaining after considering deadweight and attribution) can be considered as a net benefit (i.e., a new change), when accounting for possible adverse impacts on other projects.

These are considered separately for each outcome area to calculate the net change for each outcome.

Giving outcomes a value. Once the net change had been measured, the next step consisted of defining and assigning proxy financial values. The methodology involves expressing all outcomes in monetary terms, to allow them to be evaluated in a common unit. This allows reviewers to consider the relative worth of different outcomes as well as their magnitude. The overall value is calculated by combining the outcome incidence with the monetary value for each outcome and summing across all outcomes.

Establishing how long outcomes last. We established a benefit period, defined as the length of time that the benefits associated with a change lasted. This may be influenced by the duration of the activity, or by other external influences. Similarly, the effects might last for a long period but decrease over time. A decreasing trend is defined as 'drop off'.

Calculating cost. The total value created must be compared to the cost of running the project. The cost of the project was considered in terms of full cost recovery; rent and voluntary and in-kind inputs are included in this calculation.

Discounting value. Lastly, benefits – and costs – were discounted to represent their present value. All benefits accruing and costs borne into the future were adjusted to represent their 'worth' at today's prices. This was done by applying a discount rate to all future costs and benefits. The discount rate represents time preferences: the higher the discount rate, the greater the assumed preference for the present.

Model sensitivity. A sensitivity analysis was conducted on the model, looking at the impact of variations in (i) the attribution, (ii) the financial proxies, and (iii) the population size. This involved running the model with upper estimates to test the robustness of the main findings.

Evidencing outcomes

To measure whether change was experienced by project participants, surveys were administered. Indicators were developed as part of the evaluation framework and these were used in project surveys to collect data. Table 2.2 outlines the outcomes and indicators that were used across the three case studies.[7]

Table 2.2: Participant outcomes

Outcome	Indicator
Increased sense of belonging to a community	To what extent do you agree with the following statement: 'Since being involved in the project/sessions I feel part of a community' (using a five-point scale from strongly disagree to strongly agree). Or How often did you get involved with activities in your local area before starting with our group? How often did you get involved with activities in your local area after starting with our group? (using a five-point scale from never to frequently).
Increased social connections	To what extent do you agree with the following statement: 'Since being involved in the project, I have made new friendships' (using a five-point scale from strongly disagree to strongly agree).
Increased skills and knowledge	To what extent do you agree with the following statement: 'I have developed new skills or increased my knowledge whilst being involved with this group/project' (using a five-point scale from strongly disagree to strongly agree).
Increased physical activity	To what extent do you agree with the following statement: 'Since being involved in the sessions, my level of activity generally has increased' (using a five-point scale from strongly disagree to strongly agree).
Increased self-esteem	'I feel better in myself after attending the project/sessions' (using a five-point scale from never to regularly).

The small-grants impact assessment form, which details all the outcomes and indicators, is provided Appendix 1. Where survey data did not collect the change in magnitude of outcomes, and we only know whether an outcome was experienced by the individual, we have treated the responses as binary.[8]

Impact

Isolating the net impact of projects on participants requires consideration of several issues.

Deadweight/counterfactual: Deadweight is the change that would have happened anyway without the project. It is expressed as a percentage, which is deducted from the value of the

outcome. We set the deadweight conservatively at 50% for most outcomes, unless there was a rationale for increasing or decreasing it.

Attribution: Typically, participants are asked a question around attribution, i.e., about how much the project is responsible for the change they experienced. In this case, the attribution was estimated based on assumptions and qualitative feedback from project participants.

Displacement: Displacement has limited relevance for this project as the outcomes for service users and peer supporters are to do with individual personal, social, or physical wellbeing; therefore no outcomes for others are displaced as a result of the project.

Valuing outcomes: Outcomes were assigned financial proxies to give them an indicative monetary value within the social value model. These proxies might relate to the value to the individual, such as improved supportive relationships. The sources consulted for financial proxies used in the model are presented in Appendix 3.

Discount rate: Discount rates are applied to reflect the risk of forecasting future value and to account for the psychological preference of receiving benefits in the present, rather than in the future. Thus, benefits which accrue to an individual during the early stages of an intervention are worth more to them, in the present, than the benefits that will accrue in later years. To calculate the net present value (NPV) of benefits, we created a total for the benefits in each year, applying a discounted rate to those which are projected to be generated in the future. We use the short-term discount rate of 3.5%, as recommended by the HM Treasury.[9]

Establishing how long outcomes last: The timespan during which outcomes are experienced is built into our cost-benefit analysis, to consider the long-term value created. Given limitations on data collection and secondary data availability, we have had to make a 'best guess' estimate of the benefit period**.** To avoid over-claiming and to ensure robust results, we took a conservative approach to benefit period estimation. The benefit period is assumed to be no more than two years for all outcomes, with a drop off at 50%.

Costs: Cost include all voluntary and in-kind inputs. For projects involving volunteers, we monetised the hours spent volunteering. To monetise the volunteering time, we considered the opportunity cost to the individuals. Several hours were spent volunteering, as opposed to spending that time in paid employment. Therefore, we have valued volunteer time by multiplying the hours spent volunteering by the current London Living Wage (£10.55).

Ratio: The social cost-benefit ratio is expressed as a ratio derived from dividing the NPV of the impact by the NPV of the investment.

The programme

Interviews were conducted with five stakeholders with oversight of the programme and involved in its delivery. A SWOT analysis was constructed to understand the model's strengths, weaknesses, opportunities, and threats.

Limitations

Although many Community Connectors accessed the programme, the evaluation relied on a small group during the evaluation period. Because of practical challenges, convenience sampling was ultimately used to select both Community Connectors and connectees. As such, there is a high risk of selection bias. Mostly Community Connectors and connectees who had a good experience volunteered to take part in the evaluation. The number of connectees taking part in the evaluation was very small, and it unlikely they are representative of the total population supported by the Community Connectors. As such, the findings cannot be generalised to all connectees supported by the project.

The wider stakeholders interviewed were selected by the core team and as such, there is a risk of selection bias.

Due to data availability, the VFM analyses were conducted using illustrative case studies. The findings cannot be generalised across the grant-funded projects as they vary in their activities. Caution should be applied when disseminating the results of each study. In particular, the findings should always be presented with the most conservative estimates.

The quality of data collected by the grant-funded projects varied, with some providing clear results from survey data and others not including numerical data. The aim of revising the small-grants impact assessment form was to ensure that the data was feasible to collect and robust in terms of how the questions was asked.

3. Theory of change

A theory of change is a description and illustration of how and why a desired change is expected to happen in a particular context. It depicts a journey of change linking the activities of a programme to short-term, medium-term, and long-term outcomes, as experienced by stakeholders. A theory of change for the evaluation of Project Smith was developed initially in a co-design session with the evaluation group for the programme. Detailed theories of change for the programme's two workstreams were then developed in discussion with the programme team to support development of the evaluation framework. A high-level theory of change was developed to support communication of the programme (Figure 3.1), reflecting the three 'I statements'.[10]

Figure 3.1: Project Smith High Level Theory of Change
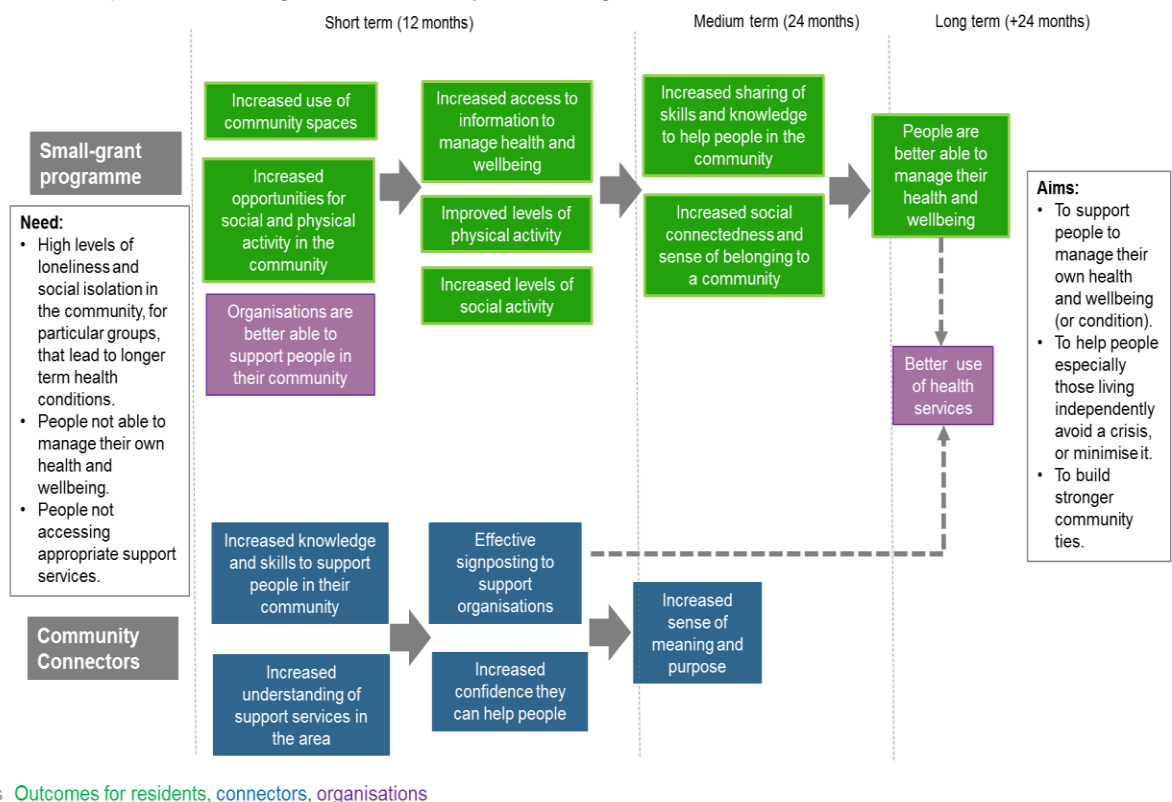
The aim of the project is to support people to manage their own health and wellbeing, help people living independently to avoid or minimise crises, and build stronger community ties. This is set against a context in Lambeth where there are high levels of loneliness and social isolation in the community with people not accessing appropriate services to help them manage their own health and wellbeing.

Primary stakeholders (the individuals or organisations who are most positively or negatively affected by the project) were identified as people in the communities taking part in the activities funded by the small-grants programme, the Community Connectors, and people the Community Connectors have connected to support organisations or community

activities. The initial target groups for Project Smith were identified as older people; people with a long-term medical condition, including older adults with learning and physical disabilities and enduring mental health problems; and people who were isolated. In the co-design session held at the start of the evaluation, the target group this was extended to include adults in the community who were not already engaged.

The theory of change describes how the grant-funded activities use community spaces which may be under-used in their area as venues for their activities. Accessing grant funding provides resources to enable local activities to be delivered, which encourages people to come together and participate in social and physical activity. Involvement increases the participant's opportunities to meet other residents and form new friendships. These friendships strengthen a sense of belonging to the community. Involvement in activities, and the information shared in the sessions, increases people's ability to better manage their health and wellbeing. In the longer term, this will result in better use of health services.

The Community Connector training improves the knowledge and skills of Community Connectors. Attending safaris increases their understanding of the support services in the area. As a result of delivering the role, the Community Connectors' confidence to help people locally and their sense of meaning and purpose increases. Effective signposting through the Community Connectors to support agencies and community activities will, in the longer term, result in better (more appropriate) use of health services by members of the community.

4. Community Connector Impact

Key findings

Community Connectors were motivated to take on the role by a range of personal development and altruistic reasons including self-development, to increase their sense of social connectedness, wanting to give something back, and wanting to make a difference.

Community Connectors come from a diverse range of backgrounds and are able to draw on their lived experience which helps them to relate to the people they are connecting. Many of the Community Connectors have experienced mental or physical health issues. They have found that their lived experience is like some of the people they support, and the fact that they are described as residents, rather than volunteers, allows people to relate to them more quickly.

The initial assumption behind the Community Connector role was that they would be instruments for change for others. Our findings suggest that significant impact is experienced by the Community **Connectors themselves as a result of their role.** Community Connectors were able to identify a range of outcomes they experienced as a result of taking on the role. Outcomes included increased social connections/reduction in isolation; increased sense of belonging/feeling connected/part of the community; increased sense of meaning and purpose; improved physical health and mental health; increased knowledge; and increased confidence.

Community Connectors identified seven features of the model that positively impacted on them including regular meetings and the micro-locality of the approach which supported them to develop close and sustained relationships with other Community Connectors. This resulted in their confidence growing and their sense of belonging increasing. The non-prescriptive role meant that it could fit around their lives and responsibilities, and their lived experience meant they were able to quickly relate to the people they were connecting. Structured support from the Project Smith facilitators and safaris enabled the Community Connectors to build a better understanding of the available support in their area, alongside the constant flow of information between them using WhatsApp.

The flexibility of the model also raised several challenges for some Community Connectors. Some Community Connectors reported they found it difficult to connect with people outside of their immediate circle, and that setting boundaries with the people they supported was difficult. Community Connectors taking part in the evaluation were only able to evidence limited connections with the statutory sector. Community Connectors reported that they had limited knowledge about the grant-funded projects, as information was not shared in a systematic way.

Developing links between Community Connectors significantly extends the potential networks of support that they can access to support people in the community. The network maps developed by the project illustrate the potential connections that Community Connectors have through their connection to other Community Connectors. These could be a powerful tool for them to access.

Connectees reported a range of outcomes had been supported as a result of their interactions with their Community **Connector** including increased access to the services and activities they need through effective signposting; increased social connections and feeling more connected within the community; increased knowledge and skills to make a health behaviour change; improved emotional wellbeing; and improved mental and physical health.

Introduction

Community Connectors are individuals who link people in their local community with activities and organisations that can help improve their health and wellbeing. They are provided with an initial four-day training programme, Understanding Behaviour Change, an accredited Level 2 qualification provided by the Royal Society for Public Health. The training uses an asset-based approach, which focuses on understanding and bringing an individual's strengths, knowledge, and life experience to the role of a Community Connector. The aim is to fundamentally change how those trained see themselves as proactive, knowledgeable assets in the community. The Community Connectors are then brought together as a group once a month on safari gatherings in local organisations to understand what support that organisation provides, and to discuss any issues about their role with their peers. These safaris are co-ordinated by the Project Smith team. Four cohorts of Community Connectors have accessed the training; there are currently 80 Community Connectors in Lambeth.

While some Community Connectors volunteer with community organisations, most are active citizens involved in their community in some way. Community Connectors are not considered volunteers; the people they support consider them to be Lambeth residents. This has meant the Community Connectors are relatable to those who they seek to support as they share similar backgrounds and are experiencing similar circumstances. Community Connectors determine how they work in the community, including the time they spend in the role and how they meet people.

Motivations for becoming a Community Connector

Community Connectors identified a range of reasons for taking on the role, reasons which can broadly be grouped into personal and altruistic (Figure 4.1).

Figure 4.1: Motivations for becoming a Community Connector
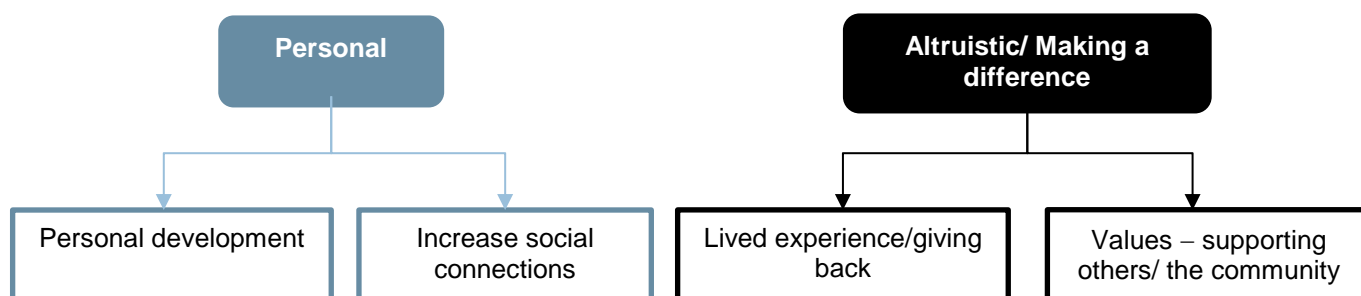
All Community Connectors involved in the evaluation shared a willingness to help people as their primary aim, but the four motivations most commonly described by Community Connectors were as follows:

Self-development: This group wished to gain more skills, had plans for future career developments, and appreciated the training and the fact that the programme was a recognised role.

> 'It felt like a recognised role.'

> 'My goal was to get more knowledge about how to help people and be more assertive within myself.'

Reduce isolation and increase social connections: Some Community Connectors recognised they were socially isolated and wished to change that. Several recalled a time they had more social interactions, but these had decreased due to health conditions, retirement, unemployment, or not having anyone they knew living close to them.

> 'I was pretty well connected in the past, but since my health issues myself I realised the importance of those connections to me personally. I needed to get out of the house and do something.'

Lived experience: Most of the Community Connectors described being drawn to the role because they wished to give something back after a period of difficulty (experiencing mental and physical health problems, housing problems, experience of being a refugee), or they had specific passions they focus on.

> 'I've faced a lot of obstacles and have been isolated. So I'm passionate about helping ex-offenders find work. I'm focusing on charities and organisations who share my passion.'

> 'I lost my daughter and my social worker encouraged me to go on the training.'

> 'I myself had the same problems. I did not know my rights. I did not know where to go…and [now] I work as a volunteer and… help.'

Values in line with that of the programme; a wish to make a difference: Several Community Connectors reported that their personal values and aims aligned with Project

Smith noting that connecting has been something they had been doing all their lives. Some of them stated that their values were influenced by their religious background, while others stated they wanted to support people and make a difference in their community. The Community Connectors appreciated a programme that celebrated and encouraged this altruistic aspect of people's behaviour and being community minded.

> '[It was a] brilliant idea, loving a neighbour as yourself, being aware of what is going on around you and helping others, [being a Connector] is similar [to Christianity].'

> 'I've been doing this all my life.'

Outcomes for Community Connectors

The initial assumption behind the Community Connector role was that they would be instruments for change for others.[11] Our findings suggest that significant impact is experienced by the Community Connectors as a result of their role. They suggested the role acts as a catalyst to achieve positive changes. Most reported the positive changes they experienced would have either slightly worsened, or it would have taken them much longer to reach the state they are currently in had the Community Connector role not existed. Outcomes experienced by Community Connectors and six case studies describing how the role has impacted them are detailed in the following section.

Increased social connections/reduced isolation

All Community Connectors reported an increase in their social connections as a result of their relationship with other Community Connectors. Most mentioned safaris as important for meeting and developing their relationships with others. All mentioned the WhatsApp group as vital to ensuring they stay connected. Those who identified other Community Connectors who live a few minutes away from them have benefitted from the connections significantly. They were able to develop very close friendships and meet regularly (on a weekly basis or at least call one another) outside the safaris.

> 'I've met some great people and broadened my roots.'

Increased sense of belonging/feeling connected/part of the community

All Community Connectors had either increased their sense of belonging to the community – 'always felt part of my community but my community is now larger' – or felt part of a community as a result of their role. This led them to feel a sense of ownership/agency to do more for the community. Some have joined other civic activities as a result, such as Tenants Residents Associations.

> 'I've made a point of helping more since I became a Community Connector.'

> 'We've been trained to challenge the system and question professionals.'

Increased sense of meaning and purpose

Some Community Connectors who had been isolated due to their health conditions as well as due to retirement, felt the role gave them some purpose or meaning in their life.

'I am also able to go out more, which is important for me personally outside shopping and going to cafés. I have a meaningful, purposeful activity and that benefits me mentally and physically.'

Improved physical health and mental health

Some Community Connectors reported increased physical activity as a result of taking on the role. They were getting out of the house more, either to meet with other Community Connectors or to support people. Two reported their increased social interaction with others has had a positive impact on their mental health.

'[There was a] brief period between work and joining [the Community Connector programme] when my mental health was bad.'

Increased knowledge

All the Community Connectors reported a significant increase in their knowledge. They indicated that they had built a better understanding of their community, and what Lambeth has on offer as a result of attending the safaris, as well as the constant exchange of information through the WhatsApp group.

'I have always wanted to help and helped people, but now as a Connector my support is more focused,; I am clear with people about what I can do.'

Increased confidence

All Community Connectors reported an increase in confidence in providing more targeted and effective support. Being able to contact other Community Connectors through the WhatsApp group gave them increased confidence, even when faced with an issue they lacked expertise on.

Furthermore, some Community Connectors felt the role gave them 'permission' to be more community minded, approach people, and provide support. Some felt although they had always supported people in their immediate circle such as friends and family, it was difficult for them to venture out and support strangers for fear they would be viewed with suspicion.

'The training has helped me to speak to difficult professionals in a different way.'

'When you see the person is vulnerable and you help them and [they] go home happy, you feel like you did something and you feel confident.'

'The role has given me permission to do more – to engage with other people (I would say I'm much more community minded). If people in my community have an issue – they know who to come to.'

Effective signposting to support organisations

Most Community Connectors reported an increase in confidence in supporting people as a result of building a better understanding of organisations and services available for people in need. They have signposted people to various local activities, and services in the area.

Better support provided to their immediate family in their day-to-day lives

Some Community Connectors supported their own family members as a result of becoming a connector.

> 'My son has mental health issues and he needed services less because I was able to talk to like-minded people – I've achieved everything a lot quicker because I've made so many connections and we help each other out.'

> 'I became a better mum – I'd accepted a lot of help and it helped me to give back.'

Community Connector case studies

Six case studies interviews were conducted as part of the evaluation to understand the range of people involved in the Community Connector role, their motivations, and the impact the role has had on them. Five of the Community Connectors were female, and one was male. In each case study the real names of the Community Connectors have been replaced by pseudonyms.

As part of the monitoring activities, the Project Smith team created network maps to capture how the Community Connector networks changed over time. The team used a mapping software, Kumu, to create two types of maps.

- **Direct connections** are connections that the Community Connectors have developed with organisations, or other Community Connectors, either through the monthly safari meetings, previous relationships, or through other Community Connectors. These maps illustrate either connections that have been used to support connectees, or will be used following the monthly safaris visits, or a recent connection with the relevant organisation.

- The longer a person stays a Community Connector, the more varied and numerous their direct connections. As Community Connectors develop their role, individuals and organisations may no longer appear in their direct connections map as they do not find them useful in supporting the connectees.

- **Indirect connections** are connections that the Kumu mapping software reveals. They illustrate potential connections available to the Community Connector through the extended network of their direct connections. As such, they represent the future possibilities of connections open to the Community Connectors.

We have included illustrative examples of connections maps developed at two points in time in the case studies where they were available. The green dots in the maps with black centres represent Community Connectors. [12,13]

Case study 1: Maya

Maya is a 64-year-old woman who lives in Gipsy Hill in Lambeth. She was drawn to the Community Connector programme as she felt that the aims were similar to the values she holds as a Christian woman.

Maya observed that living in big cities meant that communities are increasingly being lost and people are more isolated. She believes that the Community Connector role aims to reverse this.

'We should all be like a Connector. If you come from a village, [helping people] is more ingrained... it is worth keeping it on.'

Maya was also interested in the Community Connector role as she wished to further **increase her social network** and **make new friends**. Despite having friends all over the world, she had no one in her local area and this realisation, in the context of her worsening health condition, pushed her to take part in Project Smith. Maya explained:

'If I break my leg, my friend from Archway is not going to come to do my shopping, but someone from my area would be able to.'

As soon as she became a Community Connector, Maya found the WhatsApp group an 'incredible resource' enabling Community Connectors to connect with one another and **expand their knowledge**. She learnt that the

'…the point of being a Connector is not to know everything, but to [understand] somebody else will know something.'

The WhatsApp group is 'quite lively' and Maya uses it to support people constantly and she commented that she 'always get[s] answers and good replies'. She usually meets people she supports at her Church. May recently supported a single mum who had moved to Lambeth, and referred her to the local community shop where food is sold at a discounted price for people on a low income or on welfare. She also supported people facing homelessness as a result of the information she got from the WhatsApp group, and has helped people in terms of work, career, and volunteering opportunities. Maya emphasised the role of the WhatsApp group in enabling her to support people.

'Without [WhatsApp group] I would have not known how to support them; I wouldn't have known about the community shop.'

Maya identified that her **knowledge and skills** to support people in the community had improved as a result of being a Community Connector. When asked to what extent she agrees with the statement *I have the knowledge and skills to support people in my community* before and after becoming a community connector, Maya improved by 6 points on the 10-point Likert scale (from 4 to 10) and attributed 75% of the change to being a Community Connector.

Maya finds the role's flexibility invaluable; she suffers from chronic fatigue syndrome and relapses from time to time. At times she can have 'a lot on [her] plate'. As such, she appreciates that she can fit the role with her lifestyle and health condition. Despite enjoying the role and the training, Maya has yet to attend a safari. She finds the safaris very long:

'It is four hours. That is too long. It would have been good if it were shorter, like two [hours], but I am aiming to go the next one.

Recently, Maya has started meeting with another Community Connector who lives nearby to have lunch together. Maya finds this very useful as she is not as active and social as she would like to be. She added:

'There is value in talking to a person, you get much more out of it.'

Maya is optimistic about the Community Connector role. Her goal is to continue to learn about how to effectively support people.

'Once you get the connector bug you don't stop. You want to keep doing it… you get something back from being a Connector. I think there is a lot isolation and loneliness and if you make a difference in someone else's life, that makes you happy also.'

She added:

'There is so much loneliness, especially in cities…I think every borough should have this [community connector programme].'

Case study 2: Mariama

Mariama is a well-established figure in Lambeth, having been instrumental in establishing and managing a youth centre. She has struggled with mental health issues personally and in her family. The Project Smith pilot in Vassall and Coldharbour wards came at a time when she needed to get out of the house and do something. Mariama was part of the first cohort of Community Connectors. She decided to get involved when someone sent her the information about the role and how to join. From day one, she thought it sounded different and she quickly connected with some of the people on the training course.

Getting to know the other Community Connectors was important to Mariama; she explained that the trainers and facilitators have been pivotal in enabling those **relationships** to grow and be maintained. At first Mariama found the role overwhelming because of some of the issues she was facing in her personal life. At that time she was connecting with people who could support her. Mariama noted that the role has been instrumental in helping her to **manage in her life** and support her son.

Mariama feels that she has made great **improvements in her mental health.** Judging her mental health before the programme, Mariama placed herself at 'very unwell' when describing her mental health before becoming a Community Connector, whereas now she places herself at 'very well' (moving from 1 to 5 on a five-point Likert scale). When asked to

what extent she attributes the changes in mental health to being a Community Connector, she answered 'quite a lot' (75%). Mariama has **reduced her use of GPs** and has not been to the doctors for a year. Before taking on the Community Connector role, she had GP appointments once a month.

Mariama believes the connecting role is something she has been doing all her life; she liked the fact that it was not prescriptive and that they could influence how the project was developed.

'They really did listen to us! We came up with ideas and we tried stuff .'

The Community Connector role has given Mariama permission to do more, **engage more with other people,** and **become more community minded**. She feels that when someone local has an issue, they know they can turn to her as she can **support them** for as long as necessary. Some of the people she meets are curious about the Community Connector role. She has introduced many people to Project Smith and the connector training so they too can become Community Connectors.

Mariama thinks she has developed the strongest relationships with other Community Connectors. She now realises the importance of getting to know people, the value of relationships, and finding out what everyone has to offer. Some of the people she met during the training have become **good friends** and they develop community-based ideas and projects together.

Mariama was very interested in the training, especially as it gave her a qualification. She enjoyed the role plays and interaction between the trainers and the participants. She found it gave her a **great deal of confidence** and she greatly values the support she received during the course and since from the facilitators.

'I know Dave and Graham are available to me to talk to – it's not 9 till 5.'

One of the most important aspects of the training was learning to listen – and now when she meets people, this skill enables them to open up to her.

'Just listening to them was really important – they opened up and I opened up; I can't shut up now, whereas before I wouldn't engage with others.'

The safaris were exciting and provided somewhere different to meet and access as part of the Community Connector role. Mariama has recently started interning for Project Smith and is supporting the management of the WhatsApp group as well as running the monthly safaris and taking minutes. She is increasingly spending time talking to people who want to become Community Connectors.

Social connections map

Between July 2018 and January 2019, Mariama maintained and increased her direct connections in her area from 22 to 28. Her connections included a Councillor and several community and voluntary organisations such as BRYCC, Carers 4 Carers, Ace of Clubs

Black Thrive, Vassal and Coldharbour Forum, GLOWS, and Guys and St Thomas's Charitable Trust. Mariama has increased her connections to Community Connectors from three to eight mainly due to the WhatsApp group and attending the monthly safaris (Figure 4.2). With an increased number of direct connections, Mariama has also significantly increased her potential networks (Figure 4.3).
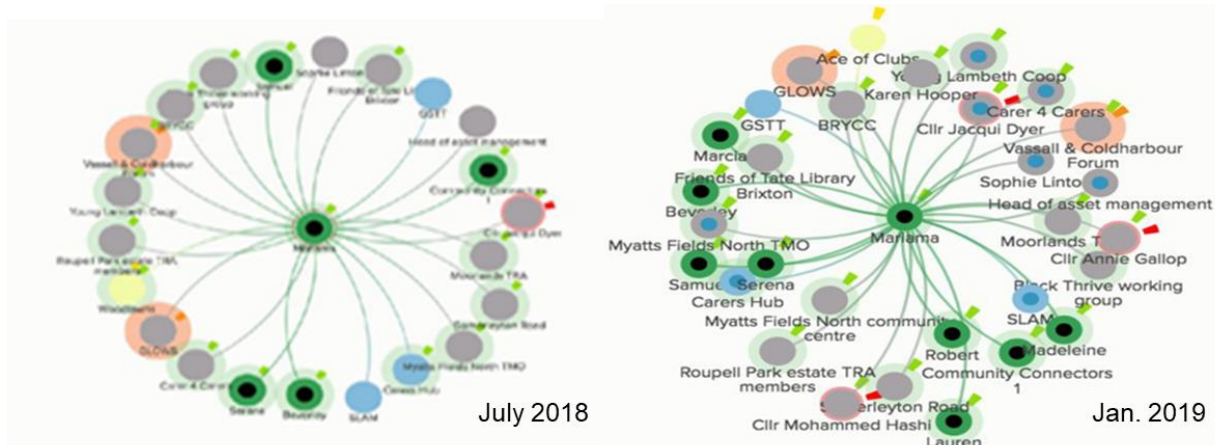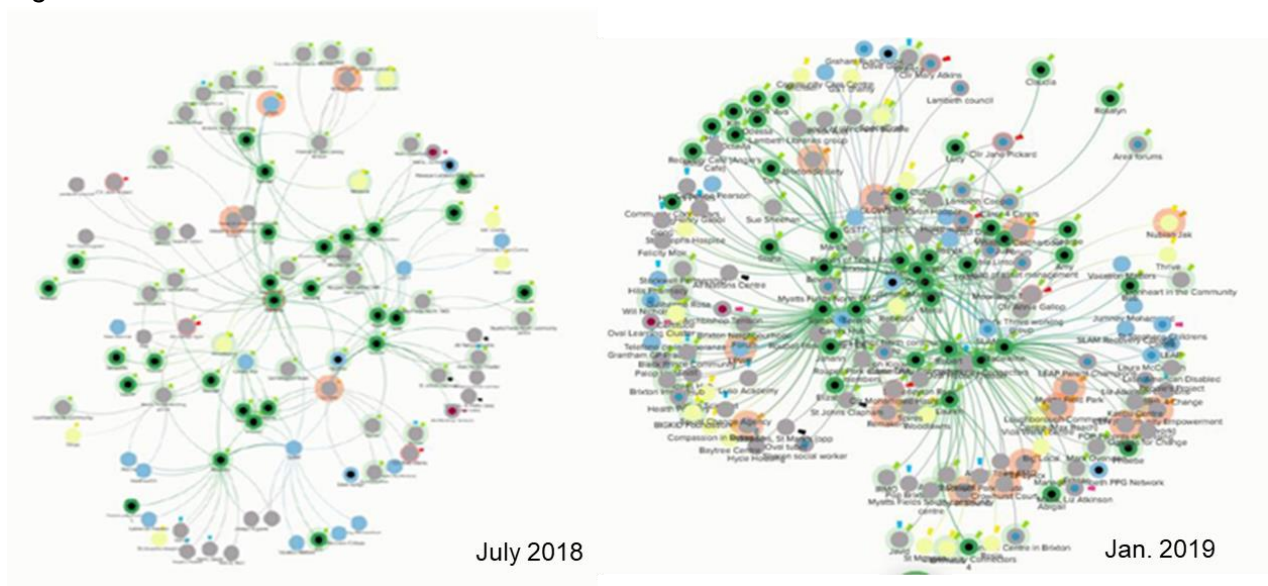
Figure 4.2: Mariama's direct connections

Figure 4.3: Mariama's indirect connections

Case study 3: Marcus

Marcus is a religious minister and has lived in Tulse Hill in Lambeth for about 20 years. He has experience working with vulnerable groups in supported housing and floating support. When Marcus heard about the Community Connector programme, he was immediately drawn to it as it was part and parcel of what he does on a daily basis; he appreciated the role

and its aim of 'connecting people within the local community who might be disadvantaged and in need' and said:

'[As a Minster of religion] you just don't pass people [who need support] by.'

Marcus has increased his interactions with a wide network of Community Connectors, which in turn led to **improved accessibility to other services and organisations in Lambeth**. He often interacts with the Community Connectors through the WhatsApp group where he gets to 'pick the brains of everybody [there]' whenever he has any queries. However, on occasions he found the WhatsApp group to be too active and distracting as Community Connectors are constantly exchanging information with one another.

'When you don't have any issues, then it [WhatsApp group], you know goes on and on a bit.'

Marcus found the safaris difficult to access as they started in the mornings when he usually has meetings. However, since becoming a Community Connector, he has attended two safaris and he is planning to attend a third. He found the safaris valuable as they increased his **awareness about services and organisations available in Lambeth.**

'You get a first-hand introduction to that service [where the safari is held]. It is more about meeting people who work in that service. It gives you a step in the door [to know about them and use them to help people].'

Despite Marcus's commitment to being a Community Connector, he experienced some difficulties when supporting people with high needs. At one point he came across John, a person with complex needs. Marcus found it difficult to properly support John:

'It is very difficult to connect him with others. He suffers from psychosis and schizophrenia. There are housing and benefit issues, birth certificate, id issues….it becomes difficult to support him.'

Marcus supported John to find accommodation, although John has not fully settled yet. Recently, Marcus had to interrupt contact with John due to an incident which has strained their relationship. Marcus hopes to resume the relationship again and further support John.

Despite the difficulties, Marcus appreciates being a Community Connector. He believes that

'As long [he is] connecting with people who have a need [he is] always going to be a Community Connector.'

He has found the flexibility of the role unique and makes a clear distinction with volunteering roles.

'Turning a Connector into a volunteer and [this would mean] there will be expectations on you and then you start letting people down, but now you [can] choose the individuals [you wish to support].'

When asked to what extent he agrees with the statement *I have the knowledge and skills to support people in my community*, before and after becoming a Community Connector, Marcus moved two points up a 10-point Likert scale (from 7 to 9). He attributed some of the change (25%) to being a Community Connector.

Although Marcus found the training and safaris helpful, he feels he needs additional support to enable him to deliver his role effectively. He identified a need for more networking between Community Connectors with a similar 'type of client' so they are able to learn from one another, and suggested themed monthly safaris to focus on specialised issues such as homelessness, complex needs, refugee issues, and so forth. Currently, the monthly safaris are open to all Community Connectors and Marcus finds it difficult to know what 'the other people [Community Connectors] do and what they know or specialise in'. Similarly, Marcus suggested Community Connectors could have themed WhatsApp groups with a focus on certain areas to enable them to share their queries with specialists who have expertise in the area.

Marcus appreciates the formal support he receives from the Project Smith facilitators. He suggested that an offer of more supervision could prevent Community Connectors from 'just drift[ing]' away. He said he is only able to provide support within a supported network and this might be lost without the support of Project Smith's paid member of staff who oversees the entire Community Connector programme. He added:

> 'If we don't have the funds we are limited. If there are no funds, you won't get longevity; there will false of sense of security.'

Social connections map

Marcus maintained his direct connections between both review points (November 2018 and January 2019). During the period, he found it difficult to take part in the safari meetings as it clashed with other responsibilities. This may have influenced the number of direct connections he was able to develop.

Marcus's indirect connections grew between November 2018 and January 2019 due to the growth of the networks of other Community Connectors he is in most contact with. His indirect connections are quite large and varied consisting of other Community Connectors, charities, and voluntary organisations.
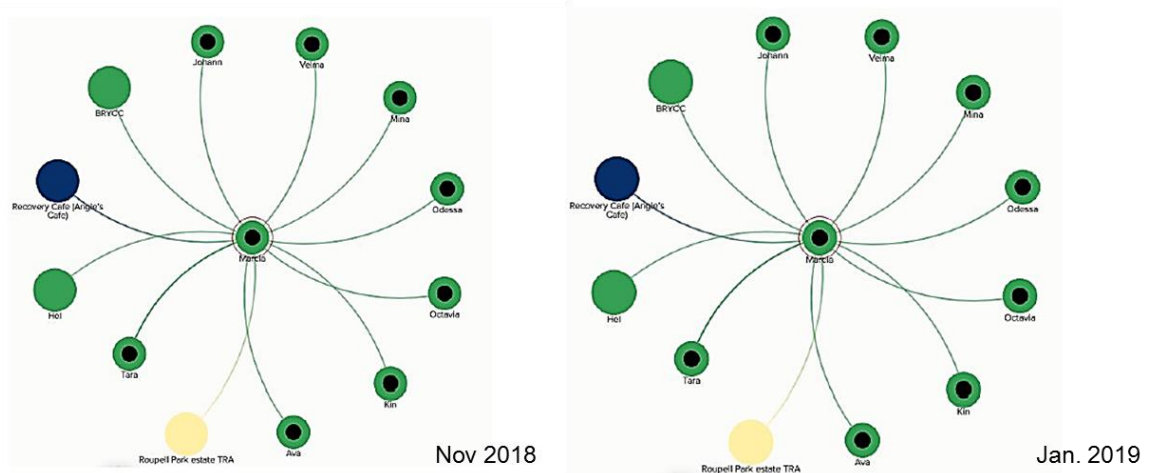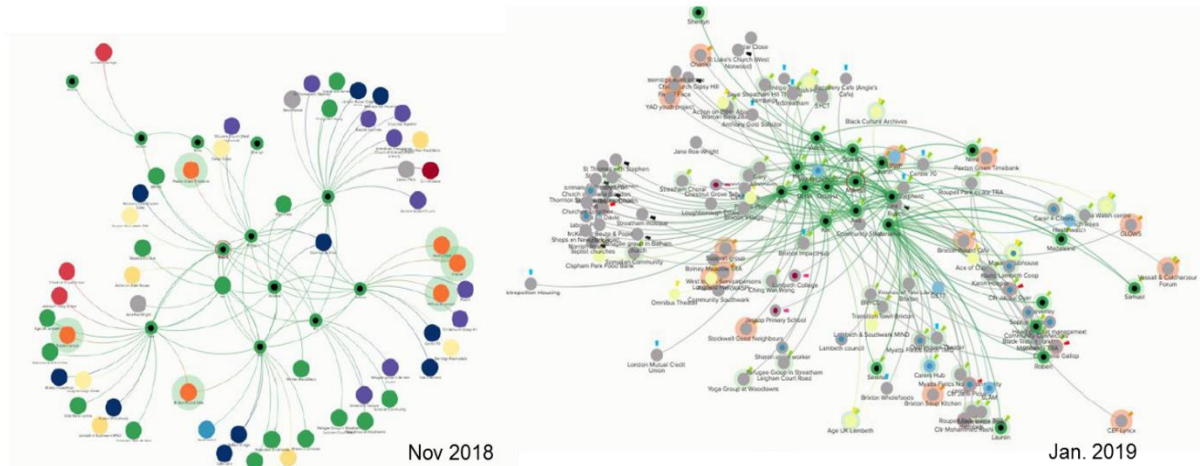
Figure 4.4: Marcus's direct connections

Nov 2018

Jan. 2019

Figure 4.5: Marcus's indirect connections

Nov 2018

Jan. 2019

Case study 4: Kin

Kin is in her sixties with eight children and four great grandchildren. She lives in Kennington, Lambeth. She works as a volunteer for South London Refugee Centre and enjoys supporting people through sharing what she knows.

'Many people do not know about how to access the right places…if you do not have information, you go to the wrong places,…[I] help people, put them in the right track, a little push [in the right direction] to make their life easier for them.'

Kin, who is a Somali refugee, recalled the times she needed support:

Kin came to know about the Community Connectors at her volunteer workplace. Her manager encouraged her to join, and Kin initially hesitated as she thought her English was not good enough. However, following a conversation with the Community Connector manager, Kin took on the role in December 2018. She indicated that becoming a Community Connector had **increased her confidence:**

'Other Connectors have a degree and even though I don't have a degree I am still out there helping people.'

Kin enjoyed meeting with other Community Connectors, and she noted that the role not only expands their **knowledge about how to effectively support peop**le but **exposes them to 'diverse cultures'**, and ways of thinking.

When asked to what extent she agrees with the statement *I have the* **knowledge and skills to support people in my communit***y*, before and after becoming a Community Connector, Kin moved four points up a 10-point Likert scale (from 4 to 8). Kin attributed some of the change (25%) to being a Community Connector.

Kin also reported an **improved sense of belonging**, when asked to what extent she agrees with the statement before becoming a Community Connector and now, she improved by four points in a five-point Likert scale and attributed 100% to her role as a Community Connector.

Kin enjoyed the safaris. One of the monthly safaris was held at her workplace.

'It was amazing…people sharing and learning information from each other. I love the safaris. You get [a lot of] information…you seek advice, and you get more confident.'

Since joining the WhatsApp group Kin has found helping people has become easier as she has access to different Community Connectors willing to share their knowledge with her. As a result, **she is now more likely to approach people who may be struggling** and ask if they needed support with anything, she added:

'Now I am a Community Connector, if I see someone struggling, I go to the person and say is everything OK? If they don't want to talk, it is fine. Before I would not do it, but now because I am a Community Connector, I ask are you OK? Do you have somewhere to sleep? I also give some money, I say if you need help, I can connect you to somebody, do you want to work?'

Kin usually meets people she supports at her mosque, as well as at her volunteer workplace. As a Community Connector, Kin regularly supports people by giving her time. She has regularly visited a woman who has been admitted to hospital due to complications with her health.

'I go to the hospital and make her happy. I give her time. She lost her leg [due to her condition]. She enjoys my company.'

Recently, Kin signposted people to her organisation where they can access ESOL classes, free yoga, healthy cooking, as well as support for housing, benefit, and immigration issues. Kin also attends the ESOL lessons and yoga on a weekly basis. She recently supported a single mother who has six children to get a flexible part time job in a care home. She reported that the Department for Work and Pensions were putting pressure on the single mother to find work, and Kin signposted her to the care home where should be able to work

from 10 to 2 pm after two weeks of training. This will allow the mother to collect her eight-year-old child from school.

Going forward, Kin wants to mainly focus her support on single mothers and the homeless. She frequently comes across people struggling to pay their rent due to benefit caps, or people not having enough money for basic needs such as food.

'They [single mothers and people who are homeless] always come for help, so they come to me. They have lots of bills, [are] threatened by bailiffs, and they don't have enough food and no electricity. The government has to help. They make one mistake, and [this] ruins all their life.'

Finally, Kin finds that being a Community Connector and supporting people can become quite overwhelming, especially with complex cases. However, the role's flexibility enables her to have a work-life balance.

'I know when to stop, go out with my family, and spend time [with them].'

Kin said she finds being a Community Connector satisfying.

'When you see the person is vulnerable and when you help them and [they] go home happy, you feel like you did [something] and you feel confident.'

Social connections map

In two months, Kin increased her direct connections with Community Connectors to eight as a result of attending monthly safaris. When asked about her connections, Kin highlighted the immediate connections she has made to support people she came across. This meant she only highlighted a few organisations she signposted people to such as the Care employment agency, and the South London Refugee Association. The January 2019 connections map shows Kin has removed connections (such as the Refugee group in Balham church) and developed new connections.

Kin's indirect connections were already numerous and varied by November 2018, and they continued to grow in January 2019 representing the varied connections that are potentially available for Kin to use in the future.

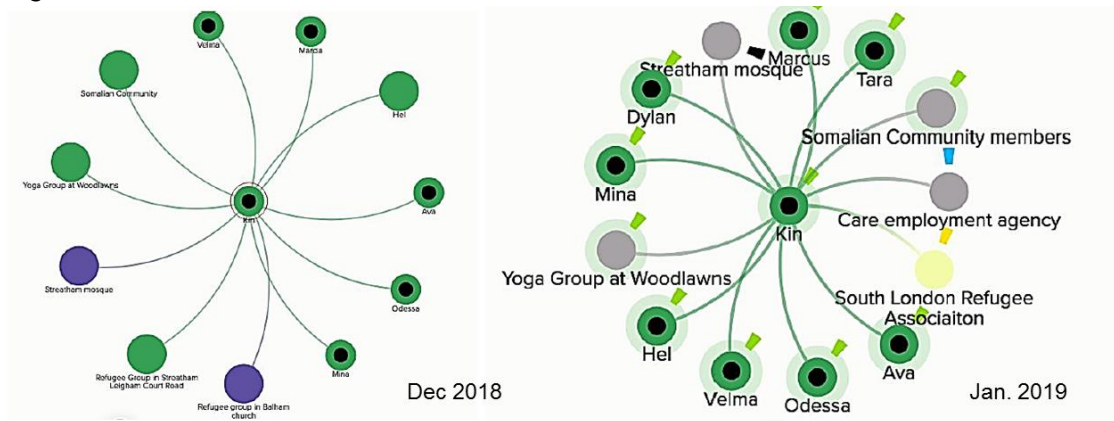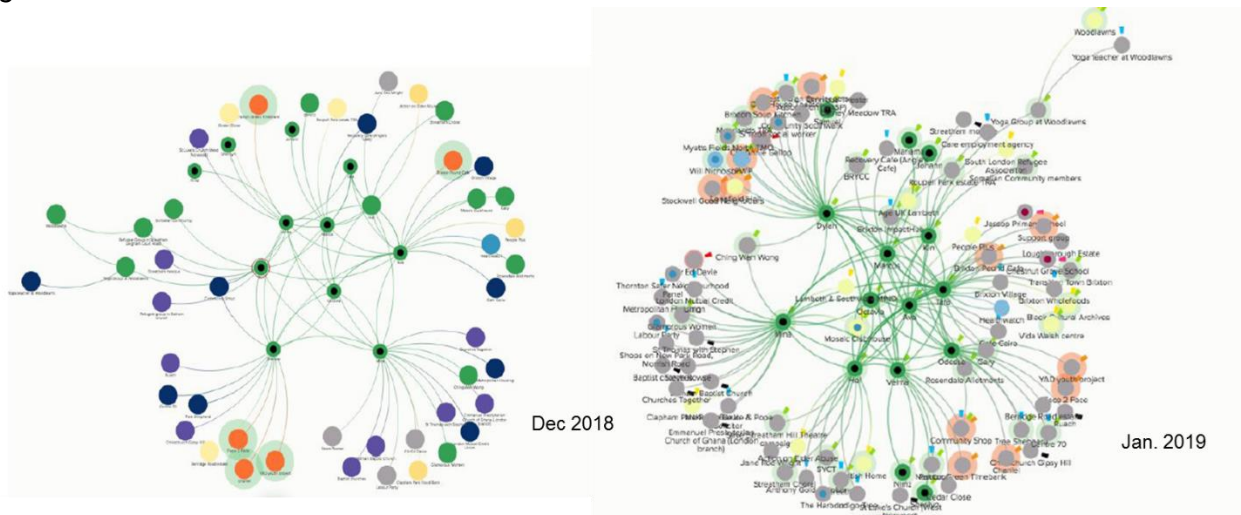*Figure 4.6: Kin's direct connections*

Figure 4.7: Kin's indirect connections

Case study 5: Lucy

Lucy is a 67-year-old woman who has lived her entire life in Brixton, Lambeth. Prior to becoming a Community Connector, she used to be employed in education. Lucy considers herself to be well-connected locally and is often found outside 'in the community' frequenting public/community spaces such as the library and pay-what-you-feel-like cafés, and often visits neighbours.

> 'I am not working and am in the community, outside most days. I meet people in the library, neighbours on the street, [I take part in a] Friends of the Library committee role.'

Recently, Lucy's health started deteriorating. This has had a negative impact on her relationships and social life. Despite being well-connected locally, she said she was less able to physically connect with people due to her health condition.

Lucy first heard about the Community Connectors at her library where a project pilot was held. She was encouraged to become a Community Connector by her neighbour who had also recently taken on the role. Lucy often helped people in an unpaid capacity and felt she

was a connector without realising it. She appreciated that the role of a Community Connector 'felt like a recognised role'.

Lucy found the Community Connector's training very useful and enjoyed meeting new people.

'I enjoyed the initial training. I met new people from different areas. everyone could share their experience, including traumatic experiences. It was non- judgemental [space].

Similarly, Lucy found the monthly safaris i**mproved her awareness about what is on offer in Lambeth** and enabled Lucy to meet a bigger network of Community Connectors and exchange information.

'At the training, you only know one group, but at the safaris, I met different people [from different cohorts] and visited different places (community, health or wellbeing organisations). I liked how [safaris] improved my knowledge on what Lambeth has to offer.'

Lucy often helped people in her circle and neighbourhood; however, she felt since becoming a Community Connector, she is providing a **more effective support.**

'…The purpose I have [for helping people] is more focused. I have to be clear with people about what I can do… I am more focused both about the possibilities and limitations of what I can do. I support and signpost people appropriately, [give] more targeted support.'

Since becoming a Community Connector, Lucy has **increased her physical level of activity** as well as her **social interactions with people.**

'I am able to go out more which is important for me personally, before I used to go outside shopping and cafes only, but now I have **meaningful, purposeful activity** and that benefits me mentally and physically.'

Lucy supports friends, neighbours, and people she meets in her area. The issues she comes across are usually health related, or people struggling with isolation and loneliness. She signposts people to local charities and organisations such as Age UK or Mosaic Club House (a mental health service). In relation to tackling social isolation, Lucy signposts people to community cafés such as Brixton Pound and It is Your Local Market, as well as various courses where people can develop their skills and meet new people. Examples include IT courses, Tai Chi classes, and courses on raising awareness about disability issues. Lucy has also supported people to connect online through referring them to My Social, a website which enables people to connect and arrange visits for isolated people in their homes. Lucy encourages people she supports to engage with what is available locally to **improve their sense of belonging** in the area.

As a result of accessing a wider network of Community Connectors through the WhatApp group and drawing on their knowledge; Lucy has found that she is able to increase her support for a particular cohort of people, people who are homeless.

'Because of the Connectors, I signpost more for homelessness like night posts, I did not know much about this before.'

According to Lucy, the Community Connector model works because of the **strong bond and trust** that is built overtime between the Community Connector and the people they support. Lucy believes she is able to build trust because she shares a similar background and has lived experience which enables the people she supports to relate to her.

'I know lots of people know me, and I don't patronise them. I could be in their condition. I say I have been doing this and I found it useful for me so they are aware of it, then they might be more open to engage.'

Lucy found the Community Connector role suitable for her lifestyle. She appreciated that the role is not prescriptive and is flexible enough to enable her to take part in the role whenever she can. Lucy values the connections she makes between people; she does not find it "too demanding on her as it is all locally based". Lucy intends to stay a Community Connector for the rest of her life as she values supporting and helping people.

Social connections map

Lucy likes to operate 'locally' and her direct connections network reflects that she has focused her support in the central part of Brixton (Figure 4.8). There was no significant increase in Lucy's direct connections between the two points in time (July 2018 and January 2019) which may be due to Lucy focusing on connecting specific a type of connectee to specific organisations. For example, she linked several of her connectees to the Brixton Pound café and Mosaic Club House, which support people with mental health needs. Lucy's indirect connections are many and varied, presenting potential connections for the future.
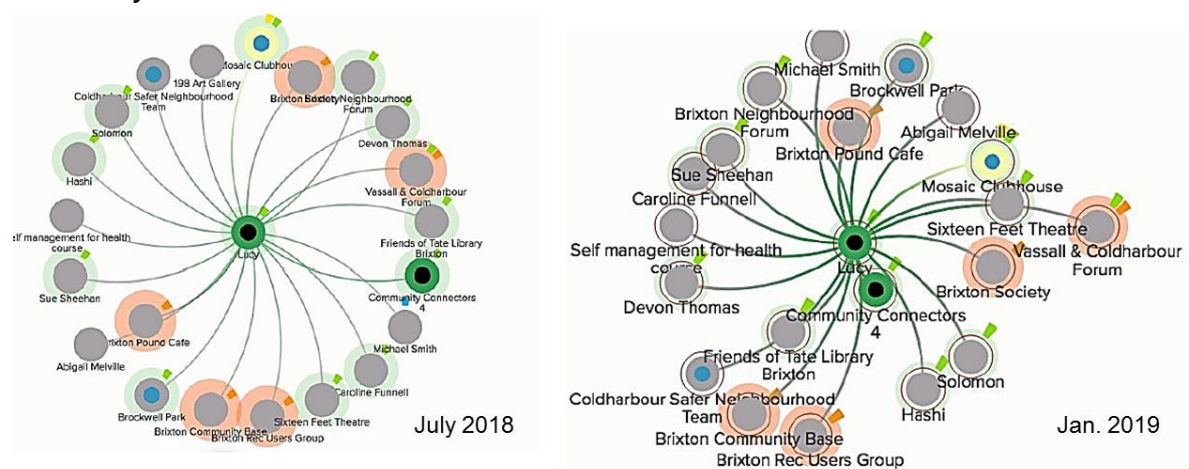
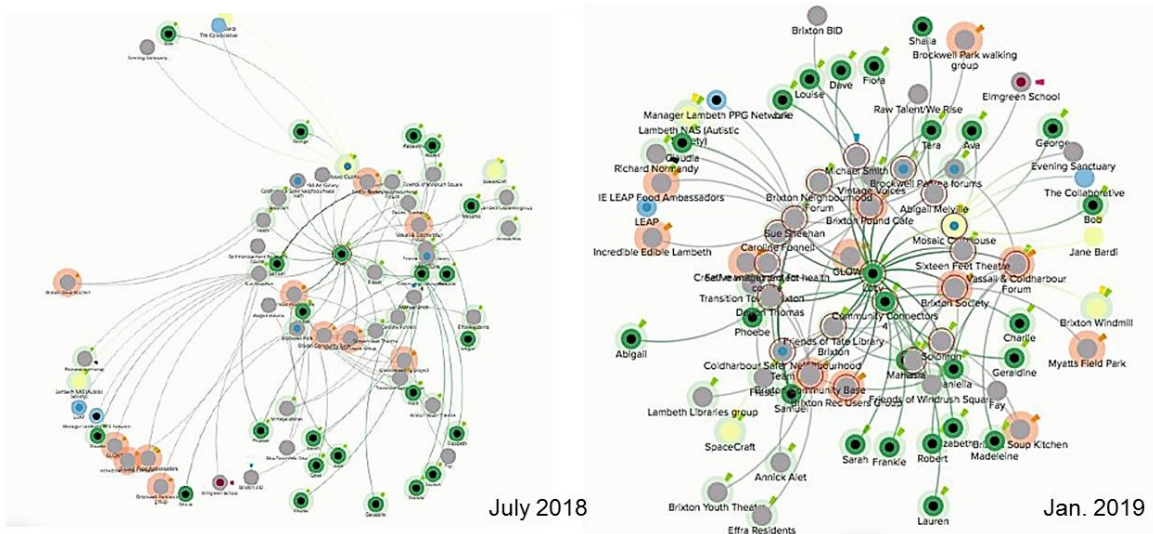*Figure 4.8: Lucy's direct connections*

Figure 4.9: Lucy's indirect connections

July 2018   Jan. 2019

Case study 6: Abigail

The role of Community Connector has changed for Abigail since she first started. She initially found the role hard to define, but discussions during the safaris really helped to tease this out. Abigail opened a community café, which was partly funded by a small-grants fund from the programme. She was volunteering at a local farm and felt that becoming a Community Connector fitted well with her role at the community café.

Abigail introduced the person who runs the café with her to the Community Connector programme, and as a result they have developed the café based on the Connector model. Abigail uses the café to connect and support people who come to the café and engage others in becoming a Community Connector. She also connects people she meets through her work in the local park, to activities and workshops.

Abigail reported that she found the Community Connector training gruelling. She attended one of the first four-day training courses and reported that it could have been a lot shorter. Abigail did not like the idea of having exams at the end of the training and felt there could have been more interactive exercises and role plays. On the plus side, she felt that it was great to meet the different people on the course, and she has maintained contact with them. It helps that the programme is place based as she lives very near to other Community Connectors and can meet up with them easily.

Abigail has dipped in and out of the Project Smith processes over the years, which has left her feeling a bit guilty. She feels she is letting people down but over time her capacity has reduced. As the programme got bigger, she pulled away. At first, she found the safaris useful, but she now finds them very long and unstructured, and would prefer a more formalised and shorter version as she has limited time available.

Abigail has struggled with the notion of boundaries within the Project Smith model. This may stem from the fact that her Community Connector role is closely linked to the community café she runs. This means that people know where to find her, and they can more easily build a relationship with her. This has created problems because she is unsure where her Community Connector role starts and ends. Abigail illustrated this concern by talking about a person, Carol, who volunteers at the services for drug/alcohol users which is located next door to the café. Abigail and her colleague welcomed Carol into the café and supported her every week, which gave Carol something to get up for, and made her feel valued. But as the café got busier it became harder to support Carol. Carol has since moved a few miles away, and although she only comes to the café occasionally, she regularly telephones. Abigail feels that she may have built up Carol's expectations and may be letting her down. She noted that the boundaries of the role are still not clear-cut, and she would have benefited from additional support on establishing boundaries. She is also concerned that once the Project Smith funding for the café runs out, people will not have a place to access support.

Abigail finds her connecting role easier when she is volunteering at the local park because she can provide specific interventions, and the people she meets are less vulnerable. A lot of her connecting is to places she already knows or has been introduced to via the safaris.

Abigail believes that the biggest impact the Community Connector role has had on her is the people she has met on the way. She now works closely with two people she met through the Community Connector role and it has shaped her future roles. Abigail continues to promote the Community Connector role and talks about Project Smith frequently.

Social connections map

Abigail maintained her direct connections between July 2018 and January 2019. Her indirect connections grew between the two time periods as a result of the Community Connectors she is close to increasing their connections.
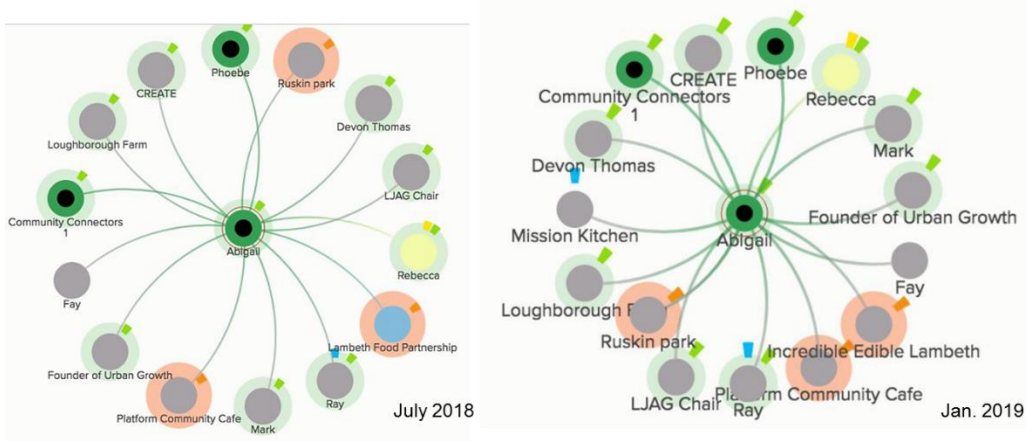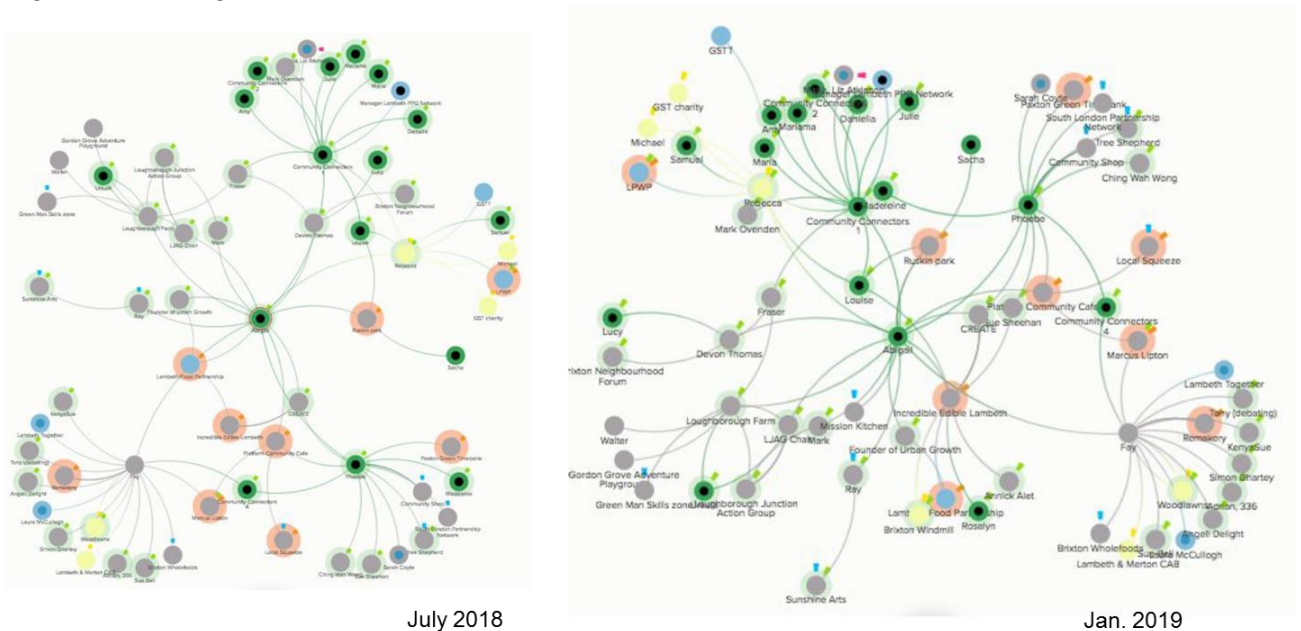
Figure 4.10: Abigail's direct connections

July 2018 / Jan. 2019

Figure 4.11: Abigail's indirect connections

July 2018 / Jan. 2019

Connectees

Eight connectees took part in the evaluation. Data was collected using Podio (8), case study interviews (4), and a VFM survey (2) to understand the type of support they had received and how this has impacted them. Six of the connectees were female and two were male. They were from a broad age group (Table 4.1) and ethnicities (Table 4.2).

Table 4.1: Connectee age

Age	Number of Connectees
20-25	1
26-34	1
35-44	2
45-54	1
55-64	2
65-74	1

Table 4.2: Connectee ethnicity

Ethnicity	Number of Connectees
Black or Black British African	2
Black or Black British Caribbean	1
White English / Scottish / Welsh / Northern Irish	2
Mixed White and Black Caribbean	1
Other White Background	2

Table 4.3: Connection location

Wards connections were made	Number of Connectees
Coldharbour	3
Stockwell	2
Knights Hill	1
Tulse Hill	1
Vassal	1

The connectees received support in a range of wards (Table 4.3), and were signposted to voluntary, community, and public organisations (Table 4.4) based in the local area or wider borough (Table 4.4).

Table 4.4: Signpost organisation

Signposted to	Number of Connectees
Voluntary sector	3
Community project	6
Public centre	2

Table 4.5: Signpost location

Area signposted to	Number of times
Local area	7
In Lambeth, but outside area	5

Support provided

Connectors supported people using a range of different methods to connect with people and connect people to other things going on in the area. These included using their day-to-day role (e.g. working at community café), personal skills such as cooking, and focusing on supporting people they know and neighbours on their estate. Many also felt their role was to introduce people they knew or had met to the role of Community Connector recognising the significant impact this has brought to their own wellbeing (Figure 4.12).

Figure 4.12: Methods of support
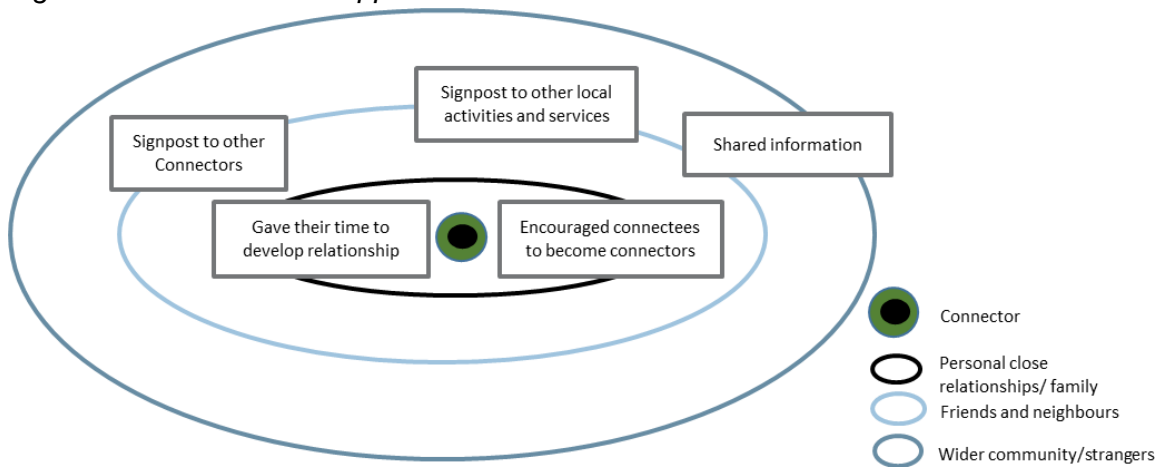
The closeness of the relationship between the Community Connector and the connectees influences the way the former supports the latter. Those who have a close relationship to the Community Connector (such as family or friends), and have ongoing contact, tended to access more of the Community Connector's time and are more likely to be encouraged to take on the role themselves. People who did not have a close relationship with the Community Connectors were usually supported by providing information (i.e., being signposted to a service).

Signposting

Connectees interviewed as part of the evaluation reported that they had received a range of support from immigration and refugee support, to access to GP services and employment support (Figure 4.13).

Figure 4.13: Support services offered to connectees
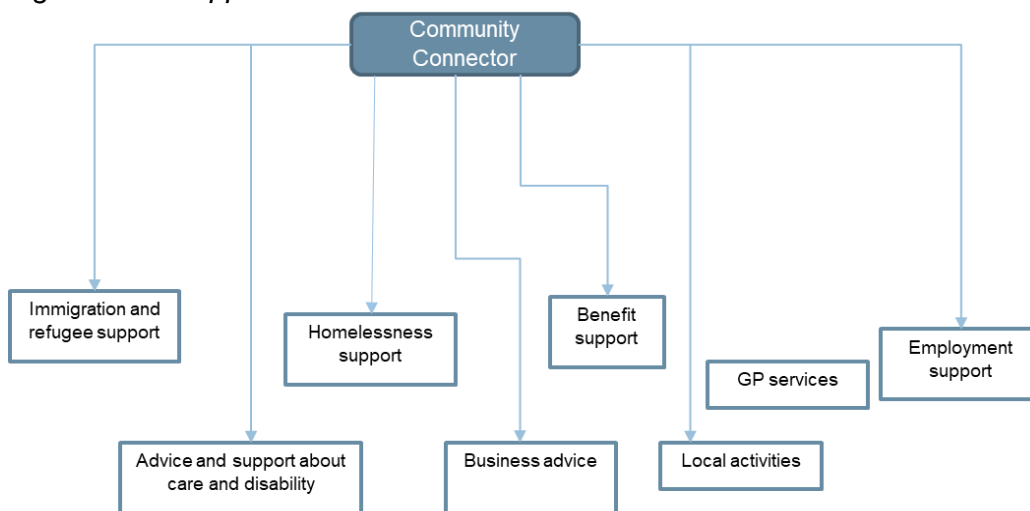
Support services signposted to included community and voluntary projects, public services, and other services (Table 4.6).

Table 4.6: Support services signposted to

Community project	Voluntary project	Public service	Other service
Community shop	Brixton Society	Lambeth Council	Age UK
Paxton Green Timebank	Street Link outreach team	Civic Centre	Disability Advice Service Lambeth
Naybur	Spires	DWP	Carers for Carers
Brixton library		GP services	Metro Homes
Brixton Pound café			Crisis
It's your market			Mosaic Club House
Stockwell Estate Community Centre			
Church on Brixton Road			

Outcomes for connectees

Most of the connectees who took part in the evaluation reported positive changes in their lives as a result of the support they received from their Community Connectors. Most knew them as their neighbours, or people they regularly saw at their church, mosque, or library. As such, they had some sort of ongoing relationship with the Community Connector. Outcomes experienced by connectees are described in more detail in four case studies in the following section.

Feeling valued and listened to

All the connectees reported feeling valued and listened to by their Community Connectors. They felt they had someone on their side, and they built a close and trusting relationship with them.

'[I] felt comfortable to [open up] and tell her about these things [mental health problems].'

Increased social connections

Most connectees reported feeling lonely and isolated prior to getting support from their Community Connector. As a result of the Community Connectors signposting them to services or local activities, they reported an increase in their social interactions. Activities connectees have taken part in to increase their level of social interaction include Tai Chi lessons, Vintage Voices where older generations meet with younger ones, and IT courses. Connectors have developed a close relationship with their connectees, and give their time to

support them, for example, by providing transport, visiting them at hospital, or having meals together on a regular basis.

People get access to the services and local activities

Some connectees reported that their families have benefited as a result of their Community Connector's support. One connectee ensured her mother had access to welfare, specifically disability benefits. Additionally, the connectee was also able to better support her children who had disabilities, due to being signposted to a disability service. Connectees have been signposted to ESOL and IT courses, affordable community supermarkets, and benefit and immigration support services.

Better financial position and access to employment

One connectee, a single mother, found flexible part-time employment as a result of a Community Connector signposting her to a Care Home agency. Another reported that she had improved her business sales by 50% as a result of her Community Connector introducing her to key contacts in the area who were able to increase her access to customers.

Better mental and physical health

Some connectees reported significant positive changes to their mental health. One in particular went from having severe mental health issues with suicidal ideations to reporting significant improvement in relation to her mental health. Two more reported an increase in their physical activity through attending sessions such as Tai Chi and walking more.

Connectee case studies

Four case study interviews were conducted as part of the evaluation to understand the range of people supported by the Community Connectors, and the impact the support has had on them. In each case study the real names of the connectee and Community Connector have been replaced by pseudonyms.

Case study 1: Mia

Mia is a young woman with three children, who has lived in Brixton for the last ten years. She met Mariama, a Community Connector, about four years ago when Mia worked as an employment adviser in a community centre. It was Mia's last day on the job and she 'liked what [Mariama] was talking about because community [was her] heart and soul'.

Since then, Mariama and Mia have developed a very **close relationship** as a result of the Community Connector programme. Mariama only lives five minutes away from Mia; as such they 'try to meet every week, if not then [they] speak every week'. Mia has found Mariama's support throughout the years invaluable, and she has been **connected to a range of support services** through her.

Mia, initially, accepted Mariama's support because she felt isolated. She is originally from Nigeria where being part of a big community was a normal part of life. She found Mariama's description of the Community Connector programme

> '[…]"similar to Nigeria [where] if you have problems you know there is one person that you could go to who could be able to help, and if they can't, they know who to go to, to get that help for you.'

She also

> '[…] loved [being part of] a group of people…and was interested in [getting] support.'

Mia was suffering with mental health problems (depression, anxiety, panic attacks, and suicidal ideation) which she did not discuss with anyone as she felt she had to take care of her family and could not be a burden to them. However, when she met Mariama, she found her to be non-judgemental and 'felt comfortable to [open up] and tell her about these things'. Mariama then, through the WhatsApp group, introduced Mia to two other Community Connectors who had connections with a GP surgery. Speaking to the Community Connectors 'gave [her] the confidence to go to [her] GP and say how [she] was feeling and that changed everything'. Mia reported that her **mental health improved** dramatically as she started accessing medication, but more importantly, she continued her close relationship with Mariama. Two years later Mia became a Community Connector herself.

Mariama has also connected Mia to Disability Advice Lambeth to help her **access support** for two of her children who have disabilities, and Carers for Carers to provide her with **help in caring for mother**. Mia is still in contact with both services and accesses them 'whenever [she] needs advice and support'. A connection through Mariama to two other Community Connectors who were patients' advocates helped Mia's mother **access a disability living allowance** and a disability car badge, which was a huge help for them.

Mia's **confidence increased** immensely as a result of the support she received from the Community Connectors, and she is 'now able to ask for support' herself. Mia is still working on her self-esteem; she still finds it difficult to prioritise herself.

> 'It is a challenge, all my life. If it is not my mum, it is my children. For me it is work in progress and as long as I make small progress [to care for myself], it is better than nothing. I am trying to be more positive and recognise the baby steps. It might not be much for other people, but for me, it is massive- going from having suicidal thoughts every day to this where it has reduced dramatically… it is a massive change for me… I can ask people for help now. I need to take care of myself. I realise it is all about baby steps, small progress. This helped my mental health".

Mia is very grateful for the Community Connector programme:

"Community Connector is like having a doctor come down to your area and knock on your door to check you are alright. The likelihood of that happening anywhere is very slim…the project is a life saver…I am really thankful. It is like a little family.'

Since becoming a Community Connector herself, Mia has made even more connections and has been able to support other people. Mia found that telling people she is a Community Connector usually made people open up to her and accept support.

'When I approach people, I don't say I am a digital marketer. I can say I am a Community Connector and that helps people talk to me.'

Mia has also started interning for Project Smith; she uses her skills as a digital marketer to promote Project Smith via social media to 'get more Connectors and inform people they have Connectors in their community'. Mia and Mariama are now also members of the Tenants Residents Association which has further increased their **sense of community**.

Mia aims to be a Community Connector for as long as possible and is very optimistic about the future. Apart from her internship, she is also focusing on developing her digital marketing business and social enterprise and wishes to continue to 'be an asset and be able to give back'.

Case study 2: Delina

Delina has been living in West Norwood (West Dulwich) since October 2018. She arrived from Bulgaria and currently works as a Teaching Assistant at a London primary school. Delina met Maya, her Community Connector, at her church at a time when she was unemployed and new to the area. She needed support and Maya was known as a Community Connector at her church. Delina found Maya to be 'very kind' and always available to support and share her knowledge. Maya shared information about various organisations and websites where Delina could apply for jobs, including Next Door, a website where a notification is sent whenever there are open vacancies in your local area. Maya also supported Delina to familiarise herself with the area such as 'what type of shops are around', and connected her with people who were letting out rooms when Delina was looking for a place to stay.

Delina wanted to start a new career in teaching and she relied on Maya to **access information** about the qualification she would need to take, and the books she would need to prepare for it. Maya connected her to a library to access the books. Delina found Maya's advice very useful; 'it would have never occurred to [her] to access a neighbourhood library.'

Delina found that even though Maya's support did not always materialise into a job or accommodation, she still found her support invaluable.

'As a new citizen, [it was important to] to know I [had] a friend, somebody to turn to if I don't know what to do or where to go. Life can be less stressful for a new person in the country when you have someone to tell you where to go and how to do things…because of [Maya] I am now more familiar with how things are, if I had been on my own, [everything] would have taken me much longer, as [many things are] inaccessible.'

Delina found the Community Connector programme to be very valuable:

'[…] particularly for people who are new [to the country]. Most are persecuted, or they are unemployed coming to look for a better life. They [encounter] new cultures. It is nice to have someone to welcome you.'

Case study 3: Alana

Alana is a young woman with three children who moved to Lambeth around 2.5 years ago. She has a small business creating personalised, colourful, cushions with her 11-year-old daughter, and she sells them to customers at different local markets in Lambeth, Dulwich, and Southwark.

Alana's Community Connector is her neighbour Lucy. Alana sees her on a regular basis, to have coffee, as she lives across the road from her. Alana found Lucy's support quite useful as she enabled her to make strategic connections to raise her business profile.

'We lived here for two years, but it is still great to have someone to let you know what is happening. I have three children and [I'm] tied up with motherhood. I don't have time to find out what events are out there, [but] through Lucy I am able to plan and prepare…[Lucy knows] loads of lead contacts [in the area].'

Alana added that Lucy has been a 'really big help in advertising [her] company'. She has introduced her to many different local events in the area for Alana to sell her merchandise.

Lucy introduced Alana to the Director of East Dulwich market which led her to getting a stall on the market and increased her access to customers. And to the Director of Brixton market who in turn gave her access to a number of his events that were based in Brixton. As a result of this exposure, her cushions were noticed by a number of people which led her to having 'good newspaper and magazine coverage'. Alana was able to set her business up on Brixton Road in September 2018, and since accessing Lucy's support, her 'sales have gone up by 50%'. Alana is very hopeful about the future.

'It is a growing business. We got a lot of interest [now].'

Alana feels she has a **better understanding of the are**a and has increased her 'knowledge of the area, the culture and what people want and what people like', and this has further **increased her sense of belonging in the community**.

Lucy's support had an indirect positive impact on Alana's daughter whose **confidence has increase**d.

'It is great in terms of state of mind, very encouraging to see my daughter help me run a business. In terms of support and motivation by far [Lucy's support] has helped getting her out there and meeting different people.'

Alana shared she feels happier and her mental health has improved as a result of seeing the positive impact her growing business is having on her 11-year-old daughter.

'It is quite inspiring for my daughter, even for me to see her make money at such young age… a lot of money [we] make is her money….she is a great [at sewing].'

Case study 4: Tina

Tina is a 73-year-old woman who has lived in Brixton all her life. She has three sons who have all moved out, and she currently lives in her home of 40 years on her own. Tina spends her time cooking, painting, and doing a bit of gardening. She also has friends and neighbours who visit her from time to time. Tina has mobility issues and her son recently bought her an electric scooter which has enabled her to get out of the house and do her own shopping. Otherwise she relies on her neighbours to do her shopping. Tina said she does not see her sons as much as she likes. One of them lives in Brixton and 'works all the time, he has a mortgage to pay, but usually visits on Sundays'. The other two live in Cambridge and Burma.

Tina's Community Connector is her neighbour Lucy. Tina finds Lucy's support very useful. She often gives her lifts to places and informs her about events taking place in the library or the local area.

'Because of my breathing, I cannot walk far without my breath going, which is why I accept a lift or wherever, anytime I need to go anywhere I have [Lucy's] number, and she takes me every time.'

Tina is very grateful for Lucy who has often been a 'godsend on somethings'. Without her, she 'would have to get cabs to get to places'. Tina recalled the time Lucy took her to Brixton Town Hall to watch a black opera.

Lucy has also connected Tina to a local Tai chi session at Brixton community centre, which Tina attends regularly when the weather allows. Tina is very conscious that her health has been deteriorating and she believes it 'will never get better'. However, she tries to attend Tai Chi regularly and 'get exercise out of it' even if she has to keep stopping because of her breathing. Despite her breathing problems Tai Chi 'keeps [her] mind, body spirit going'.

Lucy has also signposted her to Vintage Voices, a space where the older generation give 'the younger people insights into how Brixton was 20–50 years ago'. Tina found Vintage Voices 'very useful and fun'. She heard stories of people who lived in Brixton since the 1970s and 1980s. Tina also attends creative writing sessions as a result of Lucy's recommendations. She

is very grateful for Lucy's support and feels **less lonely** because of it. Lucy is one of five people she can call whenever she needs any support.

Community Connector programme theory of change

Theory of Change diagrams were created for each element of the programme at the outset of the evaluation to support the development of the evaluation framework. Each of these diagrams provided a more detailed version of the high-level theory of change detailed in Section 3 (Figure 3.1).

The evaluation findings suggest that most of the outcomes intended to be supported by the programme have been experienced by both the Community Connectors and the connectees. The outcomes verified through the evaluation are summarised in the theory of change diagram indicated by yellow stars (Figure 4.14). Some connectees have also achieved additional outcomes not initially envisioned, such as better financial position, access to employment, increased access to welfare services, better mental health, and increased social connections. Similarly, Community Connectors have achieved improved physical and mental health. Due to the small sample size and the convenience sampling applied (only those who were willing and available took part in the research), this illustrates the types of changes experienced by Community Connectors and the people they support.

Figure 4.14: Community Connector theory of change
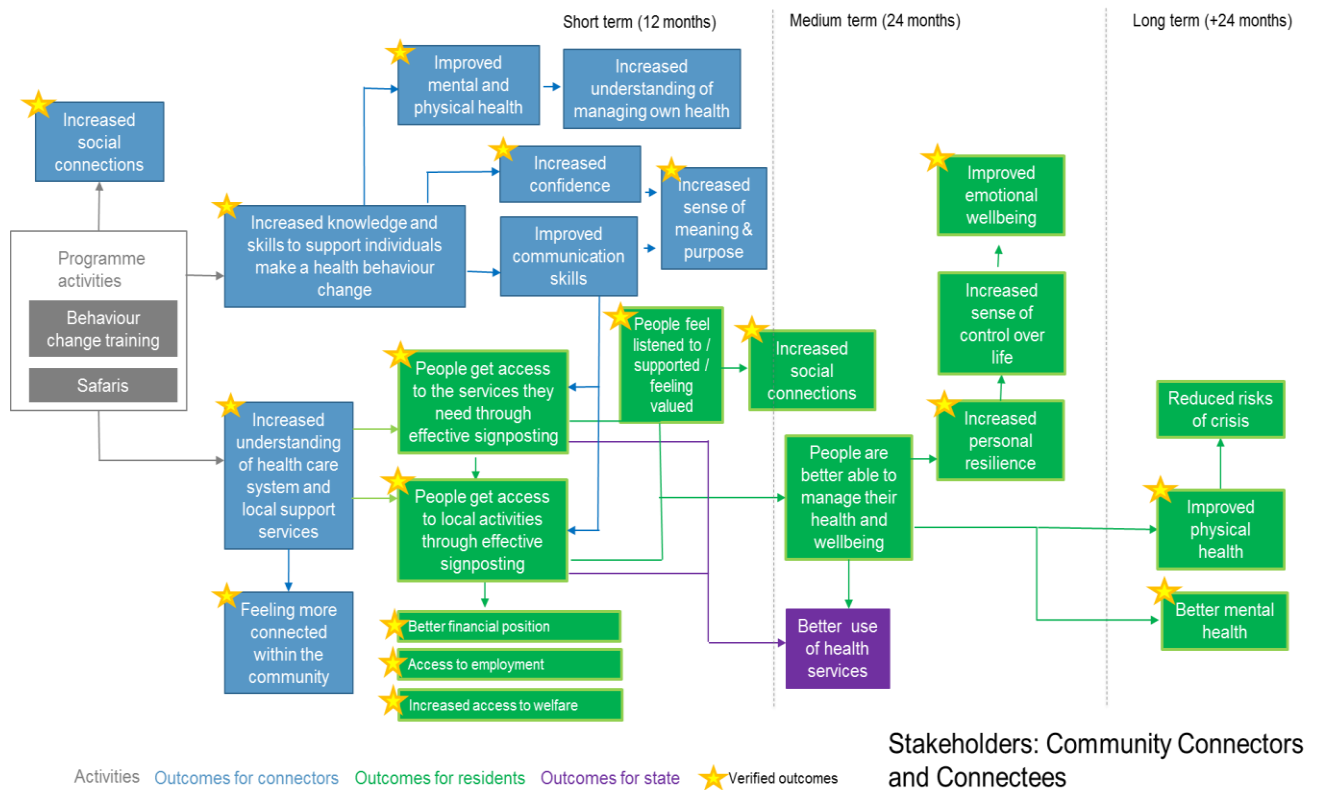
The approach

Seven features of the Project Smith model were highlighted by the Community Connectors participating in the evaluation as having a positive impact on them:

Opportunity for regular meetings with Community **Connectors:** Many Community Connectors raised the importance of developing close relationships with other Community Connectors. They attributed a large proportion of the impact on them from the role came from these close relationships which had been sustained over time.

Micro-locality of connections: Positive impact was felt by those who live very close to one another. This strengthened relationships between Community Connectors who lived very physically close to each other. Community Connectors who did not live very close to one another recognised the value of proximity to other Community Connectors.

'I am not active in my life. I would like to have buddy system in [my] area. I know…people could meet up more often…strengthen ideas. There is value in talking to a person; you get much more out of it.'

As a result of the very close relationship or friendship developed between some Community Connectors, some reported an **increase in their confidence**, as well as in their **sense of belonging** to their community. This has led to them contributing to their community outside the Community Connector role such as joining a Tenants Residents Association.

Similarly, the connectees who access a Community Connector's support often live near the Community Connector as neighbours or friends. Developing a trusting relationship with their Community Connector has resulted in connectees being encouraged to take on the role themselves.

Community Connector as a non-prescriptive role: The model can fit into people's lives rather than people having to fit themselves into a rigid structure. It recognises that people lead complex lives. As such, the role is designed to ensure Community Connectors do not forego any of their other responsibilities or jeopardise their health (several Connectors had physical or mental health problems). The flexibility of the role has enabled most Community Connectors to be able to take part in the programme, whilst also taking care of their health and other responsibilities such as caring for their elderly parents and children, spending time on their small businesses, volunteering, and taking on part-time jobs.

'From day one, it sounded really different – I liked the fact that it wasn't prescriptive.'

Community **Connectors are a diverse group with lived experience.** Many of the Community Connectors reported having unpleasant experiences with statutory services such as DWP, leading to a sense of detachment from statutory services. Community Connectors reflect the people they are supporting; they share similar backgrounds and circumstances. Usually they draw on lived experience when supporting people (connectees) and can relate to them and as a result build a trusting relationship.

Need for structure and formal support from facilitators. Many of the Community Connectors did not believe that the support they provided would be as effective without the formal support of Project Smith's managers and facilitators.

'I think the programme would struggle without the [formal] support.'

'Community Connector is a great concept and things like that, but I really believe Graham and Dave play a major role…I don't think it can run without that support,…maybe [one day] in the future, but I think we would need a better structure.'

'To do it [role of a connector] effectively, you have to have structure around it.'

Training and ongoing support through the safaris: The safaris bring Community Connectors together and enable them to share information on local support available. The monthly safaris are held at different community organisations including the grant-funded projects. This enable the Community Connectors to build a better understanding of what is available in their local area for people in need to access.

Constant flow of information and knowledge exchange: The model encourages Community Connectors to be autonomous and trust their abilities and knowledge. This creates an enabling environment where Community Connectors share information with one another. This has led to significant knowledge exchange between Community Connectors, mainly through the WhatsApp group.
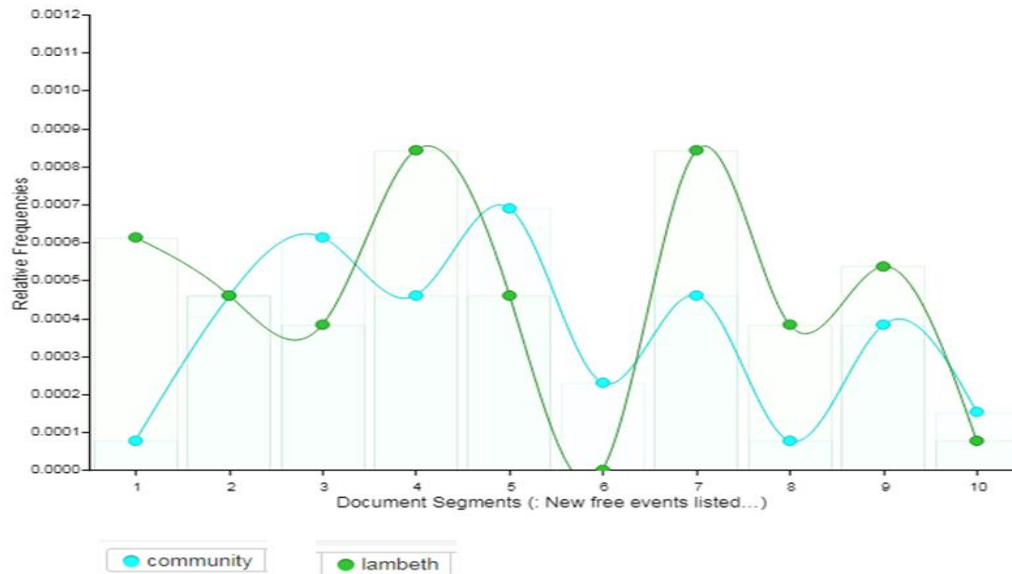
The Connector WhatsApp group

An analysis was conducted of the WhatsApp messages during the period April–June 2019. There are 75 Community Connectors in the WhatsApp group. The Project Smith facilitators are also involved in the group to share their knowledge and provide some supervision. Community Connectors must adhere to one rule to join the WhatsApp group: not to promote religious, commercial, or political messages. The group is largely self-governing, and Community Connectors use it to make enquiries for people they are supporting, and to obtain information on Lambeth events, festivals, community courses, and community organisations. All the Community Connectors who took part in the evaluation reported that the WhatsApp group was vital in the ongoing support they can provide others.

'The key thing about Community Connectors is that there is a wealth of information at hand, immediate response, 24 hours a day response, 7 days a week. Without it, it would be slower and there would be less quality.'

The volume of messages during the period April–June 2019 is illustrated in Table 4.1.

Table 4.7: WhatsApp messages April 2019–June 2019

Days total	65
Total words	25,516
Total messages (April 2019–June 2019)	1,189
Average messages per day	18

Figure 4.15 WhatsApp group, most used words April 2019–June 2019

An analysis of the WhatsApp messages between April 2019 and June 2019 identified that words such as 'community', 'Lambeth', 'https' (where people often use links to invite people to events, local activities) were used most frequently (Figure 4.16). Additionally, words relating to wellbeing such as 'healthy', 'debt', 'park', 'advice', and 'hope' were also prominent.

The two most used words (when 'hi' and 'thanks' were removed from the analyses) were 'Community' and 'Lambeth' as shown in Figure 4.16 below.

Figure 4.16 WhatsApp two most used words

Most Community Connectors reported the importance of the immediate response together with relevant and quick advice they can access from other Community Connectors. An example of the information exchange between Community Connectors to support a connectee with a mental health issue is detailed below.

5/4/19, 1:39 PM [Name removed]: Hi, a young lady, early 30s, struggles w depression, severe sadness and fear. She needs ongoing counsel and support. She is low income, so can't pay for a private counsellor. She calls me once in a while for support and encouragement, but she needs more than I can give her. Any charities or organisations out there for advice and help?

5/4/19, 1:53 PM – [Name removed]: I have heard you can try Mind for signposting for low cost to free.

5/4/19, 1:53 PM – [Name removed]: http://aceofclubs.org.uk/

Check out ace of clubs. They offer counselling on Mon 12-3pm & Fridays 12.30-3pm. No need to book just turn up and ask at the office on the day. They have female & male counselling.

5/4/19, 1:53 PM – [Name removed]: Recovery cafes

5/4/19, 1:54 PM - [Name removed]: Many thanks???

5/4/19, 1:54 PM - [Name removed]:?????????

5/4/19, 1:55 PM - [Name removed]: https://slam-iapt.nhs.uk/lambeth/welcome-to-lambeth-talking-therapies-service/

5/4/19, 1:55 PM - [Name removed]: Talking therapies which are really good.??

5/4/19, 1:56 PM - [Name removed]: Can also do self-referrals.

5/4/19, 2:02 PM - [Name removed]: Also it is worth talking to her doctor...they will help, but they tend to take longer to get you an appointment though, i'd contact all of them for support, charity, slam & Dr that way your lady can be seen immediately whilst waiting for an appointment.

5/4/19, 2:05 PM - [Name removed]: Yay [Name removed]...??

5/4/19, 2:07 PM - [Name removed]: Wow, tx so much for all these swift replies. GP not much help, neither was MIND. But will tell her about these others. Tx so much!

5/4/19, 2:18 PM - [Name removed]: Unfortunately the GP's referral can take months, access to mental health services take far too long. At least with the charity & slam you will be able to talk to someone straight away, which is really important.
5/4/19, 2:18 PM - [Name removed]: Exactly. That's awesome.
5/4/19, 2:24 PM - [Name removed]: Try going to Mosaic Club house in Effra Road at 10am on Tuesday mornings. The Lambeth Mental Health team run a drop in and can assess need and make suggestions and referrals to NHS and charity decides. I have found them to be useful in the past. It is important to get at 10 am or you might not get seen.
5/4/19, 6:10 PM - [Name removed]: C70 offer counselling.

The example illustrates the immediacy and the number of responses a Community Connector can receive. A wide range of services in relation to mental health have been offered, for the Community Connector to signpost the young woman, from services such as GP practice, Talking Therapies, South London and Maudsley NHS Foundation Trust (SLaM) to charities such as Mind, Ace of Clubs, and community organisations such as Recovery cafes, Mosaic Club, and C70. Some also shared the specific location and time the connectee should access the support as well as their experience of the effectiveness of some of the suggestions provided.

Challenges in applying the model

Community Connectors involved in the evaluation identified several difficulties in applying the model.

Inability to Connect outside one's own circle: Some Community Connectors reported that they found it difficult to connect with people outside the circle they frequent such as mosques, churches, libraries, and neighbours. Some have also been reluctant to use their role to connect strangers to services or community groups.

'I connect people to projects I work with – I don't want to be creepy.'

'It felt a bit awkward to be wandering around, so having a fixed space (the café) worked better for me.'

Whilst deepening relations with the local area and circle represents one of the model's strengths, it is also expected that the Community Connectors' support would be available for a wider group. Since the Community Connectors are free to choose who they work with, the focus of some Community Connectors on people they have an established relationship with may be due to personal preference, rather than lack of confidence. Community Connectors have reported that their role has given them increased confidence to approach strangers and offer support and help.

Further training and support for the Community Connectors may be needed to address how support can be offered more widely.

Setting boundaries: There was mixed feedback about whether Community Connector boundaries are too fluid. One of the Community Connectors interviewed felt unable to

establish boundaries with a connectee and this led to a feeling of letting people down. However, others felt they were able to set boundaries with people and understood they could not do everything and were able to manage people's expectations.

Another Community Connector mentioned difficulties in managing boundaries when supporting people with complex needs who may need high level of support.

Connections with statutory level services is limited: Most Community Connectors who took part in the evaluation have been signposting people to local activities, community projects and charities such as Age UK. It is not clear if the Community Connectors are integrated into more formal and statutory level health and social care providers.

Working in silos: Most Community Connectors reported that they had limited knowledge about the grant-funded projects. They are not told about Project-Smith-funded projects in a systematic way, although some information is shared through the safaris and they are able to visit some of the funded projects through them. This suggests that opportunities may be missed to connect people to these activities.

Training and safaris: While the availability of safaris was appreciated by most of the Community Connectors, there was concern reported that the safaris are too long and some of the Community Connectors are time poor and are unable to attend them.

> 'The safaris are a bit exhausting; they're very long and unstructured – I would prefer them to be more structured and for their [sic] to be space to really look at some of the issues we're supporting people with.'

Some from the wider stakeholder group mentioned that the written assessment at the end of the Community Connector training might put some people off volunteering for the programme. In the evaluation interviews, some of the Community Connectors were unable to recall the behavioural change training and its relevance to their role.

Evidencing impact in a flexible model: Many Community Connectors felt that recording evidence and gathering data from their connectees would fundamentally change the nature of their role. It was felt that 'coming with papers' to gather data would make it seem like they were adopting the practices of statutory services and be 'off-putting' to many of those who are accessing their support. Some Community Connectors also felt uncomfortable with gathering data to evidence impact as it 'puts pressure on them' and may change the non-prescriptive and independent nature of their role. This position is at odds with wider stakeholders who expressed the need for an evidence base to demonstrate the impact of Project Smith effectively.

5. Impact of small-grants programme

Key findings

All nine projects funded in Year 1 supported participants to reduce their sense of isolation. The nine grant-funded projects can be grouped into three broad categories of physical activity (3), arts and crafts (2), and community activities (4).The majority of projects also supported participants to improve their mental and emotional health and wellbeing (78% of projects), and improve community cohesion (89% of projects).

Being connected and keeping learning were the most common outcome areas supported by projects funded in Year 2. The most commonly reported outcomes for participants across the funded projects included increased sense of belonging, making new friendship groups, and developing new skills/increased knowledge. Outcomes related to the environment were the least reported outcomes, with only one project reporting participants increased their awareness of the need to take action for environment.

The VFM case studies demonstrated that that the projects funded by the small-grants programme provide VFM. The case study projects were able to evidence that participants experience change as a direct result of being involved the project. Outcomes included increased social connections, increased sense of belonging to a community, increased skills and knowledge, increased self-esteem, and increased physical activity. Using conservative assumptions, the case studies found:

- **Physical activity:** Fit and Friendly, Lambeth Patient Participation Group Network (LPPGN), supports people over 60 who have felt lonely and isolated to be more physically active through weekly chair-based exercise. The case study demonstrated that for every £1 invested in the project, an estimated £5.32 in social value is generated.

- **Community activities**: Better Fridays, Brockwell Community Greenhouse, provides horticulture therapy projects to adults with mental health problems and their carers. The case study demonstrated that for every £1 invested in the project, an estimated £1.58 in social value is generated.

- **Arts and crafts**: South London Knits, Paxton Timebank/The SpaceCraft provides weekly knitting sessions for older people who may feel lonely and isolated. The case study demonstrated that for every £1 invested in the project, an estimated £1.31 in social value is generated.

Introduction

The second strand of the Project Smith programme is a small-grants stream managed by the London Community Foundation which aims to support change in outcomes related to three 'I statements' developed with residents in Lambeth which indicate what is important to them:

- 'I can manage my own health and wellbeing (or condition) and I am supported to do this, including having access to information and being able to stay healthy.'

- 'I have systems in place to help at an early stage to avoid crisis and as small a disruption as possible if a crisis happens and I live independently.'

- 'I feel part of a community.'

Two rounds of grant funding have happened within the evaluation period 2017–2019.

Grant-funded projects Year 1

Projects funded in Year **1** reported to the London Community Foundation using a standard reporting format used across their funding programmes. Information from these reports have been used in this section.

Of the nine projects funded in Year 1, the majority received a grant fund of £5,000 or less except for one project that received £6,000. The projects delivered a range of activities which can be grouped into three broad categories of physical activity, arts and crafts, and community activities (Table 5.1). Some activities may include elements across these categories (for instance, an arts and crafts activity could also be part of community group). Participants ranged from young people aged under 18 to older people aged 65 and over.

Table 5.1: Year 1 funded projects

Activity type	Number of projects
Physical activity	3 (33.3%)
Arts and crafts	2 (22.2%)
Community activities	4 (44.4%)

The projects involving physical activities included Tai Chi classes, a fall prevention programme, and a movement and dance activity with the aim to improve balance in older people and reduce the number of falls. Most of the activities were aimed at people aged 65 and over, except for one Tai chichi class, which was delivered to adults of any age in a residential area.

Projects delivered under the arts and crafts category included craft workshops and arts projects primarily aimed at older people (aged 65 and over) in order to combat loneliness and social isolation.

Community group projects ranged in activities and primary beneficiaries, from a story-telling club for young people with mental health problems (aged 13 to 18), to an intergenerational community choir aimed at improving wellbeing through group singing. Other community activities included a community garden for people aged 65 and over, and a community café for residents.

The grant-funded projects in Year 1 reported the achievement of a range of outcomes for participants, mainly reducing social isolation, improving community cohesion, and improving both physical and mental health and wellbeing. The percentage of grantees reporting these outcomes is detailed in Table 5.2. It is not clear how these were measured by the projects, and the levels of improvement participants experienced for each of these outcomes was not reported.

Table 5.2: Year 1 funded project outcomes

Outcomes	Number of grantees reporting on outcomes
Improve community cohesion	8 (88.9%)
Improve the community working together	5 (55.6%)
Support vulnerable and disadvantaged people	3 (33.3%)
Reduce isolation	9 (100%)
Improve physical health & wellbeing	6 (66.7%)
Improve mental and emotional health & wellbeing	7 (77.8%)
Increase access to sport, exercise and leisure activities	6 (66.7%)
Reduce substance misuse and addictions	0 (0%)
Promote services/activities for people with disabilities	1 (11.1%)
Increase inclusion	4 (44.4%)
Increase support for people with chronic, life-limiting or terminal illnesses, their families/carers and the recently bereaved	1 (11.1%)

Grant-funded projects Year 2

There were 15 grant-funded projects during Year 2 of the programme, with the grant award ranging from £2,000 to £5,000. Most projects were awarded £3,000 and over.

The projects delivered a range of activities which can be grouped into four broad categories of physical activity, arts and crafts, community activities, and digital / IT skills (Table 5.3). Some activities may include elements across these categories. In comparison to Year 1, the split across the categories is relatively similar, with the addition of a category relating to digital skills.

One project delivered digital technology workshops to enable people to 'go online'; most beneficiaries were older people (aged 65 and over). The workshops were delivered to a range of people, however, including people who may have learning disabilities, long-term unemployed, and ex-offenders.

Table 5.3 Year 2 funded projects

Activity type	Number of projects
Physical activity	5 (33.3%)
Arts and crafts	4 (26.7%)
Community activities	5 (33.3%)
Digital / IT skills	1 (6.7%)

Of the physical activity projects, the majority (3) were aimed at older people aged 65 and over. The activities included chair-based exercises and walking and outdoor exercise sessions. The remaining two projects were yoga classes aimed at other beneficiaries such as lone parents, carers, and people of all ages.

Arts and crafts projects included a knitting club for socially isolated people, a singing group for those with chronic obstructive pulmonary disease (COPD), pottery classes targeting people living on a low income, and drumming workshops for isolated older people. All the arts and crafts projects aimed to reduce social isolation and improve health and wellbeing.

The remaining projects fall under the 'community activities' category. Community activities include a community greenhouse project, a meetup for a particular cohort (e.g. a group specifically for Muslim women) or activity and lunch sessions. All these projects also aimed to reduce social isolation and improve health and wellbeing.

In Year 2, 12 of the grant-funded projects used the new reporting format that was co-developed with funded projects and the project team to reflect the six ways to wellbeing and provide guidance on how to measure change in the outcome. The percentage of grantees reporting these outcomes is detailed in Table 5.4, with examples of the sub-outcomes reported.

Table 5.4: Year 2 funded project outcomes

Outcomes	Number of grantees reporting on outcomes
Connect with others	**11 (73.3%)**
Examples:	
▪ Make a new friendship group	8 (53.3%)
▪ Meet up with members outside of the project	6 (40%)
▪ Participate in more local activities	6 (40%)
▪ Increased sense of belonging	10 (66.7%)
Keep learning	7 (46.7%)
Examples:	
▪ Try something new	5 (33.3%)
▪ Develop new skills/increase knowledge	7 (46.7%)
▪ Feel more informed	5 (33.3%)
Be active	5 (33.3%)
Examples:	
▪ Increase physical activity	5 (33.3%)
▪ Enjoy the session	5 (33.3%)
Give	2 (13.3%)
Examples	
▪ Share knowledge with others in the group	2 (13.3%)
▪ Go on to volunteer	2 (13.3%)
Take notice	**5 (33.3%)**
Example	
▪ Increase self-esteem	5 (33.3%)
Care for the environment	**1 (6.7%)**
Example	
▪ Increase awareness of the need to act for the environment	1 (6.7%)

Value for money case studies

To understand whether projects funded represented VFM, three illustrative VFM case studies were undertaken. The case studies were selected based on the quality of the data available for the analysis, as well as providing illustrative examples across the three most common categories of projects: community activities, physical activity, and arts and crafts.

Case Study 1, Community Activities: Brockwell Park Community Greenhouse

Project: Better Fridays[14]

Introduction

The Brockwell Park Community Greenhouse project provided a 30-week horticulture therapy project for adults with mental health problems and their carers. Every Friday in Brockwell Park Community Greenhouse adults attended 'Better Fridays' sessions. The sessions provided creative arts and gardening-related activities such as weeding, sowing seeds, and harvesting produce. Participants also prepared lunch using produce grown in the community garden. The project involved 21 people, of which 12 were female and 4 identified as having a disability. Their ages ranged from 26 to 65 years.

Three volunteers were involved in the project, giving approximately 300 hours of time in total over the 30-week period.

Outcomes

Feedback was gathered by the project through one-to-one interviews with two participants, a small group discussion, and recording comments and observations during conversations at shared mealtimes. Furthermore, a survey was completed by 14 participants.

The following outcomes were captured.

Sense of belonging to a community

Two indicators were used to assess participants' sense of belonging to a community. First, survey respondents were asked about how often they got involved with activities at two points in time:

- **Now** – after having engaged with the project.

- **Retrospectively** – thinking about their lives before they engaged with the project.

This allowed us to quantify the *amount* of change individuals experiences as opposed to calculating the number of individuals experiencing a change. Using a five-point scale (1 = never to 5 = regularly), most respondents (71%, n=10) positioned themselves on the lower part of the scales (1–2) when asked the question retrospectively. In contrast, after involvement in the project the majority (64%, n=9) positioned themselves nearer to the upper part of the scale (3.5–5). Figure 5.1 presents the average distance travelled score for the survey respondents. On average, participants started at a lower point (2.2) and increased to the upper end of the scale at (3.8), a distance travelled of 32%.

Figure 5.1: Average distance travelled – sense of belonging to a community
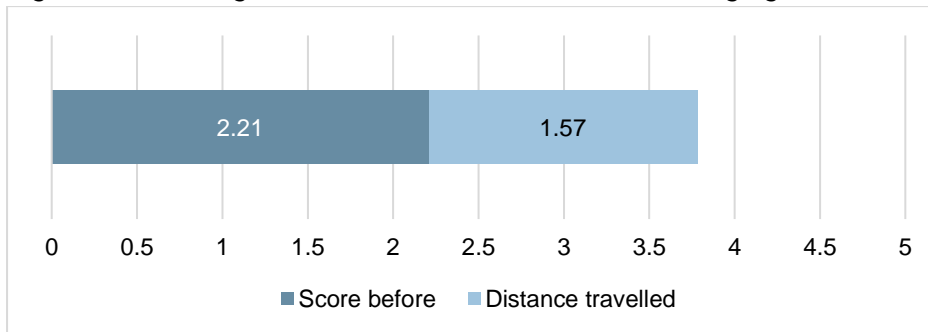
Survey respondents were also asked to what extent they agree with the statement *I feel more part of a community since being involved in this project*. Almost all respondents (93%, n=13) either agreed or strongly agreed. Participants commented:

'I'm part of a group that helps give me direction and focus. We always achieve something and hopefully make a difference in the local community.'

''There has been a real sense of community here in the group and it has felt like a really special space.'

Increased skills and knowledge

The community garden provided learning opportunities for participants who were either new to gardening or wished to improve their skills:

'[I] enjoyed learning how to propagate rosemary cuttings using a pot and clear plastic bag to make a mini greenhouse.'

'Coming here each week has given me a reason to get out of the house. Everyone is so welcoming. It has helped me to meet new people, gain confidence in speaking and I have enjoyed learning about herbs.'

The project staff commented:

'We had not foreseen the importance our participants had for the opportunity to learn simple basic cooking with fresh fruit and vegetables. We had two requests for cooking classes.'

Of the 14 survey respondents, 64% (n=9) had not done gardening before; two respondents had previously wanted the opportunity to do this activity. All survey respondents felt they had developed new skills or increased knowledge whilst being involved in their group, with 79% (n=11) strongly agreeing that they have developed skills or increased knowledge.

Increased self-esteem

The 14 survey respondents were asked how often they feel better in themselves after attending the Better Fridays group. Using a five-point scale (1 = never to 5 = regularly), all of participants positioned themselves on the upper half of the scale. The majority 'regularly' felt better in themselves (57%, n=8), followed by some 'frequently' feeling better about themselves (28%, n=4).

Value for money analysis

A conservative approach has been taken to value the outcomes experienced by individuals attending Better Fridays sessions. The assumptions behind the model are outlined in Appendix 2, Table A2.1

The population size in this model uses **only** those who regularly attend sessions (n=14). Thirty-one adults attended the sessions overall; however, 10 only participated once. Of the remaining 21 adults, 14 came to 5 or more sessions, of whom 8 attended between 15 and 30 sessions.

The overall benefit of the project is estimated to be at least £11,717 (Table 5.5).

Table 5.5: Net present value per outcome

Outcome	Total net present value
Sense of belonging	£3,674
Increased self-esteem	£4,510
Increased skills and knowledge	£3,533
	£11,717

The total NPV is distributed relatively evenly across the outcomes. Figure 5.2 illustrates the estimated net present value to each individual is £837.

Figure 5.2: Net present value per individual by outcome
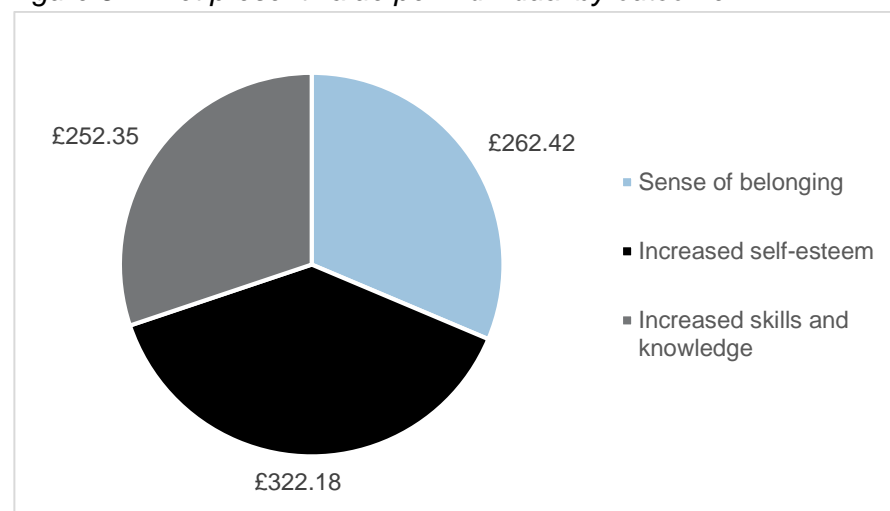
To establish a social cost-benefit ratio, the costs need to be considered. The total funding for the project was £5,000. These costs are inclusive of staff costs, travel expenses, building rent, equipment, and overheads. Table 5.6 shows that the social cost-benefit ratio of the service is positive. **For every £1 of investment, £1.58 is generated in social value**. The financial proxies used in the model are detailed in Appendix 3.

Table 5.6: Social-cost benefit ratio (Conservative)

Costs		
	Spend	£5,000
	Volunteer time (300 hours)	£2,405
	Total	£7,405
Value		
	Total value created	£11,717
	Social cost-benefit ratio	**£1 : £1.58**

The ratio presented is based on conservative assumptions. A sensitivity analysis was conducted to test key assumptions and variables in the model. Table 5.7 highlights the change in ratio when the number of people experiencing outcomes is increased to the actual group (21). These changes give a range of ratios from £1: £2.34 to £1: £2.37.

Table 5.7: Sensitivity analysis

Change in model	Social-cost benefit ratio
Increasing the population size to 21 (number of people of attended the sessions)	£1 : £2.37
Assuming the cost to the volunteer is cancelled out by the benefit to the volunteer. (By choosing to volunteer instead of doing paid work, the person indicates they derive value from volunteering.)	£1 : £2.34

Additional outcomes

The project collected feedback through interviews, group sessions, and other conversations which identified additional outcomes to those included in the VFM analysis above.[15] Participants reported that they have improved their **emotional wellbeing.** One participant highlighted that doing something as ordinary as preparing a meal and sitting down to eat with others had been difficult initially, but after a few weeks she started feeling **less anxious**, engaged in conversation, and looked forward to the gatherings each week. Another commented:

'[We are provided with the] opportunity to improve our physical and mental health in a restorative community garden setting.'

Participants also became **aware of other community activities** they could join and discovered shared interests. Many indicated they were often socially isolated and as a result of the Better Fridays sessions, they had a reason to leave their homes.

'I realised I've got to go out and do something and I love gardening…'

'Coming here each week has given me a reason to get out of the house. Everyone is so welcoming.'

'I need to get out over winter, and it can be a struggle to get there but to have something to aim for which is meaningful, continues with familiar faces who you can trust. Security is very important to me. Not moving around over winter and being stuck inside means my balance really suffers.'

Since the Better Fridays sessions, 10 participants have continued to volunteer or attend community events at Brockwell Park Community Greenhouse.

Case Study 2 Physical Activity: Lambeth Patient Participation Group Network (LPPGN)

Project name: Fit and Friendly

Introduction

The Fit and Friendly project supported people aged 60 and over, particularly those who may have felt lonely and isolated. It aimed to advance people's physical health and wellbeing and enable individuals to feel connected in their communities. The participants took part in 55 minutes of continuous chair-based exercise on a weekly basis, which involved using weights and stretch bands. The exercise classes were run for just over a year (56 weeks) with a group of 26 patients from Valley Road Surgery in Lambeth, of which 18 regularly attended the exercise sessions. Most of the participants were aged 70 and above, with 50% aged between 80 and 90 years.

Four volunteers from the Valley Road Participation Group supported registration of the participants and the set-up of class equipment. Outside of the exercise classes, the project has also run a summer lunch and a Christmas party for the participants.

Outcomes

Feedback was gathered through videos and a survey. The survey was completed by 22 participants. The following outcomes were captured:

Increased physical activity

Several participants were inspired by the classes and increased their physical activity by seeking out other ways to continue exercising – from walking more to joining other activities:

> 'The exercises have helped my ability to continue walking, as my arthritis slows me down at time.'

> 'The classes introduced me to exercises with movement and strength exercises. Since then, I have joined a local leisure centre to improve my stamina, strength, flexibility, and balance.'

Survey results from 22 individuals indicated that 77% (n=17) of the participants felt their level of activity had generally increased and 95% (n=21) felt that they actively participated during their exercise sessions.

Increased social connections

When survey participants were asked if they had made new friendships in the group, 82% (n=18) reported that they either agreed or strongly agreed. On joining the exercise class, the participants did not know one another. Since joining the class, participants indicated that they had made new friends and enjoyed the opportunity to socialise with others:

'I like to socialise with different people and make friends and enjoy the exercises.'

'Meeting the people at this group has been helpful and has helped me formulate and renew some friendships.'

'I look forward to Tuesday mornings – getting out of the house, socialising with others and doing my exercise…'

Sense of belonging to a community

Most survey respondents (77%, n=17) felt part of a community since being involved in the exercise sessions. Of those that felt part of a community, 32% 'agreed' and 45% 'strongly agreed' to the statement *Since being involved in the sessions I feel part of the community*.

Value for money analysis:

A conservative approach has been taken to value the outcomes experienced by individuals attending Fit and Friendly sessions. The assumptions behind the model are outlined in Appendix 2, Table A2.2. The population size used in the model is based on those who regularly attended sessions (n=18).

The overall benefit of the project is estimated to be at least £33,621 (Table 5.8).

Table 5.8: Net present value by outcome

Outcome	Total net present value
Increased physical activity	£18,626
Increased social connections	£8,480
Sense of belonging to a community	£6,515
	£33,621

The majority (55%) of the NPV comes from the increase in physical activity. Figure 5.3 illustrates the estimated NPV per individual is £1,868.

Figure 5.3: Net present value per person
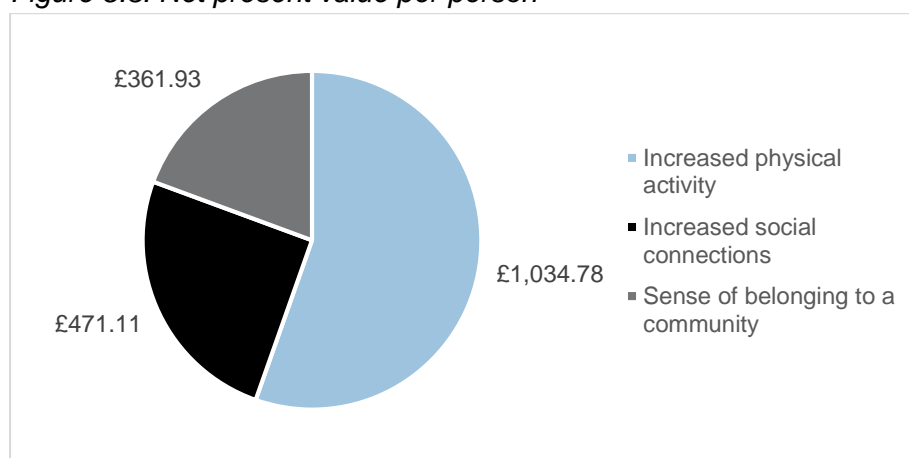
Social cost-benefit ratio

To calculate the cost-benefit ratio, we need to consider all project inputs. The total funding for the project was £4,204. We applied the London Living Wage (£10.55) to each hour of volunteering to account for input from the volunteer, bringing the total value of inputs to £6,314. Table 5.9 shows that **the social cost-benefit ratio of the project is £5.32 for every £1 invested** (based on conservative assumptions). The financial proxies used in the model are detailed in Appendix 3.

Table 5.9: Social-cost benefit ratio

Costs		
	Spend	£4,204
	Volunteer time (200 hours)	£2,110
	Total	£6,314
Value		
	Total value created	£33,621
	Social cost-benefit ratio	£1:£5.32

A sensitivity analysis was conducted to test key assumptions and variables in the model. Table 5.10 highlights the impact changing some of the assumptions around attribution in the model has on the ratio. These changes give a range of ratios from £1: £6 to £1: £8.10.

Table 5.10: Sensitivity analysis

Change in model	Social cost-benefit ratio
Attribution for 'increased physical activity' increases from 50% to 70%	£1 : £6.50
Attribution for 'increased social connection' increases from 30% to 50%	£1 : £6.22
Attribution for 'sense of belonging to a community' increases from 30% to 50%	£1 : £ 6.00
Attribution increases by 20% for all outcomes	£1 : £8.10
Assuming the cost to the volunteer is cancelled out by the benefit to the volunteer. (By choosing to volunteer instead of doing paid work, the person indicates the derive value from volunteering.)	£1 : £8

Additional outcomes

The project collected additional data to understand changes to GP consultations. The GPs involved in the project checked patient records of participants who attended the class for the first eight months to find out how many unplanned GP consultations they had in the period February 2017 to September 2017 in comparison to February 2018 to September 2018. They found that the total GP consultations between 22 participants had dropped from 77 (Feb–Sept 2017) to 66 (Feb–Sept 2018). The attribution to attending the class was not established in this research by the project.

Case Study 3 Arts and Crafts: Paxton Timebank / The SpaceCraft

Project name: South London Knits

Introduction

The South London Knits project delivered two-hour knitting sessions on a weekly basis, primarily for older people who may feel isolated or lonely. The sessions were delivered over a period of 34 weeks, providing opportunities for local people to come together and connect, learn new skills, share them with others, and participate in activities. The project reached 63 people in total, of which 98% were female and 21% identified with having a disability.

The spread of participants was very diverse. The age range varied from 13 to over 65 years. The group included families, older people, carers, people with learning difficulties, people with mental health issues, long-term unemployed, and people with multiple disabilities.

The project was run by a sessional worker with the support of seven volunteers. Over the 34-week period, volunteers contributed a total of 55 hours to the project.

Outcomes

Feedback was gathered by the project through a survey completed by 48 people. Other feedback was captured through conversations with participants.

The following outcomes were captured:

Increased skills and knowledge

Most survey respondents (88%, n=42) felt that they had developed their skills or knowledge. Some participants started the knitting club as beginners and others joined with knitting experience.

> 'I can't believe that I came here not knowing a thing and now here you are wanting to learn from me – it's amazing!'

When survey respondents were asked whether they had shared their knowledge or skills with others, 83% (n=40) reported that they had. One participant highlighted the support they received:

> 'I've learnt so much from the people in this group, they've been helping me along and giving me advice. I listened and learnt so much from them.'

Increased social connections

The knitting club has provided an opportunity for participants to meet new people with 85% of survey respondents saying that they had made new friendships. One participant said:

> 'I've met new friends, improved my skills... I am a sociable person but I've fallen back recently, I look forward to coming here and I've been helping others with their knitting too.'"

Five participants were already meeting up with each other outside of their knitting sessions.

Sense of belonging to a community

When respondents were asked to what extent they felt part of a community, 90% either agreed or strongly agreed.

Value for money analysis

A conservative approach has been taken to value the outcomes experienced by individuals attending South London Knits sessions. The assumptions behind the model are outlined in Appendix 2, Table A2.3.

The overall benefits of the project are estimated to be at least £12,249 (Table 5.11).

Table 5.11: Net present value by outcome

Outcome	Total net present value
Increased skills and knowledge	£6,528
Increased social connections	£3,297
Sense of belonging to a community	£2,424
	£12,249

The total NPV to the individual is £875, with skills and knowledge accounting for approximately half of that value.

Figure 5.4: Net present value per person
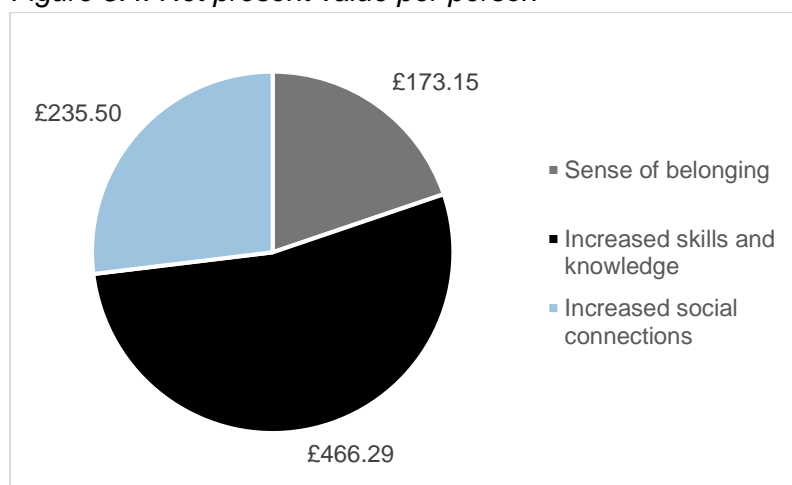
Social cost-benefit ratio

To calculate the cost-benefit ratio, we need to consider all project inputs. The total funding for the project was £4,890. We applied the London Living Wage (£10.55) to each hour of volunteering to account for input from the volunteer, which is valued at £580. As the sessions were held in Brixton Library, we assumed that the library space was provided in-kind (no costs were indicated in the monitoring form). The library charges £60 an hour for a room, therefore we estimated the cost of the venue at £3,840.

We took a conservative approach to the model, based on the assumptions outlined in Appendix 2, Table A2.3. Although 48 people completed survey feedback, the population size in this model is based on the number of people who attended sessions regularly (n=14).

Table 5.12 shows a positive social cost-benefit ratio based on just 14 individuals. **For every £1 of investment, £1.31 is generated in social value**. The financial proxies used in the model are detailed in Appendix 3.

Table 5.12: Social cost-benefit ratio

Costs		
	Funding	£4,890
	Volunteer time (55 hours)	£580
	Venue (estimated cost)	£3,840
	Total	£9,310
Value		
	Total value created	£12,249
	Social cost-benefit ratio	£1:£1.31

We conducted a sensitivity analysis to test key assumptions in the model in order to present 'optimistic' scenarios. Table 5.13 highlights the change in the ratio when the number of participants, attribution rate of the change to the project and changing the value of volunteering. These changes give a range of ratios from £1: £1.40 to £1: £5.47.

Table 5.13: Sensitivity analysis

Change in model	Social cost-benefit ratio (optimistic)
Increase the number of participants to 48 (the number of people who filled in surveys)	£1:£4.51
Increase the attribution for 'increased skills and knowledge' from 50% to 70%	£1:£5.47
Assuming the cost to the volunteer is cancelled out by the benefit to the volunteer. (By choosing to volunteer instead of doing paid work, the person indicates the derived value from volunteering.)	£1 : £1.40

Small-grants programme theory of change

A theory of change diagram for the small-grants programme was created at the outset of the evaluation to support the development of the evaluation framework. It provided a more detailed version of the high-level theory of change detailed in Section 3 (Figure 3.1).

The evaluation findings suggest that most of the outcomes intended to be supported by the small-grants programme have been experienced by the participants. Figure 5.5 provides a summary of the outcomes verified through the evaluation (indicated by yellow stars).

Projects have supported additional outcomes not previously specified, i.e., reduced social isolation and improved mental health (indicated by red border in Figure 5.5).

Figure 5.5: Small-grants programme theory of change

6. The programme

Key findings

Strengths

Approach

- **Coproduction model:** Project Smith works to an agenda which is focused on building individual and community resilience and devolving power. It works to local objectives and outcomes with a strong community focus and elements of community design.
- **VCS sector strength:** It draws on a strong community and voluntary sector.
- **Strong programme bonds**: There is a real strength in the bonds and relationships between the Community Connectors. The programme has grown through Community Connectors identifying new Community Connectors and encouraging them to become part of the programme.
- **Grant programme delivery**: The quality of delivery across the small-grants programme is good and the project leads have given feedback that they have enjoyed the experience. The project team visit the projects to participate and offer support.
- **Funding information:** The Wellbeing Fund enables smaller organisations to learn about other funding streams through their contact with the London Community Foundation.
- **Development days:** Projects are supported through the grant application process, and through visits by project staff during the project.

Reach

- **Addressing disadvantage:** Project Smith is based in the most deprived areas of Lambeth and is very diverse.
- **Wider reach:** Project Smith has a much wider reach into the community than other initiatives (e.g. Healthwatch, Patient Participation Groups). This includes the people that have become Community Connectors, the people they have been in contact with and some of the people leading on the projects funded by the Wellbeing Fund.

Support

- **Commissioners' support**: Commissioners are very supportive and have taken a step back and allowed the community sector to lead and design much of the programme. In particular, the Community Connectors can interpret their role. It has also been embraced by health and

Weaknesses

Integration

- **Evidence base:** There is no hard data set or evidence base to demonstrate the impact of Project Smith.
- **Risk of being siloed:** It operates in part of the borough; there is a danger it might become siloed as it is also running alongside other initiatives (Lambeth Together) but not being integrated.
- **Statutory service integration:** It does not seem to be well integrated into more formal and statutory level health and social care providers (e.g. GP practices)
- **Lack of connection across funded projects:** Grant-funded project leaders have not had the opportunity to come together regularly like the Community Connectors to grow their own networks to cross refer and share practice.

Funding

- **Funding available:** There has not been enough funding to spread the approach more widely across the borough
- **Funding criteria:** Initially the criteria for the Lambeth Wellbeing Fund was limiting – focusing on particular population groups and only one-year project delivery. The criteria have now been extended to all adults.
- **Funding process:** The Lambeth Wellbeing Fund grant-making process may have too many strategic layers which could be confusing for people applying for money.

Practice

- **Clarity of role in the wide system**: The flexibility of the Community Connector programme sometimes rubs up against the inflexibility of the service sector and Project Smith can be misunderstood by the rest of the system.
- **Establishing boundaries**: There was some concern about the role of the Community Connectors and whether they can establish boundaries with people they connect. This could be resolved by incorporating it into the training and providing support during the safaris.
- **Alignment with public health messaging.** The Community Connector can decide what advice or information to give or whether to give it or

social care professionals and was identified as an example of the Council and the CCG working well together. ▪ **Maintained profile**: The project team has done a good job at keeping the profile of Project Smith high on the agenda of decision-making and board-level meetings. They provide regular updates and give presentations; this has ensured Project Smith is well known and supported.	not. The relationship between public health messaging and the advice given is unclear. ▪ **Community Connector training assessment:** The written assessment at the end of the Community Connector training might put some people off volunteering for the programme. Support is provided through the process.

Opportunities

Expansion

- **Build on momentum:** This gives us a taster of what is possible with an asset-based approach and there is a real appetite to use this approach and to invest in it by decision-makers and leaders.
- **Neighbourhood programmes:** Project Smith could be mainstreamed so that it aligns to each of the neighbourhood-level programmes that are being planned now. There could be a Project Smith in each of these neighbourhoods working as a prevention and early intervention approach in an overall integrated response.
- **CCGs:** This approach (i.e., all elements of the model) could be adopted by other CCGs and the London Community Foundation.
- **Understanding long-term change:** To build a robust evidence base will require resources, and an appetite across the work streams to capture data.

Approach

- **Widen stakeholder groups**: Project Smith could branch out to work with other age groups and encourage intergenerational connections and whole family approaches.
- **Bigger picture:** The Community Connectors should stay at a micro-level but they could be brought together borough-wide so they can see they are part of something much bigger.
- **Connecting grant-funded projects**: Stronger connections could also be built between grantees so that they could support each other and help those who would also like to make applications to the Wellbeing Fund.
- **Extending training to other organisations**: Provide training like the training provided for the Community Connectors, for other organisations and staff, but this needs to be mandatory.

Threats

Resources

- **Funding:** There are so many conflicting priorities it may be seen as less of a priority. If Project Smith were to be scaled up and mainstreamed, there is a danger the appropriate resource will not follow. There must be enough investment in the programme.
- **Squeezed out:** With the development of the new neighbourhood-level model, Project Smith may be squeezed out of the Primary Care Network, due to conflicting priorities.
- **Further cuts:** With further cuts to the more formal health and social care system, there may be an increase in the severity of need that Project Smith is expected to support and the number of people.
- **Prescriptive models:** NHS England is driving a prescriptive model of community-level initiatives so that much of the funding and opportunities will be centred on GP surgeries. This may limit the flexibility of the approach and become overly focused on the need for the statutory sector to save money. This could lead to a difficult political debate with community.

Political priorities

- **Priorities of Councillors:** Project Smith experiences proportionately high levels of scrutiny and challenge from Councillors and despite its success, it is often not seen as a priority by decision-makers. The project has since been presentation at the Integrated Committee in Common.

Models of support

There is growing evidence that approaches working either in partnership with a community or driven by a community can have a significant impact on the wider determinants of health for those involved. Methodologies based around these approaches, including asset-based community development, Buurtzorg, and Wellbeing Teams and social prescribing, are becoming well-established in the UK and funders and commissioners are increasingly interested in the opportunities for their areas.

Project Smith demonstrates many similarities with some of these models, especially in relation to the focus on micro-local and self-managed delivery. Lambeth CCG has commissioned the Buurtzorg model to support some of its community nursing teams.

The Buurtzorg model enables clients to be self-managing by assembling the blocks for independence based on universal human values including having control over their own lives, seeking social interaction, and striving to maintain or improve their own quality of life. The professional attunes to the client and their context, considering the living environment, the people around the client, a partner or relative at home, and on into the client's informal network.

This model shows similarities with Project Smith as the teams are self-managing which gives them professional freedom with responsibility. In addition, Buurtzorg works at a neighbourhood level where teams of 12 will spend time introducing themselves to the local community and getting to know other professionals. The team decide how to organise the work, share responsibilities, and make decisions, and through word-of-mouth and referrals, builds up their case load. Where the Buurtzorg teams are paid, Project Smith's Community Connectors are residents who volunteer their time. Their 'patch' is micro-local which maintains a neighbourhood feel and enables them to build knowledge and confidence in their local area. They are also entrepreneurial in spirit, which is encouraged from the moment they join Project Smith, enabling them to help shape the future of the project and have the freedom to try out new things.

The Buurtzorg model cites self-management, continuity, building trusting relationships and building networks in the neighbourhood as all important and logical principles for the teams. These values are supported by Project Smith.

Lambeth CCG is currently examining opportunities for social prescribing across the borough, and it is notable that Project Smith has many similarities to some of the social prescribing models. The overall ethos of the approach whereby people are reconnected to their community runs through social prescribing and Project Smith, again with a focus on the micro-local. Some social prescribing models are based on a volunteer approach whereby the 'clients' are assessed by a paid member of staff and then handed over to a trained volunteer who support them over a short period of time to identify the opportunities available to them in their local community, and often accompanies them as they take their

first steps venturing out. Most interaction takes place in the person's home and referrals usually come from GPs. The volunteers are recruited, trained, and supported throughout their time with the social prescribing team which is vital as they are often supporting people who have complex needs. In comparison, the Community Connectors from Project Smith often work with people they already know or are introduced to informally. The boundaries between them and the people they connect are not as clear and distinct as demarcated in social prescribing, but this may be a strength as well as a weakness, depending on the Community Connector.

The volunteer social prescribing model is well regarded as it employs a wide, diverse range of local people who bring a wealth of skills and abilities and enable the social prescribing team to be flexible and adaptable to the people it supports. This is also one of Project Smith's great strengths. Most of the Community Connectors who took part in the evaluation highly valued the programme as crucial in enabling them to re-connect to their communities as well as to improve their overall wellbeing.

Stakeholder interviews

Interviews were conducted with individuals with a strategic oversight of Project Smith and delivery experience. A list of interviewees is detailed in Appendix 1, Table A1.2. A SWOT analysis was constructed for the interview feedback and detailed in the key findings section.

Strengths

The strengths identified focused on the coproduced model, its reach into communities, and the support that has been established with Commissioners. The coproduction model reconnects individuals with the community thereby building individual and community resilience. Working in the most deprived areas of Lambeth to achieve local objectives and outcomes with a strong community focus and some community design is a core element of the model. Several of those who took part in the evaluation from the wider stakeholder group, including a GP, indicated that the model has been embraced by health and social care professionals and that Commissioners have taken a step back and allowed the community sector to lead and design much of the programme. The fact that Community Connectors are allowed to interpret their role has enabled them to offer different ranges of support t from sharing information, signposting, spending time with the connectees and encouraging connectees to become Community Connectors themselves with the view to improving their wellbeing.   This does not imply that the role of the Commissioner and project manager are passive. The Commissioner and project manager have been very engaged in the project. Feedback from stakeholders has emphasised that the coproduced approach changes the nature of the Commissioner-project relationship to one which is more engaged, hands-on, and collaborative. The Commissioner attended safaris and visited projects alongside being part of the steering group for the programme. The project manager role requires someone who goes out into the community and works at street level to build trust with the Community Connectors.

Support is provided through development days as part of the pre-application process to the grant fund, and in a training session on measuring impact.

The programme has a much wider reach into the community than other existing initiatives (e.g. Healthwatch, Patient Participation Groups). This includes the people who have become Community Connectors, the people they have been in contact with, and some of the people leading on the projects funded by the Wellbeing Fund (in some cases this is the first time they have received funding). The Community Connectors themselves are reaching out to people and sharing the positive experiences they have experienced as a result of the role, which then attracts more connectees to take on the role.

Weaknesses

The weaknesses identified focused on problems of integrating with other programme approaches, constrained funding, and some practice challenges. The lack of a robust evidence base was identified as a barrier to demonstrating the impact of the programme to key decision-makers, particularly in a climate of constrained resources. Integrating into more formal statutory provision, for example through GP practices, and the potential for being siloed as other approaches are delivered borough-wide were highlighted in the interviews.

The flexibility of the Community Connector role was highlighted both as a strength and as a weakness in the interviews. The advice being given is determined by the Community Connector, and one interviewee questioned if this aligned with statutory provision guidance, for example public health messages. Community Connectors are connecting people with whom they have an established relationship and strangers, as discussed in the Community Connector section. This can raise some practical challenges for them about how they establish boundaries. Community Connectors were not necessarily aware of all the grant-funded projects, which potential reduced the connections that they could be making. There is scope to address this in the safaris with the provision of information sheets on the grant-funded projects and awareness raising.

Opportunities

The opportunities identified in the interviews related to the potential for expanding the programme and mainstreaming it at the neighbourhood level and encouraging CCGs to adopt the model, building on the momentum already achieved. The evaluation found that Community Connectors have experienced significant impact as a result of taking on the role . As such, the role in itself is a means of supporting individuals to improve their own health and wellbeing. The intention to create this change for this group of people, and the power of mobilising residents to support their neighbours should not be lost in any approach to mainstream the model.

Certain opportunities were also identified in relation to the approach including widening the stakeholder group (those individuals that the programme is seeking to impact on) and

opening up opportunities for grant-funded projects to work together to build their networks and access other funding.

Threats

The current funding environment and competing priorities for that funding were identified as the most significant threats facing the programme, alongside establishing the programme as a political priority. Continuing austerity, and systemic issues driving people into crisis leading to the deterioration of people's health are not issues that Project Smith can affect, yet they have a significant impact on the programme and the sustainability of the outcomes the programme has achieved to date. For example, one Community Connector who had achieved many of the positive outcomes detailed in this report experienced a change in circumstance and is currently awaiting the start of an eviction process. Structural and systemic issues such as homelessness, income insecurity, and health inequality may quickly undermine the progress people have been able to make through the programme.

7. Reflections

Evidencing impact

Our aim was to design a data collection approach which was feasible (reflecting the scale of funding under the small-grants funding, and role of the Community Connector) and robust. We have used a wide range of methodologies in this evaluation which have been co-designed with participants. However the quality of the data and the convenience sampling limited the scope of the evaluation, particularly in relation to conducting a wider VFM assessment of the programme. Reflections on taking the evaluation forward are now outlined.

Small-grants impact

Data quality improved using the small-grants impact assessment form in Year 2. The selection of two outcome areas and two to four indicators is feasible for the projects. However the data was reported in an aggregate form, i.e., the number of people reporting an outcome. It is unclear from the reports what the magnitude of change was.

If VFM analyses are to be used in the future, the data could be improved by:

- Recording the sample size of those who complete survey questions.

- Reporting on both positive and negative responses (e.g. the number of people reporting on each point of a Likert scale).

- Providing data where it is possible to track survey responses to each individual as opposed to reporting an aggregate response.

Training should continue to be offered to project leads awarded a small grant on selecting outcomes and indicators detailed in the small-grants impact assessment form. Some additional guidance should be given in the training on how collect and report the findings to ensure consistency. This guidance should be included in the small-grants impact assessment form. The small-grants-funded case studies identified several participatory methods that projects have used to capture data, for example one-to-one interviews, small group discussions, and recording of comments and observations during conversations at shared mealtimes. These practical examples should be included in the training to illustrate how data can be collected and not be too burdensome.

Community Connectors

During the evaluation, Community Connectors expressed concerns about the work burden, and the impact that collecting data would have on their relationship with connectees. Without some sort of data collection methodology Project Smith will not be able to report on the scale and scope of the impact the Community Connectors have. However this must be designed to fit the role.

A case study approach is the most feasible way to collect data. It is suggested that a representative sample of Community Connectors are interviewed, and requested 1–3 months prior to the interview to keep diaries of their connecting activities, or record information through a WhatsApp evaluation group set up for the purpose of the evaluation.

Connectees can only be contacted through Community Connector. A small sample should be selected, and interviews conducted.

Network mapping

Maps of Community Connector networks were created in the online software Kumu. In this evaluation, we used them for illustrative purposes only to reflect on the scale of change in the network available to the Community Connector, and the potential network open to them by drawing on fellow Community Connector's networks.

The Kumu maps are a potentially powerful tool to illustrate the extent to which the Community Connector programme can mobilise resources to support people in the community. To be used for evaluation purposes, a consistent set of questions would need to be asked of Community Connectors when constructing the maps to clarify, for example, whether the network map of direct connections illustrates a connection which is actively used that month or just known about. The colour coding used to identify types of connects, for example various institutions and organisations, statutory organisations and small-grants-funded projects, would also have to be used consistently to support the analysis. This would allow a greater understanding about how the two workstreams of the project interact (i.e., if Community Connectors are signposting to small-grants-funded projects), and the level of interaction with statutory services.

Appendix 1: Methodology

Scoping Interviews

Scoping interviews were conducted with individuals involved in the delivery of Project Smith, the project's steering and evaluation groups, and previous evaluation activities. Three themes were explored in semi-structured telephone interviews:

- Requirements of the impact framework.
- Lessons from the previous evaluation activities.
- Practical challenges which will affect the evaluation design.

The interviewees and their role at the time of the interview are detailed in Table A1.

Table A1.1: Scoping interviewees

Interviewee	Project Smith role
Kate Damiral, Engagement Lead for Older People, Healthwatch Lambeth	• Steering Group Member • Evaluation Group Member • Previous evaluation: Conducted connector interviews (two rounds) and small-grants-fund participant interviews.
Graham Rushbrook, Director RBE Associates	• Delivers the Community Connector training programme • Co-ordinates Community Connector safaris • Provides training to grant holders on evaluation
Fraser Serle, Project Manager, Project Smith	• Project management
Sue Sheehan	• Evaluation Group Member • Supports evaluation activities at safaris • Develops Community Connector network maps through Kumu
Donna Yay, Senior Programme & Learning Manager, London Community Foundation	• Evaluation Group Member • Grant Manager for Project Smith

Connectors

Podio questionnaire

1. To be filled in by the Community Connector: What is your name?

2. What is the name or initials of the person you just connected?

3. Is the person you connected happy to be contacted again for a follow-up questionnaire by you? Or to be contacted by the Project Smith researcher, NEF Consulting? If yes, please write their telephone number here.

4. Please tell us what happened, for example have you seen this person before? How did you meet the person? Why did they need your support?

5. Which ward were you in when making the connection?

6. Where were you when you made this connection? Please be specific, for example at a community organisation, on the bus, on the street.

7. Did you signpost the person to a connection
   a. In your local area?
   b. In Lambeth, but not in your local area?
   c. Outside Lambeth?

8. Who did you signpost them to?

9. What was the name of the project/organisation you signposted the person to?

Connector interview

Role and structure of community connector and Project Smith programme

1. How would you describe the role of the Community Connector? What is the purpose of the role?

2. What were the highlights of the Community Connector training? What has stayed with you? What else have you enjoyed as part of Project Smith?

3. How did you find the Project Smith process? (e.g. monthly safaris, training). What did you find most useful and helpful about Project Smith?

4. What do you see the role of the safaris and how else would you like to be supported?

5. What did you find most difficult/least useful about Project smith?

6. How could the process be made to be more effective?

7. Who do you sign-post to and how do you know who to sign-post to?

Impact of their work on others

8. What outcomes have you set out to achieve?

9. Who do you set out to work with? How do you choose who you support? Do you have a target group?

10. Who do you think you are having an impact on and how?

Interviewer to probe - how do their answers align with the three 'I' statements?

- *I can manage my own health and wellbeing (or condition) and I am supported to do this, including having access to information and being able to stay healthy.*
- *I have systems in place to help at an early stage to avoid crisis and as small a disruption as possible if a crisis happens and I live independently.*
- *I feel part of a community.*

11. Do you think there is a need for Community Connectors in the community? How has becoming a Community Connector impacted the people you have supported?

12. How could the role be made to be more effective?

13. How long do you intend to stay a Community Connector? Do you think it is sustainable?

14. Would you able to continue to be a Community Connector without the support of Project Smith?

15. Is there anything you would like changed to make it easier for people to become Community Connectors?

What is the impact of the role on them?

16. What drew you to the role of a Community Connector? How did you hear about it?

17. What has changed for you as a result of the Community Connector training?

18. What has changed for you as a result of being a Community Connector?

19. What did you find most useful and helpful about being a Community Connector?

20. What did you find most difficult/least useful about being a Community Connector?

21. How has your role affected you (leadership skill, increase in confidence, impact on loneliness/isolation, increase in knowledge about how to manage health, what is going on in the area/community. etc.)?

22. How has your understanding of your own health changed?

23. Can you tell me what has changed in relation to your wellbeing since becoming a Community Connector (physical, mental emotional)?

24. In addition to the responses you've already made, what do you perceive to be working well and what requires improvement? What would you have more of and what would you change?

Community Connector value for money survey

1. When did you become a Community Connector?
   Month:
   Year:

2. How much time do you spend as a Community Connector during a typical week?

3. Which of the following best describes your situation at the moment? (You can tick more than one box.)

   ☐ I have a full-time job outside of being a Community Connector

   ☐ I have a part-time job outside of being a Community Connector

   ☐ I'm also an unpaid family worker (e.g. stay at home parent, maternity leave, caring for a relative)

   ☐ I volunteer outside of being a Community Connector

   ☐ I'm unemployed
   Other (please specify)

4. What is your best estimate for how long you will continue to be a Community Connector?

☐ Up to 6 months

☐ 6 to 12 months

☐ 12 to 18 months

☐ 18 to 24 months

☐ 24 months or longer

☐ I don't know

Outcome: Increased knowledge and skills

5. Thinking about **before** you became a Community Connector, to what extent do you agree with the following statement: *I had the knowledge and skills to support people in my community*? On a scale of 0 to 10, where 0 is strongly disagree and 10 is strongly agree.

0	1	2	3	4	5	6	7	8	9	10

6. Thinking about **now** you are a Community Connector, to what extent do you agree with the following statement: *I have the knowledge and skills to support people in my community*? On a scale of 0 to 10, where 0 is strongly disagree and 10 is strongly agree.

0	1	2	3	4	5	6	7	8	9	10

7. To what extent do you think the changes, if any, in your answers above are because of your role as a Community Connector?

Not at all (0%)	A little (25%)	Some (50%)	Quite a lot (75%)	A great deal (100%)

☐ *Not applicable / no change*

Outcome: Reduced isolation/increased social connections

8. Thinking about **before** you became a Community Connector, how often did you feel lonely?

☐ Often or always

☐ Some of the time

☐ Occasionally

☐ Hardly ever

☐ Never

9. Thinking about **now** you are a Community Connector, how often do you feel lonely?

☐ Often or always

☐ Some of the time

☐ Occasionally

☐ Hardly ever

☐ Never

10. To what extent do you think the changes, if any, in your answers above are because of your role as a Community Connector?

Not at all (0%)	A little (25%)	Some (50%)	Quite a lot (75%)	A great deal (100%)

☐ *Not applicable / no change*

Outcome: Increased sense of meaning and purpose

11. Thinking about **before** you became a Community Connector, how strongly did you feel that what you did in your life was valuable and worthwhile? On a scale of 0 to 10, where 0 is not at all and 10 is very strongly.

0	1	2	3	4	5	6	7	8	9	10

12. Thinking about **now**, how strongly do you feel that what you do in your life is valuable and worthwhile? On a scale of 0 to 10, where 0 is not at all and 10 is very strongly.

0	1	2	3	4	5	6	7	8	9	10

13. To what extent do you think the changes, if any, in your answers above are because of your role as a Community Connector?

Not at all (0%)	A little (25%)	Some (50%)	Quite a lot (75%)	A great deal (100%)

☐ *Not applicable / no change*

Outcome: Increased sense of belonging

14. Thinking about **before** you became a Community Connector, to what extent do you agree with the following statement: *I felt part of my community*?

   ☐ Strongly agree

   ☐ Agree

   ☐ Neither agree nor disagree

   ☐ Disagree

   ☐ Strongly disagree

15. Thinking about **now**, to what extent do you agree with the following statement: *I feel part of my community*?

   ☐ Strongly agree

   ☐ Agree

   ☐ Neither agree nor disagree

   ☐ Disagree

   ☐ Strongly disagree

16. To what extent do you think the changes, if any, in your answers above are because of your role as a Community Connector?

Not at all (0%)	A little (25%)	Some (50%)	Quite a lot (75%)	A great deal (100%)

☐ *Not applicable / no change*

Outcome: Better mental health

17. Thinking about **before** you became a Community Connector, how would you describe your mental health on the following scale?

Very unwell	Unwell	Okay	Well	Very well

18. Thinking about **now**, how would you describe your mental health on the following scale?

Very unwell	Unwell	Okay	Well	Very well

19. To what extent do you think the changes, if any, in your answers above are because of your role as a Community Connector?

Not at all (0%)	A little (25%)	Some (50%)	Quite a lot (75%)	A great deal (100%)

☐ *Not applicable / no change*

Reduced GP attendance

20. Thinking about **before** you became a Community Connector, how often would you go to the GP on average per month?

21. Thinking about **now**, how often do you go to the GP per month?

22. To what extent do you think the changes, if any, in your answers above are because of your role as a Community Connector?

Not at all (0%)	A little (25%)	Some (50%)	Quite a lot (75%)	A great deal (100%)

☐ *Not applicable / no change*

Deadweight question

23. Thinking about all the changes since you became a Community Connector, how much do you think they would have changed if the connector programme did not exist?

Worsened significantly	Slightly worsened	No change	Slightly improved	Significantly improved

Connectee

Podio questionnaire

1. What is the name of the Community Connector who spoke to you?
2. What is your name or initials? Please use the same information you gave when you completed your first questionnaire with the Community Connector.
3. How long has it been since the Community Connector first gave you information or advice?
4. How do you know this Community Connector?
5. What information did this Community Connector give you (e.g. to get in touch with someone, find a service or take up a community opportunity)?
6. How useful was this Community Connector's help?

1= Not at all useful	4= Somewhat useful
2= Note very useful	5= Useful
3= Neutral	6= Very useful

7. What will you do next, following this Community Connector's help? Or what have you already done?
8. How likely are you to recommend this Community Connector to someone else?

1= Not at all likely	4= Somewhat likely
2= Note very likely	5= Likely
3= Neutral	6= Very likely

9. Please explain why you would or would not recommend this Community Connector to someone else.
10. What is your age? (Optional)
11. What is your gender? (Optional)
12. If you would prefer to self-describe please indicate. (Optional)
13. What is your ethnic group? (Optional)

14. If you would like to specify your ethnicity, please do so here. (Optional)

15. What is your nationality? Please describe using choices.

16. Is there anything else that you think is significant that we should know about you?

Connectee Interviews
Background

1. **Please can you tell me a bit about yourself?**
    - Where do you live? How long have you lived there?
    - Who do you live with?
    - How do you spend your time day to day? Are you working, studying?
2. Who is your Community Connector?

Impact on connectees

3. How do you know the Community Connector? How often have you met them?
4. What were your reasons for accepting support from a Community Connector? What did/do you hope to get from accessing this support?
5. What information did the Community Connector give you? For example, to get in touch with someone, find a service or take up an opportunity.
6. Can you tell me what have you done following the Community Connector's help?
7. How useful was the Community Connector's help? Did you get the support you need?

Not at all useful   **Very useful**

◯   ◯   ◯   ◯   ◯

1   2   3   4   5   6

8. Can you tell me what has happened as a result of your interactions with a community connector? (e.g. changes in mental/physical health, self-esteem, safety, social networks, knowledge/understanding, employment, education, welfare benefits, immigration status, recourse to public funds, improved relations with statutory services…………refer to I statements and six ways to wellbeing).
9. To what extent do you think the changes that you described are because of the support you have received from your Community Connector? (Ask interviewee to choose one: not at all, a little, some, quite a lot, a great deal.) Or do you think the changes you have described would have happened anyway even if you had not interacted with the Community Connector? Can you tell me why/why not?
10. How likely are you to recommend the Community Connector to someone else?
11. How has your understanding of your own health changed?
12. In an ideal situation, what kind of help would you have liked from Project smith and Community Connector (for you and your children)?
13. In an ideal situation, what kind of support would you want moving forward (for you and your children)?

Process/role and structure of Community Connector and the Project Smith programme

25. How would you describe the role of the Community Connector? What is the purpose of the role?
26. What did you find most difficult /least useful about Project Smith?
27. Do you think there is a need for Community Connectors in the community? How has becoming a Community Connector impacted the people you have supported? How could the role be made to be more effective? Is there anything you would like changed to make it easier for people to become Community Connectors?

Small-grants reporting form

The revised reporting form for the small-grants programme is now detailed.

IMPACT ASSESSMENT

A guide on how to choose the outcomes and indicators for your application

The London Community Foundation's vision is of a strong and generous London where residents, business, government, and civil society are inspired to act for the benefit of all who live in the city, leading the way in social action and philanthropic activity. **Our mission** is to make a difference to the lives of Londoners by connecting people who need help with those who are willing to give. We are dedicated to improving the lives of London's most disadvantaged. Child poverty, unemployment, isolation, homelessness, domestic violence, and gang crime are just some of the issues we are tackling through our grant making.

You can help us to achieve our vision and mission by delivering projects that make a difference and – importantly – by gathering evidence to show how your project has made an impact. This information is essential if we are to encourage more donors to support our future work. To help you collect the kind of evidence we need, we have created a framework that measures the impact of our grants. There are six themes for this IMPACT framework and the Lambeth Wellbeing Fund supports the three highlighted in red:

- **Improve people's life skills, employability, and enterprise** – We want to support a thriving city that creates opportunities for people to fulfil their potential, to become more self-sufficient, and to build their confidence.
- **Maximise people's ability to strengthen community cohesion and build social capacity –** We want to strengthen and connect local organisations and improve local facilities so that people can live happier lives alongside each other.
- **Promote reduction of isolation and disadvantage and access to services** – We want people to be connected in their local communities and to their local services, so everyone has a chance to be included.
- **Advance people's physical and mental health, wellbeing, and safety** – We want people to feel safe and connected in their communities, and to have more opportunities to improve their physical and mental health.
- **Connect people with the arts culture and heritage** – We want to create a city that values and takes pride in the excellence and diversity of arts and culture, where everyone feels encouraged to participate, and their efforts create a legacy.
- **Transform people's access to, and engagement with, their environment** – We want to create a city that promotes and creates a safer, healthier, and more sustainable environment, where people in urban areas feel free and welcome to access community spaces.

There is a lot of information about impact assessment and the outcomes approach to project evaluation. You may find the following websites helpful:

http://www.ces-vol.org.uk/   **http://mande.co.uk/**

http://www.evaluation.org.uk/   **http://network.youthmusic.org.uk/learning/youth-music-evaluation-builder**

There are a number of outcomes – or changes – we want to measure for each theme, and a series of indicators to show evidence of change in a measurable way. When you apply for a grant you will need to choose the theme, outcomes, and indicators that you will report against, once you have completed your project.

What do we mean by:

An **Outcome?**

Outcomes are the changes, benefits, learning, and other effects that you can attribute to your project's activities. They are the difference your project makes (CES, 2005)

An **Indicator?**

Indicators are the evidence you collect to show your progress in achieving the outcomes of your work. They may be about the number of people who have achieved something or feel different.

Collecting evidence

In order to provide the numbers, etc., for your report, it is best to plan how you will collect the evidence before you start the project. You could, for example, consider taking registers of people who attend a training course, carry out interviews, and provide questionnaires for people to complete. We have included guidance on how to capture change in the framework below.

Monitoring and evaluation

When your funding comes to an end, you will have to complete an online monitoring report in which you will have to tell us about how well you did in achieving your chosen outcomes and indicators. It is therefore very important for you to plan how you will collect the evidence to support your report. If you are successful in getting your work funded, we will send you details of the reporting requirements with the offer letter.

Why do we ask you to report?

Simply, we would like to know how the project has gone including what worked and what did not. The report is both beneficial for you and us, The London Community Foundation.

What does The London Community Foundation use the information for?

We require monitoring for various reasons. First, we have a responsibility to ensure grants are used properly to deliver high-quality projects that achieve relevant outcomes.

The London Community Foundation takes pride in gathering evidence from the information reported that allows us to make informed decisions when developing future funding programmes. By deciphering results we obtain from your monitoring we can identify gaps in provision and develop our knowledge about different types of work and the impact they are capable of having, building our expertise as a grant maker. We are also able to tell the story of your work to other potential donors.

We use this **impact assessment framework** to collate relevant outcomes and indicators enabling us to evidence the positive difference the groups we have funded are making.

How will the report help you?

The report will allow for you to develop your practice from reflecting on work carried out. As an organisation, your monitoring will act as evidence amplifying your ability to deliver a project effectively and efficiently for prospective funders, investors, etc. Your monitoring report can generally feed into the improvement of your organisation. It is down to you as to how much you put into your process of monitoring and evaluating and subsequently how much you benefit from it.

What is the difference between monitoring and evaluation?

Monitoring

'Monitoring is about collecting information that will help you answer questions about your project. It is important that this information is collected in a planned, organised and routine way. You can use the information you gather to report on your project and to help you evaluate' (Charities Evaluation Services).

Monitoring is an ongoing task that would have already started at the planning stages of a project. You would have collected key information on a variety of things relating to your project. Before you started the project, you chose various outcomes and indicators to measure your work against – these are what you must monitor your work against.

Monitoring allows results, procedures, and practices to be recorded and eventually acts as a catalyst to direct, develop, and learn. The information obtained from monitoring is then used for evaluation purposes.

Evaluation

'Evaluation is about using monitoring and other information you collect to make judgements about your project. It is also about using the information to make changes and improvements' (Charities Evaluation Service).

A good evaluation should be an objective assessment. The evaluation is in essence an appraisal of your findings, looking into themes as such relevancy, effectiveness, efficiency, impact, and sustainability.

Selecting your outcomes and indicators

Please use the form below to indicate which IMPACT theme your project fits. You will need to set targets for the numbers of people you expect to be involved over the life of the project, and who you think will be participating, for example older people, younger people, people who are socially isolated.

Choose **two** of the six **ways to wellbeing outcomes** detailed in the following table that most closely fit your project, and **select** at least **two and up to four indicators** per outcome that you will measure during the project to understand the change you are hoping to achieve. We have given a guide to how these indicators can be measured and support will be provided to help you do this. Please give us a realistic target number for each of the indicators you have chosen. Make it a best guess and do not overestimate the numbers you might achieve – be honest with us! High numbers will not help in the assessment process when we come back and question you on them. We need to believe that they are achievable.

Remember if you have any questions on this or need help with the application form, call us on 020 7582 5117 or email applications@londoncf.org.uk

IMPACT ASSESSMENT FORM

Programme:

Grant No:

Grant Applicant:

To be returned with your Acceptance of Offer, bank statement, and any other conditions of the grant.

Select one impact theme

IMPACT Theme	If Selected indicate YES
Maximise people's ability to strengthen community cohesion and build social capacity – We want to strengthen and connect local organisations and improve local facilities so that people can live happier lives alongside each other.	
Promote reduction of isolation and disadvantage and increase access to services – We want people to be connected in their local communities and to their local services, so everyone has a chance to be included.	
Advance people's physical and mental health, wellbeing, and safety – We want people to feel safe and connected in their communities, and to have more opportunities to improve their physical and mental health.	

Indicate who and how many people you hope to support over the life of the project

Participation Indicator	Description of target group, for example older people, younger people, socially isolated/	Target number	Actual number (reported at the end of the project)
Groups of community members you expect to take part in your project			

Select two outcomes and two to four indicators per outcome to measure the change you hope to support

Outcome	Indicator	Examples of how to measure	If Selected indicate YES)
Be connected: Increased sense of social connection to others and increased sense of belonging in the community	How many people attend the sessions regularly?	Participant attendance record	
	Number of people reporting they made new friendships in the group	How much do you agree with the following statement? Since being involved in the project/sessions I have made new friendships in the group 5-point scale (strongly disagree, disagree, undecided, agree, strongly agree)	
	Number of people reporting they meet up with each other socially outside the project	How regularly do you meet up with members of the group socially (outside the session)? 5-point scale:(never, rarely, occasionally, frequently, very frequently)	
	Number of people reporting they are participating more in local activities	**Before and after question asked retrospectively:** Following your involvement in the project/sessions, how regularly do you get involved in activities in your local area 5-point scale (never, rarely, occasionally, frequently, very frequently) Before your involvement with the project, how regularly did you get involved in activities in your local area 5-point scale (never, rarely, occasionally, frequently, very frequently)	
	Number of people who reported an increased sense of belonging to a community as a result of the project	How much do you agree with the following statement? Since being involved in the project/sessions I feel part of a community 5-point scale (strongly disagree, disagree, undecided, agree, strongly agree)	

	Which community spaces were used by the project?	Project lead reports: Number of community spaces used for the project sessions and name them, for example park, library.	

Outcome	Indicator	Examples of how to measure	If Selected indicate YES)
Keep learning: Increased sharing of skills and knowledge in the community.	Number of people trying something new	Have you been involved in this type of activity before? Please select: • This is new to me. • I have done this before, but some time ago. • I have been regularly involved in this type of activity. • Other (please state).	
	Number of participants learning new skills or increasing their knowledge as a result of participation in the group.	How much do you agree with the following statement? Following my involvement in the project/sessions I have developed new skills or knowledge. 5-point scale: (strongly disagree, disagree, undecided, agree, strongly agree).	
	Number of participants using what they have learnt outside the project	How frequently have you shared what you have learnt in the group with other people outside of the group? 5-point scale: (never, rarely, occasionally, frequently, very frequently)	
	Number of people who report feeling more informed about what is happening in their area	How much do you agree with the following statement? Following my involvement in the project/sessions I feel more informed about what is happening in the area. 5-point scale (strongly disagree, disagree, undecided, agree, strongly agree)	
Outcome	**Indicator**	**Examples of how to measure**	**If Selected**

			indicate YES)
Be active: Increased level of physical activity.	Number of people attending the sessions regularly	Participant attendance record	
	Number of people actively participating in the session	How much do you feel that you have actively participated in the project/sessions? 4-point scale (not at all, very little, somewhat, to a great extent)	
	Number of people reporting they enjoyed the session	Capture the number of people smiling during the session (Photo) Or How did the session make you feel? 5-point scale: Awful Not very good Okay Really good Fantastic	
	Self-reported increased level of physical activity	How much do you agree with the following statement? Since being involved in the project/session my level of physical activity generally has increased 5-point scale (strongly disagree, disagree, undecided, agree, strongly agree)	

Outcome	Indicator	Examples of how to measure	If Selected indicate YES)
Give: Increased levels of sharing and volunteering in the community	Number of participants sharing their skills and knowledge with others in the group.	Observation of activity lead with description. Or How much do you agree with the following statement? I feel that I regularly share my skills and knowledge with other members of the group 5-point scale (strongly disagree, disagree, undecided, agree, strongly agree)	
	Number of people volunteering their time in the project	Observation of activity lead	
	Increase in volunteering time in other community activities	**Before and after question asked retrospectively:** Following your involvement in the project/sessions, how regularly do you get involved in volunteering your time in community activities (not including in this group) 5-point scale:(never, rarely, occasionally, frequently, very frequently) Before your involvement with the project/sessions, how regularly did you get involved in volunteering your time in community activities. 5-point scale:(never, rarely, occasionally, frequently, very frequently)	

Outcome	Indicator	Examples of how to measure	If Selected indicate YES)
Take notice: Increased awareness and appreciation	Increased awareness of local activities	How much do you agree with the following statement? As a result of being involved in the project/ sessions I am more aware of activities I could take part in my area. 5-point scale (strongly disagree, disagree, undecided, agree, strongly agree)	
	Number of people reporting greater awareness of what makes them feel good.	How much do you agree with the following statement? As a result of being involved in the project/ sessions I am more aware of what makes me feel good. 5-point scale (strongly disagree, disagree, undecided, agree, strongly agree)	
	Increased level of self-esteem	How much do you agree with the following statement? As a result of being involved in the project/ sessions I feel more positive about myself. 5-point scale (strongly disagree, disagree, undecided, agree, strongly agree)	

Outcome	Indicator	Examples of how to measure	If Selected indicate YES)
Care for the planet: Increased awareness to the need, and level of action, to positively impact on the environment.	Number of people reporting an increase in awareness of the need to take positive action for the environment.	How much do you agree with the following statement? Since being involved in the project/sessions I am more aware of the need to take positive action for the environment 5-point scale (strongly disagree, disagree, undecided, agree, strongly agree)	
	Number of people reporting increase in personal action to positively impact on the environment (e.g. reduced waste, growing food or native flowers and fungi, creating nature habitats)	People state what they have changed or **Before and after question asked retrospectively:** Following your involvement in the project/sessions, how frequently do you…. 5-point scale : (not applicable, never, occasionally, often, always) Before your involvement with the project/sessions, how frequently did you…. 5-point scale (not applicable, never, occasionally, often, always)	
	Number of people reporting they are influencing other people to positively impact on the environment (e.g. reduced waste, growing food or native flowers and fungi, creating nature habitats)	How much do you agree with the following statement? As a result of being involved in the project/sessions I have encouraged friends and family to positively impact on the environment (e.g. reducing waste, growing food or native flowers and fungi, creating nature habitats) 5-point scale (strongly disagree, disagree, undecided, agree, strongly agree)	

Programme interviews

Programme interviews were conducted with individuals with a strategic oversight of Project Smith and delivery experience (Table A2). The semi-structured telephone interviews explored:

- Strengths of the Project Smith model
- Weaknesses of the Project Smith model
- Opportunities of applying the model more widely
- External threats to applying the model more widely/sustainability of the model

Table A1.2: Programme interviewees

Interviewees
Kate Damiral, Engagement Lead for Older People, Healthwatch Lambeth
Cllr Jim Dickson, Chair of the Health and Wellbeing Board, Chair of Committee in Common – older people and adult mental health
Justin Hayes, General Practitioner, Valley Road Surgery
Moira McGrath, Director of Integrated Commissioning (adults), CCG
Graham Rushbrook, Director RBE Associates
Donna Yay, Senior Programme & Learning Manager, London Community Foundation

Appendix 2: Grant-funded project SCBA model assumptions

Table A2.1: Case Study 1 – Better Fridays sessions SCBA model assumptions

Outcome	Model Component	Assumptions
Sense of belonging	Benefit period	We have assumed that the benefit period will exist for 1.5 years beyond the project. This is based on the qualitative information gathered – some participants went on to volunteer or continue attending community events.
	Deadweight	We have placed deadweight at 50% as a conservative estimate.
	Attribution	We have placed attribution at 40% as a conservative estimate. Participants may have been engaging in other community events whilst attending Better Fridays sessions.
	Drop off	The drop off is 50% after the first year.
Increased self-esteem	Benefit period	We have assumed that the benefit period will exist for 1.5 years beyond the project. This is based on the qualitative information gathered – some participants went on to volunteer or continue attending community events.
	Deadweight	We have placed deadweight at 40% as a conservative estimate, given that some participants had mental health problems and therefore may not have improved otherwise.
	Attribution	We have placed attribution at 40% as a conservative estimate. The participants may have been engaging in other community events whilst attending Better Fridays Sessions.
	Drop off	The drop off is 50% after the first year.

Increased skills and knowledge	Benefit period	We have assumed that the benefit period will exist for the duration of the programme (30 weeks). This is a very conservative assumption. When participants stopped attending the sessions, we assumed they may not be applying their gardening skills elsewhere.
	Deadweight	We have placed deadweight at 50% as a conservative estimate.
	Attribution	We have placed attribution at 50% as a conservative estimate. The participants may have been engaging in other community events whilst attending Better Fridays sessions.
	Drop off	The drop off is 50% after the first year.

Table A2.2: Case Study 2 – Fit and Friendly Assumptions

Outcome	Model Component	Assumptions
Increased physical activity	Benefit period	We have assumed that the benefit period will exist for six months beyond the project. Most of the group are over 80 years of age and some participants reported problems getting to class (e.g. knee pain/cannot drive).
	Deadweight	We have placed deadweight at 50% as a conservative estimate.
	Attribution	We have placed attribution at 50% as a conservative estimate. Some participants reported joining other activities; however we assume that most participants only increased physical activity through this class.
	Drop off	The drop off is 50% after the first year.

Increased social connections	Benefit period	We have assumed that the benefit period will exist for six months beyond the project. Most of the group are over 80 years of age and some participants reported problems getting to class (e.g. knee pain/cannot drive).
	Deadweight	We have placed deadweight at 50% as a conservative estimate.
	Attribution	We have placed attribution at 30% as a conservative estimate. The participants may have been engaging in other community activities.
	Drop off	The drop off is 50% after the first year.
Sense of belonging to community	Benefit period	We have assumed that the benefit period will exist for six months beyond the project. Most of the group are over 80 years of age and some participants reported problems getting to class (e.g. knee pain/cannot drive).
	Deadweight	We have placed deadweight at 50% as a conservative estimate.
	Attribution	We have placed attribution at 30% as a conservative estimate. The participants may have been engaging in other community activities.
	Drop off	The drop off is 50% after the first year.

Table A2.3: Case Study 3 – South London Knits Assumptions

Outcome	Model Component	Assumptions
Increased skills and knowledge	Benefit period	We have assumed that the benefit period will exist for one year beyond the knitting club. We know that some of those who attended knitting club will continue to knit and apply their skills. The total benefit period is 1.5 years.
	Deadweight	We have placed deadweight at 50% as a conservative estimate.
	Attribution	We have placed attribution at 50% as a conservative estimate. We assume that participants learnt a lot through this group; however, it is not clear if they knit in their own time.
	Drop off	The drop off is 50% after the first year.
Increased social connections	Benefit period	We have assumed that the benefit period will exist for one year beyond the knitting club. A member of the group went on to set up a community knitting club, therefore we can assume that the participants will continue with their current friendships. The total benefit period is 1.5 years.
	Deadweight	We have placed deadweight at 50% as a conservative estimate.
	Attribution	We have placed attribution at 50% as a conservative estimate. We assume that participants learnt a lot through this group; however, a lot of them went on to knit at home during their spare time.
	Drop off	The drop off is 50% after the first year.

Sense of belonging to community	Benefit period	We have assumed that the benefit period will exist for one year beyond knitting club.
	Deadweight	We have placed deadweight at 50% as a conservative estimate.
	Attribution	We have placed attribution at 20% as a conservative estimate. The participants may have been engaging in other community activities.
	Drop off	The drop off is 50% after the first year.

Appendix 3: Financial proxies

Table A3.1: Financial proxies for participants

Outcome	Rationale/source	Value
Sense of belonging to a community	Feeling of belonging to a neighbourhood (London), Housing Association Charitable Trust (HACT)[16]	£2,252 (£2,407 for adults aged over 50)
Increased self-esteem	Proportion (10%) of a QALY – confidence/self-esteem as part of the wellbeing domain in the National Accounts of Wellbeing	£1,056
Increased skills and knowledge	Value of hobbies (London), HACT	£2,130
Increased social connections	Value of regular attendance at a group meet up (London), HACT	£1,850 (£2,959 for adults aged over 50)
Increased physical activity	Value of frequent mild exercise, meaning not out of breath or sweating (adult aged over 50 in London), HACT	£4,129

Endnotes

[1] Ward map sourced from GEOPUNK.

[2] Report to the Mental Health and Older People Committee in Common, 27 September 2017. Lambeth Council.

[3] Project Smith Ethos Statement. 11 March 2019.

[4] NHS (2013) The Big Lambeth Health Debate. Retrieved from https://www.lambethccg.nhs.uk/get-involved/Pages/BIGLambethHealthDebate.aspx

[5] Wheel of Well-being was designed in 2008 as part of a Big Lottery Well London's programme. It is an ongoing collaboration between the Mental Health Promotion Team at South London and Maudsley NHS Foundation Trust, Uscreates and Implemental (formerly Maudsley International). Retrieved from https://www.wheelofwellbeing.org/

[6] The model provides Royal Society of Public Health (RSPH) Behaviour Change and Health and Wellbeing training to interested individuals who would like to be active in their community, supporting and navigating for people they come into contact with.

[7] Please note: All outcomes do not apply to all projects.

[8] 1 is applied to the upper end of the Likert scale (4–5) and 0 is applied to the lower end (1–3).

[9] HM Treasury (2011) *The Green Book – Appraisal and Evaluation in Central Government*. Retrieved from https://www.gov.uk/government/publications/the-green-book-appraisal-and-evaluation-in-central-governent

[10] The high-level theory of change was built from a theory of change developed previously by the Project Smith team.

[11] The initial Project Smith theory of change (2017) developed by the programme team included no outcomes for Community Connectors.

[12] Kumu software creates interactive networks, and as such static images appear congested. The images are included in the report to illustrate the network scale rather than individual details.

[13] Kumu maps were not available for the Community Connector Maya.

[14] Images Source: Twitter account for the project.

[15] These outcomes were excluded from the VFM analysis as distance travelled information (the amount of change experienced) was not available.

[16] HACT Social Value Bank (no date). Social value bank. Retrieved from https://www.hact.org.uk/social-value-bank