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Resilient Communities (Full Report)

Janet Ubido, Cath Lewis and Hannah Timpson



Cheshire and Merseyside Public Health Intelligence Network

Developing Resilient Communities: Identification of Approaches and Evidence for their Effectiveness

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FULL REPORT

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About the Champs Intelligence & Evidence Service

This work was conducted under the remit of the Champs Intelligence & Evidence Service. Commissioned by the Cheshire and Merseyside Directors of Public Health, the service aims to provide high quality research in response to collaborative priorities across the nine local authority public health teams in Cheshire and Merseyside.

Matthew Ashton, Joint Director of Public Health, Knowsley and Sefton, leads the Public Health Intelligence Network with support from Sharon McAteer (Halton) and the wider network. Their role in the Intelligence & Evidence Service involves setting the work programme, providing strategic direction and facilitating collaborative links between the Champs Public Health Collaborative, the Public Health Institute, LJMU and the wider public health community. They also contribute to editing and final approval of reports.

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Summary

Building community resilience

Identifying approaches and assessing their effectiveness

Definition: Community resilience is *'the capacity of communities to respond positively to crises to adapt to pressures and transform'* (p.27) (GCPH, 2014b).

Context: There have been recent changes in the political climate, involving welfare reform and cutbacks to public services, alongside an ageing population and changing job opportunities. The importance of community resilience in coping with these sources of adversity is becoming increasingly recognised.

This report: This piece of work was commissioned by Champs (the Cheshire & Merseyside Public Health collaborative). The aim is to identify and describe different models/ approaches to developing resilient communities and to assess their effectiveness. The approaches identified are summarised below. The full report also includes a comprehensive selection of case studies and a set of recommendations. A literature review was carried out, with searches of various databases, grey literature and information obtained via peer review and from stakeholders. The literature review confirmed that the wider impacts of approaches to building community resilience are difficult to measure and evidence is limited. However, the available evidence is broadly supportive of the potential of such approaches to achieve wider outcomes such as those identified below.

Approaches	Outcomes
<p>promoting social networks e.g. health champion schemes</p>	<p>improved social cohesion and social capital</p>
<p>enhancing environmental assets e.g. access to green spaces, good quality affordable housing</p>	<p>strong and stable families and social networks</p>
<p>promoting a healthy economy e.g. ensuring financial security, good quality local jobs, local supply chains</p>	<p>buoyant local economy</p>
<p>supporting community engagement e.g. community budgets and community led commissioning</p>	<p>reduced crime & delinquency</p>
<p>developing measures of community resilience e.g. 'WARM' (Wellbeing and Resilience Measurement)</p>	<p>improved employment prospects & conditions</p>
<p>developing workforce skills e.g. training in community centred health approaches for public health & other professionals</p>	<p>improved health & wellbeing, and reduced pressure on NHS</p>



Summary Report

See separate document

1. Background

Context

The Marmot Review (Marmot et al., 2010) recognised that to meet the health needs of disadvantaged populations and tackle inequalities in health, there needs to be a broader focus on creating and developing healthy and sustainable communities. Creating resilient communities and supportive environments is one of the four priority areas for policy action in the World Health Organisation 2020 policy (WHO, 2013). It is important that local health and care systems can support communities and utilise the assets in the community in order to maximise the opportunities for local communities to improve their health and wellbeing (Marmot et al., 2010; SDU, 2014). This is particularly important given current and projected risks to health and wellbeing from a changing financial climate and the disproportionate effect this will have on the most vulnerable in our society (SDU, 2014). Increased cooperation between the public and voluntary sectors will be vital to mitigate the negative effects of recession and develop resilience and capacity within communities (Young Foundation, 2010). Resilience is undermined by inequality, with a community's ability to recover linked to levels of poverty and deprivation (Penn, 2011). Reducing inequalities and poverty will strengthen the ability of communities to demonstrate resilience. The Glasgow Centre for Population Health (GCPH) noted that although it is possible to be resilient in the face of poverty and deprivation, meeting basic material needs is necessary for ongoing resilience (GCPH, 2014b).

Research is required in order to inform our understanding of how best to develop resilient communities and deliver health and wellbeing services using an asset based approach. This report was commissioned by the Cheshire and Merseyside Directors of Public Health through the Public Health Collaborative (Champs), in order to identify possible approaches to developing community resilience and assessing their effectiveness.

Aims and Objectives

Aim:

Describe the context of resilient communities, identifying different approaches to developing resilient communities, with a consideration of their effectiveness.

Objectives:

Carry out a search of the literature (including grey literature), stakeholder engagement and follow up local leads, to:

- provide definitions, context, models (local and national) and case studies (local and national) of approaches to developing resilient communities
- assess the effectiveness of approaches, including the means by which and the extent to which they have been evaluated, and any barriers identified
- provide recommendations to support initiatives.

Project Scope

The research covers the nine Cheshire and Merseyside local authorities: Halton, Knowsley, Liverpool, Sefton, St. Helens, Wirral, Cheshire East, Cheshire West & Chester and Warrington.

References to community resilience relating to disasters and climate change were outside the scope of the project and excluded from the report. Much of the literature and UK public policy on community resilience relates to developing community responses to climate change and emergencies such as flooding and swine flu (Cabinet Office, 2016; Penn, 2011). The current UK government resilience programme does not extend to economic and social threats or to the hazards arising from multiple deprivation (Penn, 2011), which is the focus of this report.

Also excluded were references relating to building the resilience of individuals. This dimension is already widely covered in public health research and practice, and is not included as a separate heading in this report. However, action under each of the other headings will have positive effects on individual wellbeing and resilience.

Definitions

Community resilience: Community resilience has been described as *'the capacity of communities to respond positively to crises to adapt to pressures and transform'* (GCPH, 2014b)(p.27) . In resilient communities, people feel supported, empowered and enabled to work together to take more control of their own lives and provide their own solutions to the issues they face (PHE, 2016).

There are two levels of community resilience: firstly, a resilience to adversity, to allow a return to business as usual; and secondly, if a return to 'usual' is not possible, the development of resilience in communities in the form of adaptation and transformation (GCPH, 2014a; GCPH, 2014b). Adversities can be dramatic and immediate, such as with natural disasters, or more gradual. The sources of adversity for communities include demographic trends (e.g. population ageing); economic trends (e.g. recession); new technologies (leading to changed job opportunities); and government policy (e.g. welfare reform and cutbacks) (Chaskin, 2008).

Community: A commonly used categorisation of community identified by Allmark et al (2014) is between communities of:

- location, such as a neighbourhood
- culture, such as an ethnic group
- purpose/interest, such as a political association or self-help group

Allmark et al highlight that public health professionals generally cover an area and subdivide this into smaller areas or neighbourhoods. They note that a neighbourhood is clearly defined but will often be a community only in a weak sense, lacking bonds of purpose or culture. In developing a neighbourhood's resilience, they suggest that it might be necessary to look within the area for stronger community ties than neighbourhood (Allmark et al., 2014).

Community cohesion: Community cohesion is important in the development of community resilience. Community cohesion is ‘what must happen in all communities to enable different groups of people to get on well together’ (DEFRA, 2008). In integrated and cohesive communities, people from different backgrounds have similar life opportunities, and they trust one another and trust local institutions to act fairly. The emphasis is on citizenship, empowerment and integration (DEFRA, 2008; Young Foundation, 2010a).

Social capital: Building community resilience involves developing the ‘social capital’ of a community (Wilding, 2011). Social capital is defined by the OECD as “networks together with shared norms, values and understandings that facilitate co-operation within or among groups” (OECD, 2007)(p.103). Social capital can be divided into three main categories:

- bonds: Links to people based on a sense of common identity (“people like us”) – such as family, close friends and people who share our culture or ethnicity
- bridges: Links that stretch beyond a shared sense of identity, for example to distant friends, colleagues and associates, connecting people who are different, often through schools, workplaces, or clubs
- linkages: Links to people or groups further up or lower down the social ladder, e.g. to those in authority.

(Aldrich and Kyota, 2017; OECD, 2007)

Flora and Flora (2008) developed a ‘seven capitals model’, and identified that communities that were successful in supporting healthy sustainable community and economic development paid attention to seven types of capital:

- natural (e.g. access to green space)
- cultural
- human (e.g. skills and education)
- social (e.g. social support networks)
- political
- financial (e.g. income)
- built (e.g. access to amenities)

Assets: Assets (strengths-based) approaches are core to resilience building (Wilding, 2011). Assets are the skills, knowledge, strengths of individuals and the resources within communities and organisations that people value and that contribute to good health and wellbeing. Examples include practical skills, knowledge, interests, passions, networks, connections, contributions, social capital, groups, associations, organisations, physical, environmental and economic resources (Champs, 2012).

Asset based community development (ABCD): Local authorities have a role to play in helping individuals and communities to use and develop social capital. There is growing recognition that although disadvantaged social groups and communities have a range of complex and inter-related needs, they also have assets at the social and community level that can help improve health and strengthen resilience to health problems (Fox, 2017; King's Fund, 2013a). As described by Wilding (2011), there is a great deal of latent talent, knowledge, ability and willingness in people to improve their communities that is currently not being used.

Social Capital

“a community with a lot of bonding social capital but no bridging [or linking] capital is not very resilient when faced with an unfamiliar problem – it doesn't know who to ask and it is important to know who to ask who is not from your local community if you are going to be more resilient” (Wilding, 2011)(p.59).

Every area and its citizens can achieve more when they combine their expertise, time, creativity and resources (Fox, 2017). The NHS Sustainable Development Unit (SDU, 2014) recommend that assets within local communities be identified and understood, to identify where they provide support and to what populations they serve. The SDU also advocate using a **social value** approach to ensure that services provide tailored support which generates value to the wider community.

Opportunities to understand and strengthen the social value and assets that are already in place should be identified. Local authorities are under new obligations to demonstrate that they are delivering 'social value' (Public Services [Social Value] Act 2012) – that is, that they have considered the social, environmental and economic impacts of their commissioning decisions (Cabinet Office, 2016 update; Fox, 2017; King's Fund, 2013a; SDU, 2014).

"Looking in the fridge first before we buy means knowing what assets for health and wellbeing outcomes exist in our communities" (Champs, 2012)(p.3)

Methods

Literature Review

A literature review was carried out. Grey literature on the topic was explored through internet searches and information provided by stakeholders. The following sources of references were searched: NICE guidance and evidence, Social Care Institute for Excellence (SCIE), Department of Health, NHS England, Public Health England, the Local Government Association, the King's Fund, World Health Organization, Medline/Web of Science, Google and Google Scholar.

Search terms included 'resilient communities' and 'community resilience', with evidence generated filtered by focusing on UK studies and additional terms, including 'community connector', 'health champion', 'men in sheds', 'community resilience' and asset', 'community connector', 'community navigator', 'community governance' and 'community control' (further details available on request).

Case Studies

Key stakeholders in each of the nine Cheshire and Merseyside local authority areas were identified and approached to set the scene locally and provide case studies examples of where activity was being delivered to develop resilient communities. These included local authority public health teams, the community and voluntary sector and clinical commissioning groups (CCGs). The local Joint Strategic Needs Assessment (JSNA) network provided a valuable mechanism for disseminating requests for information from the local authorities and their CCG contacts in Cheshire and Merseyside.

We have included examples from those stakeholders who responded to our request; these are not inclusive of all local activity. Where relevant, we have also included case study examples of good practice outside of Cheshire and Merseyside.

A summary table of the case studies included can be found in the Appendix, table A1. A total of 52 local case studies were collected, with a further six national examples included. Some of the case study sections overlap, for example many of the projects in other sections will also include levels of

community control, featured in Section 2.2. Some of the case studies had an evaluation element built-in, but most projects were in their early stages with no evaluation results yet available.

Analysis and Reporting

Literature review findings are presented by theme, in Section 2. Each theme includes details of local case studies and evidence of effectiveness where available. Where appropriate, reference is made to examples of projects delivered outside of Cheshire and Merseyside. A discussion of findings and recommendations for practice are presented in Section 3.

2. Approaches to developing community resilience

Developing community resilience is not a 'quick fix', as sustainable resilience capacities need to be built over time, and involve nurturing and building resilience from existing natural relationships and among existing institutions (Zautra et al., 2010b). Communities will naturally develop their own resilience to setbacks, but there are various approaches that can be taken to assist them in this process.

The community resilience approach has been criticised by some as being vague and one-dimensional (Allmark et al., 2014). This report takes a broad view of community resilience, based on models of social capital, focusing on a range of features that make up and strengthen a sense of community. An evidence review of published research and grey literature was undertaken to identify and describe different models and approaches to developing resilient communities. The following approaches were identified:

- Encouraging inter-community collaboration/ social network development, such as:
 - Identifying key individuals in the community
 - Social prescribing
 - Developing innovative community schemes and supporting volunteering
 - Using digital media to promote social connections (e.g. internet support groups)
- Promoting community governance and levels of control (e.g. community budgets)
- Enhancing environmental assets (e.g. good housing and green spaces)
- Economic approaches to developing community resilience (e.g. local jobs for local people, local supply chains)
- Developing asset based mapping and other measures relating to community resilience
- Developing workforce skills in promoting community resilience (e.g. training public health staff in asset mapping and community development).

Further details on each approach are provided in the sub-sections below. There will be much overlap, as initiatives in each area are connected, with work in one area likely to also benefit other areas.

Evidence of effectiveness

The Glasgow Centre for Population Health (GCPH) pointed out that the financial crisis, in addition to perceived threats such as climate change, food insecurity, peak oil and terrorism have highlighted the need to develop resilience on a broader, community scale (GCPH, 2014a). They noted that currently, evidence on the economic paybacks of investing in community assets is as yet limited. However, there is strong and growing evidence indicating the role of community assets in building and maintaining social capital and that social networks and social capital increase people's resilience to and recovery from illness (King's Fund, 2013a; SDU, 2014). The evaluation evidence available tends to focus on the effects of asset based community development approaches on the health of individuals, rather than the effects on community resilience, for example in the NICE report on community engagement (NICE, 2016). The majority of studies that do consider resilience as an outcome focus on individual level outcomes, such as behaviour change, rather than the resilience of a community (South and Phillips, 2014). Other assets related to resilience and health on a wider scale include good housing, financial security, activities and social roles (PHE, 2015b). There is less direct evidence on the wider benefits that such investments can have.

South and Phillips (2014) believe that narrow, professionally determined definitions of success mean that evaluations often fail to capture the multilevel effectiveness of engagement, of longer term outcomes such as increased social networks and reduced crime. They note that funding for evaluation is generally too short-term to offer scope for capturing the developmental nature of community engagement activity (South and Phillips, 2014). The King's Fund similarly noted that studies and evaluations on wider outcomes are lacking, and those that have been undertaken have been on a small scale (King's Fund, 2013a; SDU, 2014). Local evidence is required to further understand the assets within local communities that contribute to and support resilience (SDU, 2014).

Reviews of asset based approaches such as social prescribing schemes point to the lack of randomised controlled trials (RCTs) (Kimberlee, 2016). However, as pointed out by South and Phillips (2014), RCTs have their place, but they should be set within evaluation strategies that account for what the communities involved can bring to the public health system (see 'social prescribing' below). Foot noted that there are system complexities in asset based approaches that mean that RCTs are not always the most appropriate method of evaluation; Foot points out that as well as 'what works', we need to 'know about' and 'know why' and that context has a huge influence. RCTs are best when there is a discrete separable intervention operating largely independently of context. For asset based approaches, diverse methodologies that include participative methods are more appropriate, such as action research (Foot, 2012).

Where available, evidence for the effectiveness of each of approach to community resilience building is identified and presented in the following sections.

2.1 Encouraging inter-community collaboration and social network development

Recent government community surveys have suggested that certain aspects of neighbourhood resilience are remaining stable. The annual Community Life survey of adults age 16 plus in England shows that in 2016-17, over half (57%) of respondents agreed that people in their neighbourhood pulled together to improve the neighbourhood (Department for Digital Culture Media and Sport, 2017). This has fallen since the previous year (63%), but remains consistent with the proportion in 2014-15 (57%). In 2016-17, 62% of adults felt they belonged strongly to their immediate neighbourhood. This is similar to the previous year (60% in 2015-16) but an increase compared to 2013-14 when 58% agreed. The survey reported that levels of community cohesion remained consistent with previous years, with four out of five respondents (81%) agreeing that their local area is a place where people from different backgrounds get on well together. These findings perhaps demonstrate the resilience of communities, which are remaining strong despite the hardships brought on by austerity.

A recent Public Health England report noted that community-centred approaches to health and wellbeing enable individuals to realise their potential and to contribute to building healthier, more resilient communities (PHE, 2015a). The importance of using interventions that focus on building social capital and improving informal and formal social networks is being increasingly recognised by local authorities (PHE, 2015a).

Cheshire West and Chester have recently commissioned an integrated early intervention and prevention service which includes a focus on community wellbeing, which incorporates:

- Development of community networks and community support
- Delivery of Development of local social action & volunteering
- Provision of a community development programme of work in identified communities to reduce health inequalities
- Support to strengthen and support the local voluntary and community sector.

(Health Improvement Principal, Cheshire West and Chester Council, personal communication, 10/10/17)

A recent 'Think Local Act Personal' briefing noted the importance of thinking in terms of neighbourhoods rather than statutory boundaries, and investing in connecting people within and between those neighbourhoods (Fox, 2017). One approach to social network development involves identifying key individuals in the community who can actively work to connect people to support and services and build relationships in communities. Other approaches involve developing innovative community schemes, such as 'men in sheds', supporting volunteering and social prescribing.

2.1.1 Identifying key individuals in the community

There are various schemes involving the identification of key individuals to work to build resilience in their communities through strengthening social networks. Terms used, in which slightly different approaches are used, include the following:

- community connectors
- community health champions
- community navigators
- link workers
- local area coordinators

Community connectors are recruited to identify and connect with people who are not already engaged with groups and activities, to build relationships within communities that will lead to long-term engagement and to support and develop community initiatives. These individuals are selected because of their strong networks in the community and their willingness to help make things happen (Age UK, 2015). Community connector schemes include those that focus on targeting social isolation, for example the Leeds Seniors network which uses volunteer connectors (Age UK, 2015); and/or on employability support, such as with the Wirral Community Connectors, in which connectors are paid employees (Wirral Borough Council and NHS Wirral, 2015).

Ethnographic work carried out in Wirral found that people in receipt of health related benefits had a deep sense of isolation and loneliness, with restricted social networks (Wirral Borough Council and NHS Wirral, 2015). As a result of this background research, Wirral developed a community connector scheme which started early in 2017, providing outreach and 1-2-1 support for individuals within the community and encouraging greater access to existing services, social groups and activities within the community (Wirral Borough Council, 2016) (also see 'Case studies' below).

Community health champion is a term used to describe those who, with training and support, voluntarily bring their ability to relate to people to enhance health and wellbeing in their communities (Altogether Better, online). They aim to motivate people to get involved in healthy social activities, create groups to meet locally and signpost people to relevant support and services, working closely with the local NHS, councils and the voluntary sector. Health champions can help to increase community engagement, often serving as a bridge between communities and health and social services and helping to shape policy by for example involvement in the JSNA process (Woodward, 2012). It would appear that health champions have more of a behaviour change focus, for example with involvement in smoking cessation, lung and bowel cancer awareness campaigns. Evaluations have noted that health champion schemes help to produce individual behaviour change, but point out that the forming and strengthening of social networks, which in turn benefit health, is one of the most important aspects of the role (Woodward, 2012).

Community navigators: community navigation is a model often used in conjunction with social prescribing (see 2.1.2), similarly relying on link workers to guide people to help and support in their local communities, with referrals usually coming from GPs (Knapp et al., 2011; UCL, 2017). Most schemes use volunteers but in some, navigators are paid workers.

Local area coordinators work directly with people in the community to guide them to local solutions. This can involve drawing upon their family for support, connecting them to others in their community who may be able to offer support and only where clearly necessary, referring them to formal services. The Local Government Network note that the core, dignifying element of the approach is enabling the person to in turn support someone else; making a friend and becoming a friend (LocalGov, 2016). Rather than waiting for people to fall into crisis, assessing deficits, testing eligibility and fitting people into more expensive (and increasingly unaffordable) services, the local area coordination system is an evidence based approach that works alongside people to:

- build and pursue their personal vision for a good life
- stay strong, safe and connected as contributing citizens
- find practical, non-service solutions to problems wherever possible, and
- build more welcoming, inclusive and supportive communities.

(LocalGov, online; SCIE, 2017)

Community connectors, champions, navigators and link workers seek out referrals from various sources. They are able to reach those not previously in contact with health services, often with the poorest health and living in more deprived areas. Coming from the same area means they are approachable, able to 'speak the same language' and are likely to be trusted (Woodward, 2012).

Case studies

Identifying key individuals in the community

Wirral Community Connectors

An ethnographic study and pilot (Wirral Borough Council, 2016) has led to the commissioning of 15 community connectors in various wards across the borough of Wirral with high levels of employment and support allowance (ESA) claimants. Their role is to engage with the communities through door knocking. Once engaged, the role of the community connector is to connect and enable individuals to access activities, groups and make social connections, to improve their health and wellbeing and their readiness for employment. The project commenced on 1st February 2017 and LJMU has been commissioned to undertake an evaluation.

Contact: Nikki Jones, Public Health Manager, Wirral BC. : nicolajones3@wirral.gov.uk

Crewe, Cheshire East Community Connectors

Community Connectors are a team of volunteers who are known by and know others in their community, with the energy and drive to listen to people and support them to address local issues. They support their community, to access services, social groups, activities, and social opportunities in their local community by recognising, celebrating and harnessing the 'community assets' that already exist. The Community Connectors scheme has been run in Crewe since 2016 as a pilot (Cheshire East Council, 2016).

Contact: Dan Coyne, Delivering Differently in Neighbourhoods Manager, Partnership team, Cheshire East Council. Email: Daniel.Coyne@cheshireeast.gov.uk

Leeds Community Connectors

The Leeds Seniors network targets social isolation, using volunteer connectors to identify and connect with people who are not already engaged with groups and activities and to support them to turn their ideas for community activity into actions (Age UK, 2015) <http://www.campaigntoendloneliness.org/wp-content/uploads/Promising-approaches-to-reducing-loneliness-and-isolation-in-later-life.pdf>

Salford Parent Link worker

At a school with previously very poor parental engagement, a parent link worker has initiated activities such as a mums' and dads' club. Weekly sessions are held, involving more than 70 families.

For further details, see case study 14 on p.61 in the following link :

<https://cles.org.uk/our-work/publications/salford-third-sector-fund-grants-programme-evaluation-report/>

2.1.2 Social prescribing

Social prescribing is considered to be an effective method of working to reduce health inequalities through partnership working (UCL, 2015). Social prescribing or 'community referral' describes the way in which primary care services can refer patients with a variety of health and wellbeing needs to local, non-clinical support services. It enables healthcare professionals to refer patients to a link worker (sometimes referred to as a 'community navigator', see Section 2.1.1), to co-design a nonclinical social prescription to improve their health and wellbeing (Champs, 2014a). The support services that people are referred to could be described as assets within the community; those provided by voluntary and community organisations who provide services to support the needs of specific groups (Bickerdike et al., 2017; LGA, 2016). Interventions can include creative activities, shared reading and books on prescription, physical activity for wellbeing, learning, befriending, volunteering, supported self-help as well as information and advice, e.g. debt, employment, domestic violence, relationship breakdown, legal advice (Bickerdike et al., 2017; Champs, 2014a; Freidli, 2009).

Social prescribing interventions

- *Condition management programmes* providing support in areas such as education; managing pain and fatigue; healthy eating; exercise; emotional support; support for self-care; understanding care pathways; and self-help groups
- *Health and well-being support* through activities such as interactive craft groups; interactive music sessions for people with dementia; community gardening projects; men's peer support groups; healthy cooking clubs; walking groups; specialist yoga; chair-based exercise; and assistive technology support
- *Support to access or maintain employment*, education or wider community participation; including one-to-one support; group work; social activities; training, apprenticeships; support to access community facilities; and community transport
- *Emotional and practical support* through intervention such as peer mentoring; stroke communication groups; welfare rights and benefits advice; signposting; befriending; dementia cafes; gym buddies; support with aids and adaptations; handyperson services; and language support for people with learning disabilities or from BME communities
- *Specific support for carers*, including respite care; short breaks; therapeutic activities; emotional and practical support, including peer support groups; and advice, information and guidance
- *Volunteering opportunities*, such as peer mentors, befrienders, and community car drivers.

(Dayson and Bashir, 2014)

The link worker role varies, sometimes being carried out by paid workers and in other cases by volunteers. Some link workers will have good knowledge and existing networks with local services. In other cases, link workers will need basic training and rely on a directory of resources (Bickerdike et al., 2017).

Although social prescribing is available in most localities across Cheshire and Merseyside, a paper by Champs (2014b) noted that provision is ad hoc. Similarly, a paper by Liverpool Charity and Voluntary Services (LCVS, 2015) reported that there is currently no city wide system or framework in place for social prescribing. There are relatively few commissioned social prescribing services (there are two in Liverpool). The majority of schemes use informal referral into non-medical, community-based providers by GPs and other primary care practitioners, as well as social care staff. The Champs paper noted that at the time of writing in 2014, a joint and integrated approach to commissioning social prescribing for mental health across prevention, treatment and recovery is not in place within any of the nine local authority boundaries. Additionally there is not a local model that provides co-ordination for both a signposting and community referral offer (Champs, 2014b) (see case studies below for more details on the situation locally).

The Champs paper considers social prescribing models for mental health in Cheshire and Merseyside (Champs, 2014b). It is noted that an Integrated Wellness service with a single point of access is the model emerging in many localities and is already functioning in Knowsley, providing information via web access to local community provision and facilitated support from a health trainer into socially prescribed programmes (Champs, 2014b). In Liverpool, it has been suggested that with the focus on a neighbourhood model for primary care, it seems most likely that social prescribing activity will begin to happen within GP neighbourhoods (LCVS, 2015). Liverpool CVS noted that structuring commissioning around neighbourhoods creates challenges for voluntary organisations serving communities of interest, as the organisations that support them are rarely sufficiently large to provide services in enough locations (e.g. Irish Community Care Merseyside; Chinese Wellbeing; MENCAP).

Although social prescribing is usually delivered as a prevention service within primary care for people presenting with low levels of mental wellbeing, it can also be beneficial as part of the recovery pathway for people with existing mental health problems (Champs, 2014b). There are examples of the Improving Access to Psychological Therapies (IAPT) Wellbeing Practitioners acting as referral agents to social prescribing, for example in Bromley, London (Thomson et al., 2015).

The relationship between social prescribing and resilient communities is two-way. Social prescribing can support the development of resilient communities; whilst asset mapping of social capital will support the development of social prescribing (UCL, 2015).

Case studies

Social prescribing

At the time of the Champs report, although social prescribing was available in most localities across Cheshire and Merseyside, provision was found to be ad hoc (Champs, 2014b). Champs noted that the social prescribing programmes relating to mental health and wellbeing running at the time included the Halton Wellbeing Enterprises CIC, commissioned by NHS Halton CCG; Warrington's public health commission a range of programmes; Sefton's public health commissions a co-ordinated Wellbeing Sefton service; whilst Sefton CCGs separately commission the voluntary, community and faith sector (VCF) to provide a signposting service; and Knowsley has an integrated wellness service in place

'Healthy Knowsley' that includes mental wellbeing programmes. The report also noted that Cheshire West, Cheshire East, Wirral, Liverpool and St Helens all have a number of services commissioned by several funders and that Mersey Care, Five Boroughs Partnership and Cheshire Wirral Partnership Mental Health Trusts all provide Recovery College programmes for the nine boroughs of Cheshire Merseyside (Champs, 2014b). A report by Liverpool CVS in 2015 noted that there were two commissioned social prescribing programmes in Liverpool (LCVS, 2015) (the CAB's Advice on Prescription and Exercise for Health, Live Wire – both described at the end of this section). In addition to commissioned services, there will be numerous examples of informal referral into non-medical, community- based providers by GPs and other primary care practitioners, as well as social care staff (LCVS, 2015).

Social prescribing and community navigation: Wellbeing Enterprises CIC, Halton, St Helens and Knowsley

Wellbeing Enterprises Community Interest Company (WE CIC), based in Halton, are said to exemplify the community centred health and wellbeing model of intervention, using an asset-based approach (LGA, 2016; UCL, 2017). They are one of the largest, most established providers of such services in the UK, with over 10 years' experience. They currently deliver services in Halton, St Helens and Knowsley to support social prescribing for a range of people referred by GPs and to deliver wellbeing reviews and navigation support to people through primary care, people more broadly in the community and some people in receipt of secondary care services, to support their recovery and reintegration into the community (UCL, 2017). WE CIC also run social action projects (volunteering; social entrepreneurship and asset based community wellbeing projects). The organisation provide services across Cheshire and Merseyside and consultancy and training across the UK.

The Community Wellbeing Practices initiative is available for patients at all GP practices in Halton, linking the practices with wider community support on offer in order to respond more appropriately to patients' social needs, which are often an underlying reason as to why they are using primary care services (Swift, 2017). The initiative, which involves patients who have social needs receiving holistic, wellbeing assessments, followed by support from trained staff, typically over 4 weeks, has supported more than 5,000 patients over the last four years and has improved health and social outcomes for patients (Swift, 2017). The model is now being expanded into Liverpool with funding from Macmillan Cancer Support and support from Liverpool Clinical Commissioning Group. The service will focus specifically on cancer patients and their carers by working alongside the clinical care teams to ensure patients wider social needs are being addressed which may impact on treatment adherence and recovery (see case study in Section 2.1.3 below 'communities of interest').

Evaluation: A Social Return on Investment (SROI) evaluation has recently been carried out on Wellbeing Enterprises' 'Ways to Wellbeing' Social Prescribing programme delivered across Halton, St Helens and Knowsley (First Ark, 2017). This programme uses an asset based approach by mobilising the assets of place and the strengths and talents of local people to deliver a range of educational and hobby and interest groups. The SROI analysis has evidenced savings to public finance of £12.14 for every £1 invested.

A recent, independent Cost Benefit Analysis of the organisation's overall community centred approaches in Halton has evidenced savings to the wider economy of £8.90 for £1 spend (Cox, 2017).

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Brightlife, Cheshire (also see the Brightlife case study in Section 2.1.3)

Acting as a link between formal health/social care services and the voluntary / community sector, the social prescribing scheme run by Brightlife allows older people who are vulnerable to loneliness and social isolation to be referred into suitable activities and clubs in their local area. The scheme runs in three key areas: Chester (City), Winsford (Town) and Malpas (Village).

The Brightlife project is being evaluated via the Big Lottery and the University of Chester.

Contact: Chris McLelland chris.mcclelland@brightlifecheshire.org.uk <http://www.brightlifecheshire.org.uk/health-professionals/social-prescribing-in-cheshire/>

Arts on prescription, Creative Alternatives, St. Helens

Creative Alternatives delivers arts on prescription for St. Helens, modelled on a successful service delivered in Sefton since 2006. At present, due to local authority funding cuts, only the St. Helens branch of the project is operational. The project is aimed at St. Helens residents who are experiencing mild to moderate stress, anxiety or depression. Creative Alternatives St. Helens is part of the 'Cultural Hubs – Arts in Libraries Programme' and provides an opportunity to explore a range of arts activities which enhance self-expression, relaxation and social interaction within a creative core workshop programme that lasts over a period of 12 weekly sessions. Workshops combine relaxation and mindfulness practices with expressive multi-modal arts activity, featuring creative writing, visual arts and sculpture, photography, pottery and woodwork. The project operates through professional referral, utilising borough-wide networks of statutory and third sector organisations (from charities to GP surgeries to job centres) who promote the service to their clients. Individuals can also self-refer (Bockler, 2016).

An evaluation of the project reported increased mental wellbeing amongst participants, as measured by the short form Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBs), showing an average improvement of 3.6 points by week 5 and an average improvement of 5.2 points at programme exit (exceeding the target of 3.5 points). Other improvements included an increase in social activity for 60% of participants. Qualitative evaluation indicated increased self-esteem and confidence, as well as enhanced social networks and active citizenship. It was reported that the artist diaries, as well as ongoing dialogue with participants, gave clear insight into how individuals flourished in the groups and developed new friendships and skills. The SROI ratio generated by the programme showed that for every one pound input into the programme, a total of £11.55 was returned in social value (Whelan et al., 2016).

Creative Alternatives are also currently delivering an online/digital pilot programme for arts on prescription, featuring 12 weeks of programme access. The pilot is delivered through an online Learning Management System. Clients log into a dedicated site where they can access weekly content, live webinar sessions, session recordings and interactive forums. Every week a new content stream is made available and clients can join a live group session. The pilot has participants from Cambridgeshire as well as Merseyside. The pilot is in its early stages so there is no data available yet.

Contact: Jessica Bockler, Creative Alternatives, jessica@creativealternatives.org.uk

Advice on Prescription, CAB, Liverpool

Launched in April 2014, the Advice on Prescription Programme (APP) is a service commissioned by Liverpool Clinical Commissioning Group and now available in all GP practices in Liverpool. Provided by the Citizen's Advice Bureau (CAB), it allows GPs and other practice staff to refer patients for practical advice and support, around issues such as housing, redundancy, debt, domestic abuse, money management and benefit suspensions. Clients most likely to be referred are those presenting with anxiety and stress-related symptoms caused or exacerbated by their life situations. The service, which began its phased roll-out in January 2014, is now operating city-wide.

An evaluation of the programme's pilot service was undertaken in 2013 and this showed that the patients referred to this service by GPs were more likely to have a long term health problem, have a lower household income than the average for Liverpool or England and be less likely to have accessed advice and support before. Over the two year period 2014-2016 the service dealt with over 1300 referrals and increased income by over £12million, and throughout 2016-2017, Liverpool GPs made nearly 9000 referrals to the service which resulted in an increase in income of over £10million, it also helped some of Liverpool's most vulnerable residents manage

over £2million in complex debt. The income is raised through accessing tax credits and housing benefit, helping with prescription charges, unclaimed wages and other health-related benefits. In February 2016 the CAB was awarded a new five year contract for the service, with the CCG planning to invest over £2.5 million in Advice on Prescription over the next five years as part of its mental health strategy. (LCVS, 2015; Liverpool CCG, 2016).

Contact: Debbie Nolan Debbie.Nolan@southliverpoolcab.org.uk

Exercise for Health, Live Wire, Liverpool

Exercise for Health is a Health Trainer scheme provided by Live Wire in Liverpool, where GPs can prescribe 12 weeks of exercise sessions. The scheme is delivered through a partnership between Liverpool City council's Sports and Recreation Service, Public Health and the NHS. Health Trainers refer people on to the Liverpool City Council Lifestyles service, at a reduced cost to the patient (LCVS, 2015). The service has faced some cutbacks, with the original number of 24 health trainers now reduced to 10.

Contact: Vivien Graham vgraham@livewireliverpool.org

2.1.3 Developing innovative community schemes and supporting volunteering

Supporting volunteering: A King's Fund report considered how local authorities can build social capital and utilise community-based assets to improve health and wellbeing (King's Fund, 2013a). They noted the importance of supporting volunteering, which is beneficial for health and wellbeing and can reduce social isolation, exclusion and loneliness.

Levels of volunteering are high and suggest a huge, largely untapped resource (Altogether Better, 2013), for example over 17,000 people volunteered for the first phase of the Health Champion scheme in Yorkshire (Altogether Better, 2013; PHE, 2015a). Nationally, in 2016-17, around a fifth (22%) of adults in England said they had taken part in formal volunteering at least once a month, while 39% had participated in any form of volunteering once a month (Department for Digital Culture Media and Sport, 2017). Regionally, the proportions taking part in formal volunteering once a month ranged from 15% in the North East, to 29% in the South West, with the North West the same as the national average, at 22%.

A recent LJMU evaluation of the Mersey Care People Participation Programme included a literature review that considered the profile of volunteers (Harrison et al., 2017). It was noted that women are more likely to volunteer than men (Bussell and Forbes, 2002; Naylor et al., 2013), although the evaluation of the Mersey Care project found equal numbers of men and women volunteers. The LJMU report also noted that the literature suggests that lower levels of engagement with volunteering activities have been observed in ethnic minority groups and those with lower levels of educational attainment (Naylor et al., 2013). Older members of the community are also more likely to undertake volunteering and on a regular basis, compared to young people who have been shown to volunteer less frequently and on an irregular basis (Bussell and Forbes, 2002; Morrow-Howell, 2010; Naylor et al., 2013). The LJMU report noted that these findings were also supported by research carried out looking at approximately 20,000 private, local-authority owned and voluntary social care organisations (Hussein, 2011). Those with higher social and economic status tend to volunteer more (Wilson, 2012). A recent NICE (2016) report similarly noted that that levels of participation in volunteering generally decrease as the level of deprivation increases. Health champion programmes aim to address health inequalities by involving people from disadvantaged groups or those at risk of poor health. Community health champion volunteers draw on their own local knowledge and life

experience to motivate and support family, friends, neighbours and work colleagues to take part in healthy social activities and also establish groups to meet local needs (PHE, 2015a).

There are many options for volunteering, with volunteers engaged in a wide range of roles in many health and social care settings, for example community health champions (see section 2.1.1) and befriending schemes. Most volunteers work in the voluntary sector, but there are also hundreds of thousands in NHS organisations (King's Fund, 2013b). The King's Fund report on volunteering noted that involving volunteers in the delivery and design of services can help create powerful new bonds with the local community. This is particularly valuable in the case of marginalised communities beyond the reach of mainstream services, as in the case of community health champions (see Section 2.1.1) (King's Fund, 2013b).

Befriending, mentoring and peer support: The importance of peer support programmes was highlighted in the King's Fund volunteering report (King's Fund, 2013b). Such programmes are particularly effective in giving groups with highly specific needs the skills they need to manage their own health. For example, it was noted that the mental health charity Mind provides a large number of peer support projects for minority cultural and linguistic groups, in which local volunteers educate other community members about mental health and how to access services (King's Fund, 2013b).

Schemes focusing on connecting people with activities and support can allow them to grow networks that can support them now and in the future (SCIE, 2016). Such schemes have been shown to have a positive impact on the health and wellbeing of a range of groups, but particularly those who are at risk of social isolation, social exclusion and mental health problems (SCIE, 2016). Schemes can offer different types of support such as:

- support from an individual or a group who may have similar life experiences or share a similar condition, sometimes referred to as 'communities of interest'
- befriending focusing on a particular outcome such as successful hospital-to-home transitions
- peer support that can help people to build and sustain local connections and activity-based support (e.g. men in sheds, community gardening and GP coffee mornings).

(SCIE, 2016)

Community gardening has been used throughout history as a means to enhance individual, community, and ecological well-being (Okvat and Zautra, 2011). Community gardens and green activities linked to clubs or groups encourage social cohesion, providing opportunities for socialising, helping to strengthen neighbourhood ties and increase community pride (SDC, 2010; Zautra et al., 2010a).

The men in sheds scheme focuses on trying to engage older men at risk of isolation and/or early stage dementia, who may be less likely to get involved with more traditional schemes such as coffee mornings for older people (King's Fund, 2013a; Milligan et al., 2013). They are voluntary and social organisations providing hands-on activities for men aged 50 years of age and older. Sheds provide a space for older men to meet, socialise, learn new skills and take part in activities with other men. Most sheds are equipped with a range of workshop tools. Shed programmes aim to improve men's physical, emotional, social and spiritual health and wellbeing (Milligan et al., 2013; Milligan et al., 2016) (see case study in Section 2.1.3).

Timebank schemes work on a simple hour-for-hour basis. For every hour people give to their community, they earn one Time Credit, which they can then spend on an activity of their choice. Time can be given in ways that match people's skills and interests, on everything from swimming to learning a language, to offering support to each other (Timebanking UK, online).

Case studies

Developing innovative community schemes and supporting volunteering

TIVL: Transition into volunteering, Liverpool.

The TVIL project has been designed to support people living with and managing mental ill health into volunteering. The project aims to do this in two ways:

1. Providing organisations that involve volunteers in their work with good quality training and guidance on how to support volunteers experiencing mental ill health (two training sessions covering inclusion/diversity in volunteering, social prescribing, managing volunteers with mental health needs).
2. Supporting people experiencing mental ill health into volunteering through a 'stepping stone' programme – attendance at two specialist training sessions and follow up support from the Volunteer Centre to access appropriate volunteering opportunities and become more active in their communities.

The project was lottery funded ('Awards for All') until the end of August 2017, when it will be evaluated.

Contact: Eluned Hughes, Liverpool Volunteer Centre; info@volunteercentreliverpool.org.uk

Further details: <http://www.volunteercentreliverpool.org.uk/news/tivl.aspx>

Community resilience grants, Sefton

Living Well Sefton manages the Community Resilience Grant which is awarded to local community groups and individuals for projects aimed at supporting people to improve their health and wellbeing <http://www.livingwellsefton.org.uk/community.html> Projects receiving these grants include the Brighter Living Partnership's 'The Garden @ Southport Community Centre'; 'Men on Track' buddy scheme in Netherton; and The Gardening Club in Ainsdale. Schemes provide volunteering opportunities and aim to reduce social isolation and improve wellbeing. The Garden was previously a disused church 18 months ago, but since investment from Sefton CVS has steadily grown into a thriving neighbourhood hub. It focused initially on tackling isolation among older people, and now has luncheon clubs, art classes, film clubs and gardening groups. In future it aims to become self-sufficient by growing and selling produce and other items such as bedding plants to cover running costs. It provides local people the opportunity to volunteer in a friendly, safe environment with direction given from staff based at the centre. The project aims to provide benefit to the whole community. The 'Men on Track' project in Netherton aims to establish a "buddy" scheme to engage and encourage participation of isolated men in the local area in established activities which will integrate them into the community.

Contact: karen.nolan@seftoncvcs.org.uk

The Public Health Institute (LJMU) are carrying out work in Sefton to explore ways to measure the health, wellbeing and social value of third sector initiatives **Contact:** R.Harrison@ljmu.ac.uk /0151 231 4477

Volunteer schemes, Wellbeing Enterprises CIC, Halton and Liverpool

Wellbeing Enterprises CIC, based in Halton and Liverpool, run various volunteer projects in GP practices and in the wider community, including volunteer schemes helping people being discharged from hospital to stay well for longer in their own homes. The latter received initial/pilot funding from Health Education North West. Volunteering improves outcomes for both volunteers and the people and communities they help.

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Delivering Differently in Cheshire East

(also see Section 2.2) 'Delivering Differently' in Macclesfield has focussed on a number of activities which include:

- developing networks of buildings and outdoor spaces
- providing opportunities for people to raise aspirations and develop skills
- developing places where community links are extended
- providing community activities which promote mental wellbeing
- offering services that increase independence for older people and
- extending community activities.

The Delivering Differently trial, which was funded through a central government grant, is expected to deliver a cost saving of more than £200,000 to residents in Cheshire East when it is successfully implemented over the next five years (Cheshire East Council, 2017b) (See early evaluation results in Section 2.2.1 below, 'Community governance and budgets in Cheshire East').

Contact: Dan Coyne, Delivering Differently in Neighbourhoods Manager, Partnership team, Cheshire East Council. Email: Daniel.Coyne@cheshireeast.gov.uk

Neighbourhood Action in Crewe

In this pilot in Crewe, there are regular neighbourhood meetings, where local residents can raise issues and ideas, and work together with the support of agencies to deliver community-led action plans to address their issues. It engages widely, by holding regular ward walks in these neighbourhoods, where officers, partners, members and residents walk the area to look at issues and talk to other residents to find out their issues and encourage them to get involved. For example: "*The Big Co-op Clean is a chance for members, customers and the community as a whole to come together to improve the local environment for the benefit of everyone – the activity has transformed the play area and it has been great to see the reaction of children, parents and the wider community to the difference that has been made*" (Cheshire East Council, 2016)(p.7).

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Email: Dawn.Clark@cheshireeast.gov.uk

'Investing in People' in Bewsey and Dallam, Warrington

The Investing in People strand of the Delivering Wellbeing project sought to increase community resilience and has demonstrated a sustained increase in the number of people engaged in volunteering activities (Warrington Borough Council, 2017).

https://www.warrington.gov.uk/downloads/file/13063/public_health_annual_report_2017

Contact Tracy Flute, email: tflute@warrington.gov.uk

Well North in Sefton and Halton

In the Spring of 2014, a team of NHS practitioners and academics got together to share ideas about starting a new movement to improve the health of the poorest people fastest, across a number of communities. The aim was to help people voice what matters to them and, with the support of their community, take action to address those concerns. They developed a plan to deliver 'Well North' and received £9m funding from Public Health England to cover the first three years, with funding to be matched by the programmes 'pathfinders'. Well Sefton was one of the first three pathfinder areas. There are now ten pathfinder areas, including Well Halton. Well North has an evaluation team which has presented evaluations of schemes taking place (e.g. allotment schemes), but has not yet evaluated the Well North initiative as a whole.

<http://www.wellnorth.co.uk/pathfinders/well-sefton/welcome-to-well-sefton>

<http://www.wellnorth.co.uk/pathfinders/well-halton>

Lead the Change - Halton

Working in partnership with Halton CCG and UnLtd (The Foundation for Social Entrepreneurs), Wellbeing Enterprises CIC lead a project called 'Lead the Change' to provide funding awards (£500 - £5000) and specialist support to help support people to become social entrepreneurs. The project used a strengths based approach to empower people to use their strengths and capabilities to run community projects to help others. People learned a range of skills – budgeting, project management, and marketing. They also had access to peer support and wellbeing advice from Community Wellbeing Officers.

Intervention outcomes

More than 30 people have been supported to run community projects, with approximately half of all applicants having a disability or long term health condition. People ran a range of community based projects – many of whom are continuing to develop their projects into social enterprises. Examples include:

- Veteran support projects (e.g. model airfix club)
- Community environmental projects
- Pop up healthy cafes
- Disability awareness projects

Case study: The Model Airfix Club came from an idea that a local veteran had to set up a club for ex – service men and women. The group's focus would be to build and paint models of aeroplanes, boats, tanks etc. also the project would offer support for those who have lost their structure, coping skills and self-esteem since their return to "civvy street". The club has reported getting referrals all the time and people are constantly making enquiries.

Lead the Change has been so successful that it has been expanded with support from Halton CCG, UnLtd and the Well North initiative to provide cash awards and support to younger people and older people who have ideas for social change. It is hoped this approach will create an eco-system of social entrepreneurs in Halton who will create a lasting legacy of support.

Contact: Mark Swift m.swift@wellbeingenterprises.org.uk

Brightlife, Cheshire

Brightlife is a partnership working with local agencies from across the voluntary, public and private sector to reduce loneliness and social isolation amongst the over 50s in Cheshire West and Chester (also see 3.1.2). It aims to establish innovative and engaging projects, activities and networks that bring people together. Central to the Brightlife model is the engagement of people over fifty in the design, delivery and evaluation of the programme. One of Brightlife's flagship projects is its Social Prescribing Scheme (see 2.1.2). <http://www.brightlifecheshire.org.uk/>

Contact: Chris McClelland - chris.mcclelland@brightlifecheshire.org.uk

Men in Sheds in Cheshire

Men are one of the hardest groups for healthcare services to reach, as many are reluctant users of traditional services such as GPs and even pharmacies, and tend not to respond well to mainstream health awareness campaigns. Men in Sheds is a project started by Age UK Cheshire in the autumn of 2008 which has expanded greatly over the last few years, with around 1000 sheds now open across the UK. The aim is to increase the wellbeing of men over the age of 50 years who are vulnerable to social isolation. In Cheshire there are four enormous Sheds, equivalent to industrial units, where older isolated men meet to undertake activities such as woodworking and metalwork. The Sheds are a place where men over the age of 50 years can come together to learn new skills, make new friends and get out of the house. They offer the opportunity to socialise and create an environment to replace that sense of camaraderie and sense of purpose that might be lost from leaving work. Housed in large industrial units a team of volunteers are encouraged to take on levels of responsibility dependent on their experience, capacity and how much time they are able to commit to the Sheds. In addition,

each Shed has their own paid coordinator. Activities on offer include DIY skills, skills sharing, awareness sessions (raising awareness on wellbeing or debt advice), making and selling garden furniture and sheds, sensory workshops, gym sessions, model railway society, debating society, art classes, computer classes, music classes, choir, increasing community involvement, cooking sessions, lathes and wood turning, making machinery, day trips.

Evaluation: In 2015, 268 older men experienced a total of 55,000 hours of activity at the Sheds in Cheshire. Of these, 100 took part in a survey by Age UK Cheshire. The survey found that, as a result of attending a Shed:

- 84% have become more involved in their community
- 96% have had the opportunity to make new friends and for 88% of those, this friendship had either improved or transformed their life.
- 95% have learnt or shared skills.
- 84% are more confident.
- 73% report that involvement has made a regular improvement to their life.
- 19% report that involvement has transformed their lives.

Age UK reported that the Sheds have narrowed the gap between women and men in access to services, with the Sheds now being used regularly as a vehicle to support the men to benefit from other services that offer support, such as advice and support with managing debts, benefits entitlements and support with self-care. It was reported that the Sheds also serve as a catalyst for wider community developments, acting as a vibrant hub of local activity, able to forge partnerships across generations (Steve Thrower, personal communication, 30/5/17). A more recent 15 month evaluation has just commenced, undertaken by Manchester Met University.

Contact: Steve Thrower, Age UK Cheshire. Email: steve.thrower@ageukcheshire.org.uk
<http://www.ageuk.org.uk/cheshire/our-services/men-in-sheds/>

Bootle Tool Shed, Sefton

Bootle Tool Shed, where people come together to take part in practical skills and activities, is based at the Strand Shopping Centre and is run completely by its own members. They provide opportunities for people to share tools, resources and skills in order to create, learn and develop social networks. Earlier in 2017, they received a £1,000 donation from the Asda Foundation. The Trustee of the Bootle Men's Shed said: "Our members see the Shed as a lifeline, and we the trustees see this funding as a lifeline to enable us to keep this vital resource open." Sheds are often places for older men to come together and work on either individual or community projects – but are now increasingly seeing younger men and women getting involved.

<https://seftoncvcs.org.uk/2017/05/16/bootle-tool-shed-receive-1000-donation-from-the-asda-foundation/>

Resilience building in 'communities of interest':

Community support for cancer patients and their carers, Liverpool

Wellbeing Enterprises CIC are running a project for cancer patients and their carers, funded by Macmillan Cancer Care in partnership with Liverpool CCG. The project aims to support patients to address needs that may be impacting on patient wellbeing. This two year project aims to revolutionise the care provided to people living with a cancer diagnosis and their carers. The project will connect patients with community centered support that will complement the care provided by clinicians. The aim of the project is to help patients to identify and address any needs that may be impacting on health and wellbeing. Moreover, the project will help patients to rediscover and reconnect with their strengths and talents to help make friendships, learn new skills, build confidence and get the best out of life.

<https://www.linkedin.com/pulse/job-vacancies-wellbeing-enterprises-cic-come-help-us-enterprises-cic>

Contact: Mark Swift, Chief Executive Officer, Wellbeing Enterprises CIC. M.Swift@wellbeingenterprises.org.uk

Community networks in Cheshire East

Community networks in Cheshire East bring a wide range of community organisations together, which focus on collaborative working and peer networking to share knowledge and skills. Community Networks understand the needs of their communities and are linked into the key decision makers, to represent local needs to ensure partnership work is led by community need, and increases community involvement, to make the best use of shared resources and community intelligence. They also play a key role in community commissioning (see case studies in Section 2.2), influencing local public service funding (Cheshire East Council, Connected Communities Strategy, 2016). <http://moderngov.cheshireeast.gov.uk/ecminutes/ieDecisionDetails.aspx?id=1884>

As an example, in April 2017, a Cheshire East Connecting Communities Event dealt with substance misuse. Two events took place at community centres in Crewe and Macclesfield, with the following aims:

- Engage with communities to gather insight on the future of Cheshire East substance misuse service
- Connect the substance misuse service with neighbourhoods and communities
- Build on local assets to develop local recovery communities, and to build 'visible recovery' in communities
- Increase the knowledge of service users and people in recovery of what assets, activities and opportunities are available to them in their communities
- Identify volunteering opportunities for people in recovery

Feedback from service users who attended the events was consistent with and confirmed some of the key issues identified via Service User Journey work carried out in Cheshire East. Feedback from providers and service users emphasised the need to build local community connections in Cheshire East as a platform to grow the local Recovery Communities. Organisations reported feeling more connected and informed about local substance misuse services.

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Perinatal mental health peer support, Cheshire

Peer support groups for perinatal mental health have been developed across Cheshire East and Cheshire West, provided by health workers and also voluntary, community and faith sector organisations. The groups are located in a variety of accessible settings, including children's centres and community centres and provide a range of support. Some provision offers a programme of structured sessions, others provide more informal drop-in peer support sessions and activity based peer support, such as Buggy Fit, Baby Yoga, or a monthly Chill Out evening with complementary therapies. Some services are able to provide 1-2-1 counselling sessions if women require additional support. Some groups can be accessed via self-referral, whereas health services provision requires a professional referral.

A recent review of the service mapped the geographical location of groups, numbers attending and types of groups, with gaps in provision identified. A survey collected the views of 26 service users. The review recommended the development of a cross-sector partnership to facilitate the sharing of best practice. Amongst other comments, it reported that improved links with GPs and other relevant professionals would help to increase peer support provision and that the issue of peer supporters having lived experience was important.

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Life rooms Walton: a Mersey Care NHS Trust initiative

The old library in Walton is now used for training sessions and a community café, for Mersey Care clients and the general public. Walton Library (Life Rooms) is owned and managed by Mersey Care NHS Trust with the following services and facilities:

- An employment and enterprise hub to help Mersey Care service users get back to work through volunteering opportunities and further education.
- Advice and information sessions for service users and carers.

- A library for learning and health and wellbeing.
- A children's library area.
- Mersey Care Recovery College classrooms.
- Meeting spaces for community groups.
- A free IT suite for everyone to use.
- A cafe run by a local social enterprise, North Perk.
- Interview areas for private one-to-one conversations enabling confidential support.
- An open area for community events, art exhibitions and cultural activities for everyone.

<https://liverpool.gov.uk/libraries/find-a-library/walton-library/>

Our Time: Richmond Fellowship Timebank, Liverpool

Our Time aims to tackle the social isolation faced by adults in the Liverpool area who live with mental health problems. The project takes a new approach by supporting individuals to engage with their local community, access services and rebuild their confidence. This is achieved by creating opportunities for people with mental health problems to exchange their skills and time. For every hour participants 'deposit' in the timebank, perhaps by giving practical help and support to others, they are able to 'withdraw' equivalent support in time when they themselves are in need. In January 2014 the scheme was awarded Timebanking UK's quality mark for meeting their recommended best practice.

<http://www.richmondfellowship.org.uk/how-we-can-help-new/find-a-service/merseyside/our-time-liverpool/>

2.1.4 Using digital media to promote social connections

Technology can be used in a variety of ways, and for a variety of purposes. Assistive technology can support people in carrying out everyday tasks and activities, enhance a person's safety, support their social participation, and monitor their health (Cheshire East, 2016). Age UK Cheshire East reported that 67% of their clients who engaged with digital support experienced 'improved mental wellbeing' (Cheshire East, 2016).

Digital media also present new opportunities for a diversity of perspectives to be heard. An example of this is the Mind Waves website, which enables the creation and sharing of stories around mental health. It focuses on positive mental health, offering peer support and provides 'ground-up' perspectives to support practitioners and inform policy (GCPH, 2014a).

Bell (2009) reported several studies showing the positive effects of internet use on social capital, for example a study in Toronto that suggested high-speed Internet access supports neighbourhood bonds rather than weakening them. Residents with access to the internet had much more informal contact with neighbours than those with no access. They knew the names of 25 neighbours compared with an average of eight for those with no internet access, and made 50 percent more visits to the homes of friends and acquaintances (Wellman et al., 2002). It has been acknowledged however that whilst the internet is a socially connecting device, it can also be socially isolating (Bell, 2009).

Access to digital media is not as widespread as might be imagined. A recent analysis of data carried out by LJMU revealed that two fifths (41%) of the UK population have no access, limited access or are limited users of digital media (Yates et al., 2015). It has been reported that 10.2% of adults (5.3 million UK) have never used the internet (Tinder Foundation, 2016). Low-income groups and older people are amongst those facing inequalities in access to digital media, with the majority of welfare service users being members of those communities most likely to be digitally excluded (Yates et al., 2015).

Digital inclusion interventions by national and local government and voluntary organisations are required to help to address these inequalities, such as the digital learning champion scheme in Cheshire East (see case study in Section 2.1.4). The Widening Digital Participation programme is run by NHS England and the Tinder Foundation (Tinder Foundation, 2016). It involves building a digital health information network of hundreds of local providers offering face-to-face support to help people improve their skills. Digital health champions help to ensure wide coverage of the project so that those in hard- to reach communities are included (Tinder Foundation, 2016). The evaluation of this programme is described in Section 2.1.5 below. On a broader scale, interventions that tackle the wider determinants of inequalities in access to such technologies are required, such as action around poverty and unemployment.

Case studies:

Using digital media to support social connections

Cheshire iTea and Chat

In Cheshire East, a network of iTea and Chat groups are delivered by Cheshire East Council and Age UK. They provide the opportunity for the over 50s to drop in for tea, cakes and help from friendly volunteers to use computers, and find out what the internet has to offer. They have found that, for example, learning to use online shopping or using Skype to stay in touch with family can have a transformational effect on older people's lives. <http://www.ageuk.org.uk/cheshireeast/about-us/news--campaigns/archive/itea-and-chat/>

The scheme in Cheshire East continues to grow, with around 21 potential new sites identified, prioritising development in areas where there are gaps in current provision (Cheshire East, 2016).

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Cheshire Digital Learning Champions

Digital Learning Champions in Cheshire are volunteers who help others in their community get online, enjoy the benefits of the internet and gain basic digital skills. The scheme has been run by Connecting Cheshire¹. <http://www.connectingcheshire.org.uk/connecting-cheshire-launches-digital-learning-champions-scheme/> When the scheme finishes, this valuable community service will be delivered and supported by a newly formed, cross-sector digital inclusion group, facilitated initially by the Community JSNA team.

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¹ Connecting Cheshire is a partnership of 4 local authorities: Cheshire East, Cheshire West and Chester, Halton and Warrington borough council, established to ensure the delivery of fibre broadband to all areas.

See also: Bright Life and Here and Now Chester Digital Technology Learning Project

<http://www.here-and-now-chester.com/news-letter/>

2.1.5 Evidence for the effectiveness of inter-community collaboration and social network development in building community resilience

Community development and improved resilience

The wider outcomes of community development work are difficult to measure (Schifferes J., 2011). Although the evidence is limited, there have been studies that consider the wider, non-health benefits of improving links between people. For example a literature review by the Health Empowerment Leverage Project (HELP) summarised evidence showing that areas with stronger social networks

experience less crime and less delinquency and that social networks influence employment and employability (Fisher, 2016). However, the studies quoted were not recent, dating from the 1980s and 90s. A more recent review by the New Economics Foundation (NEF) found that investing £1 in community development delivers £2.16 of social and economic value (Schiffers J., 2011).

Although evidence for the effectiveness of broader approaches to resilience building is limited, Knapp et al (2011) note that there is better evidence on some of the individual components of a local strategic approach to building and utilising community assets, as identified under the following headings:

Supporting volunteering

It has been estimated that every £1 spent on health volunteering programmes returns between £4 and £10, shared between service users, volunteers and the wider community (Naylor et al., 2013). British Red Cross volunteers have been shown to generate cost-savings equivalent to three and a half times their costs (Naylor et al 2013). An earlier pilot by the Joseph Rowntree Foundation produced similar findings (Gaskin K. and Dobson B., 1997).

Health Champions

The focus of published evaluations of health champion schemes has been on their effectiveness in producing individual behaviour change or improvements in health. For example the Sheffield Community Health Champions programme; 'Addressing obesity through community engagement' (NICE, 2013). In a rapid review undertaken to inform the Community Health Champion approach, 14 systematic reviews were identified and while all reported individual health outcomes, only one reported community level outcomes, for example the development of community coalitions (South J et al., 2010; South and Phillips, 2014). However, it has been noted that the forming and strengthening of social networks which in turn benefit health could be one of the most important aspects of the Health Champion role (Woodward, 2012).

In 2011, an SROI analysis did include wider outcomes, and concluded that potential benefits of health champion schemes included increased participation in social groups and reduced unemployment. The analysis evaluated 15 specific community health champion projects and found that they delivered an SROI of between around £1 and up to £112 for every £1 invested (Hex and Tatlock 2011).

A study by Woodall et al (2013) similarly found evidence that the community health champion role can be a catalyst for change for both individuals and communities. The authors state that their findings support the views of the government public health White Paper which suggested that the 'Altogether Better' health champion programme is improving individual and community health as well as increasing social capital, voluntary activity and wider civic participation. The study reported that that champions were promoting social cohesiveness and helping to integrate people into their community (Woodall et al., 2013). A more recent evaluation of 'Altogether Better' found that champions, and participants in the groups and activities that they have run, have benefited significantly from their involvement in a wide range of activities; with over 98% reporting increased involvement in social activities and social groups (Altogether Better, 2015).

Digital health champions

The Widening Digital Participation programme, run by NHS England and Tinder Foundation, uses digital health champions to access hard-to-reach groups. An evaluation of the scheme found that 59%

of learners report feeling more confident to use online tools to manage their health, 65% feel more informed and 52% say they feel less lonely with 62% saying they feel happier as a result of social contact (Tinder Foundation, 2016).

Social prescribing

Because of the large scale of this project, social prescribing has been dealt with relatively briefly here, with a rapid evidence search. A full evidence search would have included searching several specialist databases. The rapid review suggests that there is more discussion of evidence available for social prescribing than for the other approaches considered in the report.

Most social prescribing initiatives focus on activities such as arts and creative pursuits, access to the green environment, sports and other physical activity, learning and volunteering, in addition to financial advice on e.g. debts. A paper by Liverpool CVS noted that addressing these wider determinants of health in more creative, non-medical ways has the potential to produce benefits for the individual and wider society:

Potential benefits to the individual:

- increased self- esteem and raised mood
- reduction of social isolation and/or loneliness
- sense of purpose and independence (e.g. through volunteering)
- improved transferable skills (e.g. for employment) and
- better engagement with self- care and behaviour change in relation to health
- improved money management

Potential wider benefits:

- reduced number of attendances at primary care appointments
- fewer unplanned hospital admissions
- resulting in financial savings to the NHS
- communities can benefit from the mobilisation of the voluntary sector
- the local voluntary sector may experience enhanced service output and sustainability (LCVS, 2015; Whelan et al., 2016)

In the literature, reports from various social prescribing pilots have described promising results, for example in the social and economic impact report of the Rotherham Social Prescribing Pilot (Dayson and Bashir, 2014) (see box on next page). However, although there is widespread support and advocacy for social prescribing at the policy level, at present, the Centre for Reviews and Dissemination and the University College London believe that there is still not enough good quality evidence to support its effectiveness or cost effectiveness (CRD, 2015; UCL, 2017). It can be very difficult to show that improvements in health and wellbeing are directly attributable to social prescribing (LCVS, 2015). A recent systematic review concluded that although social prescribing is being widely advocated and implemented, current evidence fails to provide sufficient detail to judge either success or value for money (Bickerdike et al., 2017; UCL, 2017). Kimberlee (2016) noted that there has only been one RCT, by Grant et al (2000), which did find that social prescribing resulted in individual benefits for patients identified by their GP as having psychosocial problems. Patients were

Impact report of the Rotherham Social Prescribing Pilot

Hospital service use by patients who had accessed the programme (1,607 in total by the end of the pilot phase):

- Inpatient admissions reduced by as much as 21%
- Accident and Emergency attendances reduced by as much as 20%
- Outpatient appointments reduced by as much as 21%
- Greater reductions in inpatient admissions and Accident and Emergency attendances were identified for patients who were referred on to funded voluntary and community sector (VCS) services.

Social impact:

After 3-4 months' involvement, 83% of patients had experienced an improvement in at least one of the outcome areas around improvements in their well-being (e.g. less lonely) and self-management of their condition.

In addition to the benefits for patients and savings for health services, the project has increased the resilience of the local voluntary sector, through additional funding, capacity building input from VAR, and the opportunity to raise the profile of its services.

Financial impact:

By the end of the pilot, there had been an estimated saving to the NHS of £552,000, equating to 50 pence saved for each £1 invested.

(Dayson and Bashir, 2014)

referred to the Amalthea Project, a liaison organisation that facilitates contact between voluntary organisations and patients in primary care. However, costs were found to be higher than with usual care (Grant et al., 2000). Nevertheless, as discussed at the start of this section, RCTs are not always the most appropriate tool for evaluating such asset based approaches (Foot, 2012).

A review by Polley et al (2017) concluded that although the available evidence for social prescribing is weak, it is broadly supportive of its potential to reduce demand on primary and secondary care and wider impacts such as improved employment prospects. They noted that as a growing proportion of social prescribing projects are now jointly developed and funded between CCGs and local authorities, this arrangement recognises the unique place that social prescribing has, 'sitting at the true interface of health and social care'. Polley et al recommend that sharing the cost of social prescribing improves return on investment (ROI) and makes it a more affordable and worthwhile intervention for the health service to consider (Polley et al., 2017).

The use of a link worker, such as a community navigator, is the key feature of social prescribing. Bickerdike et al (2017) found that how this link worker role was fulfilled varied significantly

between projects, as described in Section 2.1.2. The lack of good quality evaluation studies makes it difficult to judge the type of skills set or level of training and knowledge people require to effectively fulfil this role (Bickerdike et al., 2017).

Economic analysis

As part of the Building Community Capacity project, the London School of Economics (LSE) investigated community building initiatives and found that they not only had economic benefits, but 'generated net economic benefits in quite a short time period' (Knapp et al., 2011)(p.14). Community

navigator schemes, defined as using volunteers to provide a direct link between marginalised people and public services, were considered. Community navigation is one of the models used in social prescribing. The analysis looked at the economic consequences of debt advice, drawing on evidence from UK studies on reductions in lost productivity because of time taken off work and unemployment, changes in benefit claims, reduced numbers of GP visits, and improvements in quality of life because of reductions in depressive symptoms. They found the cost of a community navigator service to be under £300 per person and the economic benefits to be £900 per person in the first year (Knapp et al., 2011).

Champs (2014b) summarised evaluations of social prescribing programmes across Cheshire and Merseyside that have been conducted with regard to the impact on wellbeing. They noted that social prescribing programmes have consistently shown that participants move from a state of low wellbeing to that of moderate wellbeing, with a 3 to 5 point improvement on a 35 point wellbeing scale. Champs SROI analysis demonstrated a £7 return for each £1 invested in social prescribing programmes. They commissioned the development of a 'Wellbeing Systems Model' to test out and build the economic case for scaling up social prescribing. The economic return on investment modelling shows a ratio of healthcare cost avoidance: wellbeing services spend of 3:1 after four years and 8:1 after ten years (Champs, 2014b).

Evaluation of three local social prescribing schemes has suggested promising results (also see case studies in Section 2.1.2):

- In St. Helens, Creative Alternatives delivers arts on prescription and the scheme was evaluated by the Institute of Cultural Capital and Liverpool John Moores University. The SROI (social return on investment) ratio generated by the programme showed that for every one pound input into the programme, a total of £11.55 was returned in social value (Whelan et al., 2016).
- The success of the Advice on Prescription scheme in Liverpool has led to funding to be extended for a further five years. Between 2016-2017, Liverpool GPs made nearly 9000 referrals to the service, provided by the Citizen's Advice Bureau, which resulted in an increase in people's income of over £10million (Liverpool CCG, 2016).
- A Social Return on Investment (SROI) evaluation has recently been carried out on Wellbeing Enterprises CIC's 'Ways to Wellbeing' Social Prescribing programme delivered across Halton, St Helens and Knowsley (First Ark, 2017). This programme uses an asset based approach by mobilising the assets of place and the strengths and talents of local people to deliver a range of educational and hobby and interest groups. The SROI analysis has evidenced savings to public finance of £12.14 for every £1 invested

(see case studies in Section 2.1.2 for more details on each of these).

Potential barriers

Champs reported on a local GP survey, which found that of the 15 GPs responding, 66% were aware of social prescribing (Champs, 2014b). The number of GPs approached was not reported. GPs felt there was a need for increased confidence in the nature of the organisations providing the services and some form of audited outcome. Several identified lack of time within a 10-minute consultation to make such referrals. It was also noted that having only one referral route through to an advisor from the GP may be limiting and exclude some people.

As a community health model, concerns have also been raised by third sector organisations about capacity in dealing with referrals, as illustrated by the example of a small-scale project in south Liverpool that provides social activities for older people. Having contacted a number of GP practices by email, letter and personal visits to raise awareness of their services, the project found itself having to turn away referrals from health and social care professionals because of a shortfall in resources. “‘*Voluntary doesn’t mean free*’ was an oft-heard refrain” (LCVS, 2015)(p.8). Support to address these issues has been recommended, including the development of service level agreements between primary care and third sector organisations (UCL, 2015).

Bickerdike et al (2017) call for a more coordinated approach to the planning, implementation and evaluation of new and existing schemes. They suggest that ‘*future evaluations must be comparative by design and consider when, by whom, for whom, how well and at what cost*’ (p.16).

Innovative community schemes

Men in Sheds

A systematic review by Milligan et al (2013) noted that participation in a Men’s Shed, a community garden or similar activity, is linked to older men’s desire to engage with their peers in work-like activity and that this gives them a sense of identity, self-esteem and value . Overall findings from studies in the review indicated that Men’s Sheds and other gendered interventions provide an array of benefits for older men including: learning new skills, sharing knowledge; personal achievement; community engagement; the opportunity to meet and interact with others. However, as noted in their more recent paper, Milligan et al (2016) found that as yet there is no conclusive **measurable** evidence of health and wellbeing and community level benefits.

Milligan et al (2013) did find one study that specifically considered community empowerment relating to the Men in Sheds schemes. This was an Australian study in 2008¹ that quantitatively measured eight indicators to map community participation and capacity. Positive outcomes for the men were recorded in transfer of skills and knowledge, organisation, leadership, group cohesion, organisation, and problem solving. Similarly, in Cheshire, Age UK reported that the Sheds ‘serve as a catalyst for wider community developments, acting as a vibrant hub of local activity, able to forge partnerships across generations’ (Steve Thrower, Age UK, personal communication, 30/5/17: see ‘Men in Sheds Cheshire’ case study in Section 2.1.3).

As there are large variations in Sheds schemes, Milligan et al (2013) pointed out that it is particularly important to identify the active core components for ‘Sheds’ interventions when carrying out any evaluation . In many schemes, the products of the participants ‘work’ is donated or sold to benefit the wider community and/or recoup some of the operating costs. Milligan et al (2013) also note that this opportunity to ‘give back to the community’ contributes to the men’s sense of achievement, accomplishment, value and altruism. Other attributes of a successful shed were summarised as follows:

- suitable location;

¹ study not traceable: CASS, Y., FILDES, D. & MARSHALL, C. 2008. 3 in 1 Mature men's project evaluation results. South-eastern Sydney Illawarra New South Wales Government. Related study only available as abstract: Fildes, D., Cass, Y., Wallner, F. and Owen, A. (2010) *Shedding light on men: the Building Healthy Men Project*. *Journal of Men's Health*, 7, pp. 233-240. <http://search.ebscohost.com/login.aspx?direct=true&db=edselp&AN=S1875686710000655&site=eds-live>

- wide range of activities;
- informal and unstructured set-up;
- extended opening hours;
- strong local support;
- secure funding;
- sound business plan;
- skilled manager and management group;
- opportunity to learn from other Sheds;
- affiliation with a Men's Shed support organisation as early as possible;
- links with organisations such as health and local authorities;
- ensuring documentation and evaluation of outcomes, to assist in future funding bids.

(Golding et al., 2007; Milligan et al., 2013; Misan and Sergeant, 2008)

Timebanks

A 'Think Local Act Personal' report noted promising results from projects such as the timebank scheme, where *'levels of active engagement rapidly increase, negative social problems decrease and the negative cycles of dependency and inactivity begin to unravel'* (SPICE, online; Wilton, 2012). Timebank also reported 17% reduction in crime following the introduction of a timebank scheme in local youth groups, notably in Betws-y-Coed, North Wales (University of Wales Newport, 2009; Wilton, 2012). A timebank scheme in Croyden for people with mental health problems reported that, amongst other benefits, members developed a sense of community together and an ability to identify their own skills (Sacha, 2012). More recently, an evaluation of four timebanks in Cambridgeshire concluded that they were successful in investing in community capacity (Burgess, 2014). The evaluation found that participants learnt new skills, gained confidence, became less isolated and were able to access support that they may not have been able to otherwise secure. There was also evidence that the timebanks were helpful in tackling loneliness and isolation, and that there would be potential savings to public budgets over the long term, for example, by supporting older people to remain independent for longer and to improve their quality of life and wellbeing (Burgess, 2014).

2.2 Promoting community governance and levels of control

Approaches to developing community resilience discussed in other sections of this report should all be underpinned by involving communities in planning and decision making processes. Empowering communities in decision making can increase resilience within communities (MHF, 2016; Wallerstein, 2006). As discussed in Section 1, one of the categories of social capital is linking capital, in which there are links to people or groups further up or lower down the social ladder, e.g. to those in authority. A paper by the Glasgow Centre for Population Health (GCPH, 2014b) noted that linking capital allows a two-way flow of information between the 'grassroots' or 'periphery' to the 'top' or 'centre' where decision-making, resource allocation and strategic planning is located. They noted that flattened hierarchical structures or diffused decision-making promotes the integration of what works within local conditions. Governance structures should support the development of social capital in communities, encouraging a diversity of voices in the decision making process (GCPH, 2014b). The World Health Organisation (WHO) similarly noted the importance of empowering affected communities to become active protagonists in shaping their own health, with broad social participation in shaping health policies. They point out that this is justified on ethical and human rights grounds, but also pragmatically, i.e. it works (MHF, 2016; WHO, online).

Meads et al (2016) note that with the political changes and diminishing financial resources over the last few years, a number of initiatives to re-design the administration and management of health and social care have been introduced. This has led to opportunities for more community/service user involvement. There has been a more liberated approach to delegating resources since the introduction of Clinical Commissioning Groups (CCGs) in 2012 and the recent addition of the Vanguard federations, each consisting of around 40 general practices (Meads et al., 2016). According to Meads et al, this has led to the development of initiatives with the potential to support communities to work collaboratively to meet local needs, whilst also providing a cost-effective method of service delivery. They describe the role of the community as an important agent in shaping the development and provision of health and wellbeing services. Recently updated NICE guidelines suggest approaches to developing community engagement, such as neighbourhood committees, peer leadership and community champions (see Section 2.1.1) (NICE, 2016).

The Localism Act 2011 created new rights, giving local people and groups a greater say about what happens to local buildings and land and also how local services are delivered, building mutualism and shared ownership (Cheshire East Council, 2016; Fox, 2017). This has led to initiatives such as 'Community Right to Bid' in Sefton and 'Community Rights' in Cheshire East, which enables communities to have more of a say over what happens to the local economy, assets and services, and influence over the future development of their area through neighbourhood planning and building for their community (see 'case studies' below for more details) (Cheshire East Council, 2016). Assets have been identified as the people, their hidden skills and the wide range of local resources and community buildings (Knowsley Council, undated) (see case study on p.36 below: Stockbridge village, Knowsley, Stronger communities initiative).

A recent 'Think Local Act Personal' briefing has emphasised the need to work with communities, focusing on assets (Fox, 2017). They describe how an asset based public body has citizens rather than customers, and partners rather than providers. These partners share responsibility for system design and the best use of resources, with co-production of outcomes (Fox, 2017; Wilton, 2012). In their 'By

Us, For Us' report, Nesta describe how 'people powered health' is not a new phenomenon. They note that the challenge is to harness the collaborative working culture, with users, practitioners and communities co-creating services. This way of working needs to be spread and embedded in new settings, and included as standard in primary care and acute services and in service governance (Nesta, 2013). Their report presents several case studies of co-production, with tips for how to get started.

Under the Community Asset Programme, the Big Lottery Fund has supported communities to help grow their ownership of assets. Through this, communities have taken charge of land, buildings, equipment and energy in their vicinity. An 'Evaluation of the Community Asset Transfer' stated that an earlier reluctance to transfer assets to community groups on the part of Local Authorities has been replaced by a great deal of Community Asset Transfer activity being undertaken (Big Lottery Fund, online). (Also see Community Asset Programme mapping in Section 2.5)

The difference between participation and co-production is a shift from service users/carers being consulted to being equal partners and the co-creators of products and programmes (SCIE, 2012) (see 'levels' in the next paragraph). In Knowsley, for example, the council has pledged to 'listen, co-design, co-produce and innovate by valuing the skills and expertise that exists in the Knowsley community' (Knowsley Council, 2017). Sefton council has developed a 'New Realities' collaboration agreement in which new, better, more equal and more productive partnerships between local authorities and local communities are seen as key (Sefton Council, 2016) (also Sefton Care Leavers' Centre in case study section below). Cheshire East is one of the pilot areas for the 'Delivering differently in Neighbourhoods' programme, run by the Department for Communities and Local Government (DCLG, 2014). The DCLG is providing support to around 25 authorities in total to develop new approaches for delivering services at neighbourhood level, assessing how communities can become more engaged in service delivery and policy and how this can influence priority and budget setting (Cheshire East Council, 2017a) (also see case studies in Sections 2.1.3 and below in this section). Early evaluation of the Cheshire East scheme has shown promising results (See Section 2.2.1).

Levels of community engagement: There are different levels of community engagement, as originally identified in Arnstein's 'ladder of participation' (Arnstein, 1969). In their recent Place Based Health Commission Report, the New Local Government Network (NLGN) set out five steps on an arc of citizen engagement: inform, consult, involve, collaborate and empower (see Figure 1) (NLGN, 2016). The right level of involvement can depend on a number of factors including the service user, the task and the time-frame. It may not always be appropriate to move beyond the 'inform' or 'consult' levels (NHS England, undated). However, the NLGN point out that even when organisations have aspirations to move further along the arc, practice has not generally moved beyond consulting with the public (NLGN, 2016). The NHS Five Year Forward View sets out the importance of patient empowerment and community engagement, making better use of the assets that exist in the community (NHS, 2014), but the focus is at the lower end of the engagement arc.

As noted by the WHO, successful empowering interventions cannot be fully shared or "standardized" across multiple populations, but must be created within or adapted to local contexts (Wallerstein, 2006)

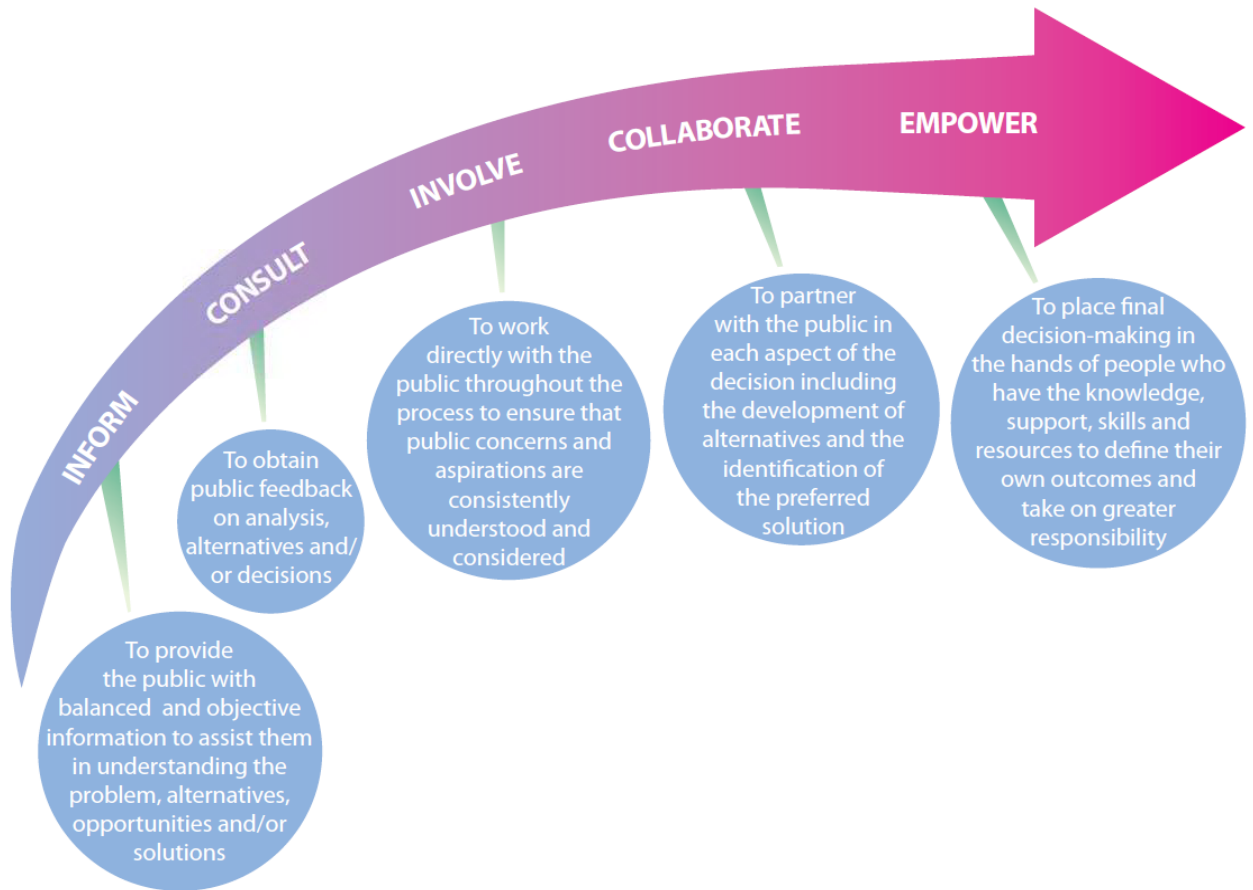


Figure 1. Five steps on an arc of citizen engagement.

From Place Based Health Commission Report (NLGN, 2016) p.38

The annual government Community Life surveys measure three levels of civic engagement, using the following definitions:

- *Civic participation*—engagement in democratic processes, both in person and online, including signing a petition or attending a public rally (does not include voting).
- *Civic consultation*—taking part in consultations about local service, both in person and online.
- *Civic activism*—involvement in decision-making about local services, both in person and online.

(Department for Digital Culture Media and Sport, 2017)

The 2015/16 survey showed that civic participation continues to be the most common form of civic engagement (Department for Digital Culture Media and Sport, 2017). The proportion of people participating at least once a year has risen from 33% to 41% between 2015-16 and 2016-17. Levels of regular civic participation (at least once a month) remain consistent with levels seen last year (5% compared to 4% in 2015-16) and previous survey years. Of the other forms of civic engagement surveyed, annual levels of civic consultation have increased from 16% to 18% between 2015-16 and 2016-17. Levels of civic activism have remained stable, with 9% saying they had engaged in civic activism in the last year in 2015-16 and 8% in 2016-17.

The community can be directly involved in designing initiatives specifically geared towards building community resilience. For example in Los Angeles, the community has been involved in identifying specific resilience building strategies, such as using mapping tools to identify potential areas of

vulnerability in community resilience; the identification and mentoring of community resilience leaders; and the development of community engagement skills in the public sector workforce (Morton and Lurie, 2013).

In the UK, a community-led approach to developing systems resilience and addressing health inequalities is being developed in a partnership between the NHS, the University of Lancaster and public health. The CLAHRC² 3 year Neighbourhood Resilience Programme is taking place across nine sites in the North West. In each neighbourhood, diverse stakeholders and residents are identified and asked to recruit 10 local residents (resident advisors) to get involved with the programme. They are provided with opportunities to help shape academic research as well as local activity. Resident Advisors are offered training and support, and act as ambassadors to share information and consult with the wider community. They also help to design local activity to help identify key themes within the research which can effect change (see local examples in Old Swan and Ellesmere Port in the case study section below). The CLAHRC project uses a model which they describe as system resilience rather than community resilience, as it involves all the different organisations and players in the neighbourhoods, not solely the residents, although their involvement is important. The project includes an evaluation element, finishing in 2018 (CLAHRC, 2016).

The 'Well North' initiative is another 'bottom up' scheme, with local communities at the heart of any developments (Well North, online) (for details, see case study in Section 2.4).

Another approach to putting the community at the heart of planning and decision making is demonstrated by the **Poverty Truth Commission**. The first of these was set up in Glasgow and there are now commissions in Leeds, Wolverhampton, West Cheshire and Salford. The Poverty Truth Commission brings together some key decision makers with those living at the sharp end of poverty, working together as equal commissioners. They work towards overcoming poverty, ensuring that those affected by decisions are central to decision-making. The Commission believes poverty will only be truly addressed when those who experience it first-hand are at the heart of the process of the development, delivery and evaluation of solutions (The Poverty Truth Commission, 2016) (see case study below for more details on The Poverty Truth Commission in West Cheshire).

Case studies

Promoting community governance and levels of control

Some of the case study sections overlap, for example many of the projects in other sections will also include levels of community control.

Community governance and budgets in Cheshire East

(Also see Sections 2.2 & 2.1.3 'Delivering differently'). In Cheshire East, as part of the council's 'Connected Communities Strategy', the Communities Team and Public Health have jointly worked on a project named 'Delivering differently in Neighbourhoods' (see explanatory video:

<https://www.youtube.com/watch?v=MUuthDpCpCo>).

² CLAHRC NWC: Collaboration for Leadership in Applied Health Research and Care North West Coast <http://www.clahrc-nwc.nihr.ac.uk/about-us.php>

This is a 12 month pilot funded by the Department for Communities and Local Government (see Section 2.2) (DCLG, 2014). Running from 2016/17, the project is looking at innovative ways to further develop services offered from a range of local venues by a range of partners. The new model was developed through participation (participatory commissioners) and includes a participatory budget pilot (Cheshire East Council, 2017a). The pilot directly involves local people in making decisions about where money is spent. It engages residents and community groups through neighbourhood partnerships, which discuss spending priorities, make spending proposals and support the community to vote on them. It also gives them a role in the scrutiny and monitoring of the process. The critical factor is that local communities make the decisions, they get a better understanding of local spending decisions and they get more involved local activities, so together more is achieved with less. The pilot is using £400,000 from the Public Health Lifestyle Area Fund, engaging communities in the commissioning of services to address their health and wellbeing needs. Various Community Interest Companies made up of local residents have been developed with a view to sustaining the project after the pilot stage had ended. The pilot will assess mainstream and external funding opportunities.

Evaluation: A report of initial outcomes has been presented by the council (Cheshire East Council, 2017a), summarised here in Section 2.2.1.

A video of the Participatory Budgeting Event in Macclesfield can be found here:

<https://www.youtube.com/watch?v=zxr1JpwRCA>

The event took place on 15th October 2015. £100,000 was allocated to 17 different projects. Over 200 people attended the day which was chaired by Macclesfield's MP David Rutley.

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Sefton Care Leavers' Centre

Sefton Council has developed a 'New Realities' collaboration agreement in which new, better, more equal and more productive partnerships between local authorities and local communities are seen as key (Sefton Council, 2016) (also see Section 2.2). The document outlining this agreement includes several case studies. One of the case studies details how a user group of care leavers, Sefton Council and various voluntary organisations identified the need for a dedicated resource to support vulnerable care leavers. They have worked together to create the centre, helped by funding from the Reaching Communities Programme, which generated £277,000 from the Big Lottery Fund. This was granted to Venus, a charity that promotes the welfare of children, young people and vulnerable adults. Venus lead and manage the project on a user-led model with assistance from partners. Planning focused on addressing service gaps, working with young care leavers who would be central to the design. This innovative service is seen as addressing a clear gap to provide support to young people in care and care leavers in their transition from care to independence. Two former care leavers have been employed on the project (Sefton Council, 2016).

<https://www.sefton.gov.uk/media/677692/Sefton-new-realities-role-of-CVS-.pdf>

Contact: lorraine.webb@venuscharity.org

Community hub, Delivering wellbeing in Bewsey and Dallam, Warrington

The recently published Public Health Annual Report 2017 for Warrington noted that work is underway to build a much needed community hub in Bewsey and Dallam (Warrington Borough Council, 2017). Local residents have taken part in various consultations over two years to develop plans for the new hub, which has been funded and supported by a range of partners. The hub will provide open, public access community space, with access to modern IT services, as well as state of the art health and fitness facilities. The hub will complement the external facilities such as the playground, recreation space and access to Bewsey Meadows (see case study in Section 2.3 on 'Enhancing environmental assets').

<https://www.warrington.gov.uk/downloads/file/13063/public-health-annual-report-2017>

Contact Tracy Flute, email: tflute@warrington.gov.uk

Big Local, Windmill Hill in Runcorn

An experiment in community empowerment, **Big Local** is funded by the Big Lottery. Relatively disadvantaged communities were given £1m to support people to make a difference to the things that matter most to them in their community- creating a better and healthier place to socialise, shop and work. For example Windmill Hill in Runcorn: <https://www.groundwork.org.uk/Sites/clm/pages/windybiglocal>
<http://localtrust.org.uk/our-work/big-local/big-local-areas/windmill-hill>

Neighbourhood resilience programme: Old Swan, Liverpool

The CLAHRC³ 3 year Neighbourhood Resilience Programme is taking place across 9 sites in the north west (see Section 2.2). Within Old Swan, Liverpool, the CLAHRC has been renamed locally as the Better Old Swan (BOS) project and has engaged with over 100 local people and stakeholders through a series of public events, workshops, meetings and letters to households in the area. This has led the community to identify Economic Systems as a key theme, with additional focus on the area of; High Street, Local Employment, Small Business and Income Maximisation within this theme. The BOS project aims to engage directly with local residents, the council, small, medium and large businesses and wider stakeholders across the neighbourhood to build local resilience and address economic inequalities within Old Swan. CLAHRC projects are still in their development stages, finishing in 2018, and will be monitored and evaluated throughout.

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Building neighbourhood resilience in Ellesmere Port, Cheshire West & Chester

In the Ellesmere Port CLAHRC site (see previous case study), several stakeholder/resident engagement events have taken place and a small number of residents have undertaken a local photographic inquiry. A community event was held in April this year, where residents shared the photographs (and their ideas) with other residents. The event was an opportunity for the wider resident population to share their ideas and views about their local area and any ideas about what they might like to see as a focus for change. The plan going forward in Ellesmere Port is to recruit more resident advisers and establish a local oversight group that will take forward resilience initiative locally. The project will be evaluated.

There has been some collaboration with a related 'Healthbox - The wellbeing high street' project': <http://www.healthboxcic.com/project/wellbeing-high-street/>

Contact: Adele Ring, adeler@liverpool.ac.uk

West Cheshire Poverty Truth Commission

The West Cheshire Poverty Truth Commission is the fourth in the country and was officially launched in February 2017. The commission was initially made up of 15 people with direct experiences of poverty, now called 'community inspirers'. They have been joined by 15 civic and business leaders and the group meet regularly, chaired by the Lord Lieutenant of Cheshire, working on developing themes from the stories articulated by the community inspirers. The group recently agreed to focus on three priorities:

- *Mental health:* the impact poverty has on an individual's mental health and vice versa
- *Person-centred approach:* accessing systems and services; how do experiences make people feel and what effect do these experiences have on their dignity?
- *Benefits and the Department of Work and Pensions:* supporting people to navigate current systems and as and when they change in the future e.g. Introduction of Universal Credit.

The next step is for the Commission to work together to develop an action plan on these priorities and to present to relevant organisations and to the local authority. The Community Inspirers will also be evaluating their work, including how the process has helped them to develop personally.

³ CLAHRC NWC: Collaboration for Leadership in Applied Health Research and Care North West Coast <http://www.clahrc-nwc.nihr.ac.uk/about-us.php>

The West Cheshire Poverty Truth Commission is led by the local authority and involves a number of partners e.g. Foodbank, CAB. Volunteers are supported by the Poverty Truth Commission team to feel empowered to have a voice and influence change. Transport and refreshments are offered at the meetings to make the Community Inspirers feel valued and support them to be involved. The retention of volunteers remains positive with the enthusiasm and engagement between the groups being evident.

Contact: Clare Roberts, Poverty Truth Commission Co-Ordinator, Cheshire West and Chester Council
clare.roberts@cheshirewestandchester.gov.uk<https://www.cheshirewestandchester.gov.uk/news-and-views/campaigns/west-cheshire-poverty-truth-commission.aspx>

Stockbridge village, Knowsley: Stronger communities' initiative

The project aimed to reduce the high levels of crime and increase confidence and engagement opportunities within the local community. Meetings were held with the local community to identify what their vision for the area was and how they felt it could be achieved. From the beginning they were very clear that instead of concentrating on solving problems it was important to focus on building on their assets and strengths which they identified as the people, their hidden skills and the wide range of local resources and community buildings. From this starting point the Community Catalyst group was established as a local stakeholder forum. Within two months there were 50+ members who had established their own vision, objectives and work plan. With the community leading, attendance at community events and activities increased significantly overnight – 1,500 at a community gala day and 400 at an event to celebrate Chinese New Year (Knowsley Council, undated).

<http://www.knowsley.gov.uk/pdf/community-empowerment-framework-0714.pdf>

Contact: paul.peng@knowsley.gov.uk

Community-led commissioning at neighbourhood level in Lambeth

An approach to community led commissioning has been piloted in Lambeth. A network of sustainable community services have been developed across the borough, which are owned and controlled by local communities. A team of council 'entrepreneurs' help to establish organisations and aid the development of local third sector markets.

Evaluation: The council has transferred £3.5m in assets to community providers over the past three years. So far this approach has delivered £2.4m in efficiency savings whilst increasing external investment into the borough by £5.5m. The opportunities for community involvement range from influencing to direct management of public resources, such as co-operative libraries, a network of neighbourhood lunch clubs and an Older Peoples and Carers' Resource Centre owned and delivered by older people. The latter now has 40 volunteers delivering 5,000 placements a year and supports a network of 2,000 carers who now enjoy a simpler route to local services (Wilton, 2012).

Further details: Lambeth Council www.thinklocalactpersonal.org.uk/library/ACT_Together_at_Lambeth.pdf

2.2.1 Evidence for the effectiveness of promoting community governance and control in building community resilience

Community engagement

As discussed at the beginning of this section, community engagement can lead to independent social action that cannot always be captured as readily as for example health outcomes (South and Phillips, 2014). Although evaluations of approaches to resilience building have focused on health and individual outcomes, there is evidence of some slightly wider outcomes. NICE found some good evidence from effectiveness reviews that community engagement activities can improve people's social support, wellbeing, knowledge and self-belief. They noted the need for future research to place greater emphasis on these and other wider outcomes (NICE, 2016). The effectiveness reviews that NICE considered revealed variation in how much people were involved in community engagement projects,

from early development through to delivery and evaluation. This variation provided an opportunity to indirectly compare the effects of different levels of engagement across studies: generally, the more stages of a project people were involved in, the greater the benefits (NICE, 2016).

Community engagement and asset based approaches have been criticised as sounding '*the drum beat for the retreat of statutory, state provision of public services*' (Friedli, 2013). A report by The Health Foundation included comments from a book written by South, White and Gamsut in 2013, 'People-Centred Public Health'. The book's authors believe it is important that involving members of the public in public health should not be seen to be about reducing public services. It should be regarded as a way of reducing barriers to resources that support good health and should be 'framed as a strategy to increase equity in health'(in):(Hopkins and Rippon, 2015).

Community governance and budgets in Cheshire East

Cheshire East Council reported on the achievements of their 'Delivering Differently' DCLG pilot project in Macclesfield (see text and case study above in this section, and case study in Section 2.1.2) (Cheshire East Council, 2017a). They noted from March 2016 to March 2017, the project has engaged with over 750 local people through local events and consultations, as part of a comprehensive engagement programme. This has led to the development of four new community interest companies, set up with a view to sustaining the project after the pilot stage. Four community based neighbourhood partnerships have been set up with key stakeholders and ward members, meeting meet twice every quarter. In addition, weekly Community Together Groups are held on each estate (Cheshire East Council, 2017a).

The council reported that engagement work with local residents has led to improving services and community assets, bringing in external funding to deliver the outputs, such as improved parks, with increased use of park facilities (see Table A2 in the Appendix for details).

There have been several new resident led services being delivered that have been initiated through Delivering Differently in Macclesfield. A cost benefit analysis has been carried out, which suggests that on average, for every £1 spent on resident led initiatives, £9 can be saved through the resident led early intervention and preventative work (see Table A4 in the Appendix for details) (Cheshire East Council, 2017a).

2.3 Enhancing environmental assets

The NHS Sustainable Development Unit (SDU) is funded by, and accountable to, NHS England and Public Health England to work across the NHS, public health and social care system. They note that health and wellbeing is protected and improved by building on social assets, reducing environmental harm and enhancing the natural environment (SDU, 2014). The population's health and wellbeing and social cohesion can be enhanced by environmental factors. Examples of action listed by the SDU include:

- Build on the work around green space, planning and design, housing and air pollution, to improve emotional, mental and physical wellbeing and social cohesion.
- Improve shared spaces, especially with aesthetic environments, improve physical and mental wellbeing, chance interactions, civic pride, and active travel.
- Build on work informed by monitoring and surveillance of environmental factors, for example air quality, housing conditions and access to green space.
- Local Authorities can use local health data to inform housing improvements around decent home standards, registration of private landlords and action to ensure minimum standards of cold weather thermal comfort in private rented properties via the provision of insulation.

Enhancing the local infrastructure to improve social cohesion and enhance community resilience would also include ensuring good schools, hospitals and transport.

Reports by the World Health Organisation (WHO, 2013) and the Sustainable Development Commission (SDC, 2010) made similar recommendations. The SDC report focused on tackling inequalities and noted that landscaping, street lighting and improvements to local parks and playgrounds all encourage people onto the street, increasing natural surveillance and social cohesion (SDC, 2010).

Traffic: The SDC pointed out that transport systems and increased mobility have adverse effects on social interactions and on the cohesiveness of communities, which in turn have negative impacts on health (SDC, 2010). They suggested that the damage that traffic does to social systems in urban areas is the most serious of all the problems it causes. Hart noted the effects of traffic on suppressing casual conversations, children's play, and other street-based social life (Hart, 2008). Hart's study, based in Bristol, found that residents of busy streets have less than one quarter the number of local friends than those living on similar streets with little traffic.

Green space: Natural spaces have been shown to facilitate higher levels of social contact and social integration, particularly in neighbourhoods with low socio-economic status (SDC, 2010). There have been various reports presenting evidence that access to a natural environment, especially trees and grass, provides a meeting place for all ages and has a positive effect on social interaction and cohesion for different age groups (Bird, 2007; Sullivan et al., 2004). In addition to increased neighbourliness, the presence of nearby natural spaces has also been related to reductions in crime (SDC, 2010). The SDC call for increased investment in the creation of quality green spaces, especially in deprived areas, including tree planting programmes for residential streets (SDC, 2010).

Housing: Innovative approaches include the community land trusts mentioned by Wilding (2011). Alliances of retired servicemen, ethical bankers and land campaigners are formed, creating community land trusts to deliver affordable local housing and many other benefits (Wilding, 2011).

In Cheshire, community land trusts are promoted as a model that puts communities in the driving seat when it comes to delivery of affordable housing and/or other assets including: community pubs, shops, cafes, allotments, orchards and workspaces. This is seen as part of the process of encouraging communities to become involved in Neighbourhood Plans and engage with local housing and related issues (Cheshire Community Action, online).

Allmark et al described research on how design principles can foster community within a neighbourhood (Allmark et al., 2014). A paper by Talen discussed the concept of 'new urbanism', which is about creating a sense of community through the built environment (Talen, 1999). Talen concluded that clarification is needed on what new urbanists mean by 'sense of community'. The authors argue that street layout and the provision of public spaces might not automatically bring people together, but it may encourage other factors which develop a sense of community. A US study in Oregon concluded that the qualities of the pedestrian environment can influence residents' sense of community, both directly and indirectly through their effects on pedestrian travel (Lund, 2002). Another more recent US study found that sense of community was positively associated with leisurely walking, seeing neighbours when walking and the presence of interesting sites (Wood et al., 2010).

Healthy new towns

It is becoming increasingly recognised by local and national government that a person's home and neighbourhood provides the 'health setting' for most, if not all, of their life (Champs, 2017). NHS England are currently working with housing developments to shape the health of communities, improving health through the built environment and to rethink how health and care services can be delivered. In March 2016, they announced the ten demonstrator sites, one of which is Halton Lea in Runcorn.

NHS England are working with Halton Borough Council to build a connected, Healthy New Town, 'connected by its people; connected by its aspirations; connected by its environment; connected by technology and connected by place' (Champs, 2017; NHS England, online) (also see Section 2.3 'One Halton' case study).

100 Resilient Cities

In 2013, The Rockefeller Foundation pioneered '100 Resilient Cities' to help more cities build resilience to the physical, social, and economic challenges that are a growing part of the 21st century. The Foundation recognises that as well as acute shocks such as flooding, cities face chronic stresses that weaken the fabric of a city on a day-to-day or cyclical basis. Examples include ageing infrastructure, high unemployment, homelessness, skills shortages, inefficient public transportation systems, endemic violence, ageing population and chronic food and water shortages. Through funding for a Chief Resilience Officer, the Foundation assists cities to develop a resilience strategy by building on the existing activities, processes and projects that are already underway. Building on existing work brings together many different public and private stakeholders across the city, which can lend valuable political support and technical expertise to the city's resilience work (Lipper, 2016).

Manchester is one of the cities belonging to the 100R resilience network, having joined in 2016. The stresses identified in Manchester's initial prioritisation exercise included:

- poverty/inequity
 - healthcare
 - social cohesion
 - transportation network
 - infrastructure maintenance and replacement
 - employment
 - crime and violence
 - affordable housing
 - homelessness
- (100 RC and GMCA, 2017)

The Resilient Cities Foundation note that greater coordination among local authorities and partnerships with public and private stakeholders in Manchester, aided by the Foundation, have helped the city better respond to these challenges. The development of a resilience strategy is underway (100 RC and GMCA, 2017).

Happy Cities

The Happy City Index, described in Section 2.5 below, has been developed as a progress report on the conditions for wellbeing at a city level. It has been used for example to encourage decision makers to consider how to use housing design to fight social isolation. Indicators include accommodation, public transport and green space (Happy City, online).

The Good Life Initiative

The Good Life Initiative, based in a low-income district of York, aims to stimulate community resilience by encouraging residents to achieve a healthier, more sustainable, knowledgeable and sociable life (University of York, online). The project aims to:

- achieve a measurable reduction in household carbon emissions;
- raise public awareness of low-carbon lifestyles;
- foster community cohesion through joint actions;
- support connections between community action and Joseph Rowntree Housing Trust work on sustainability;
- enhance local skills for self-sufficiency and build local resilience.

The project team reported some success in improving social connections in the community, and in creating links between residents and other groups working on improving local sustainability. They noted that building community resilience can be complicated. Local leadership needs to be supported and enhanced to encourage and enable people to take collective charge of developing community resources, including green spaces. They found that conflicts of direction are inevitable and have to be addressed creatively (University of York, online).

Dementia friendly communities

People with dementia and their carers face everyday challenges in living well. Dementia friendly communities work to help overcome difficulties in using technology, getting appropriate service in shops, banks and post offices and in using transport, going on holiday and maintaining social contact and hobbies and ensure safe, accessible physical environments (DAA, online; Foot, 2012; Miller and Wilton, 2014).

Case studies

Supporting community resilience through enhancing environmental assets

'One Halton', Runcorn new town.

Working with Halton Borough Council, NHS England are building a connected, Healthy New Town of around 800 residential units. The development at Halton Lea, Runcorn, intends to regenerate the area into a thriving community hub, with new opportunities for social and community activities, healthy retail provision, integrated housing, health and social care provision. The 'One Halton' model of care and support is focussed on enhancing services in the community and ensuring easy access to those services. NHS England is focussing on developing a health and wellbeing ecosystem, with people at the heart of it, and an infrastructure that supports wellbeing and health.

<https://www.england.nhs.uk/ourwork/innovation/healthy-new-towns/halton-lea-runcorn/>

Delivering wellbeing in Bewsey and Dallam, Warrington

The 'Delivering Wellbeing' project closure report highlighted much progress in improving the physical environment in Dallam and Bewsey. For example the Bewsey Meadows park area has been improved with £70,000 investment helping to improve access routes and enable the area to be better used for informal recreation. New improved playing pitches for rugby and football have also been developed and the first pharmacy in the area has opened (W PHAR). Residents have actively participated in the project as it has developed, and have formulated their own plans for future activities, events and campaigns in the area (see Section 2.2 case studies for more on promoting community governance) (Warrington Borough Council, 2017).

<https://www.warrington.gov.uk/downloads/file/13063/public-health-annual-report-2017>

Contact Tracy Flute, email: tflute@warrington.gov.uk

Nature4Health in the Mersey Forest, Merseyside and Cheshire

Nature4Health is a three year, £420,000 community forest project, funded by The Big Lottery's Reaching Communities Programme, to tackle health inequalities in targeted communities across The Mersey Forest. The project has worked with 13 local partners from six local authorities across Merseyside and Cheshire. The Forest is one of the leading environmental regeneration initiatives in the North of England. Through community and partnership working, 9 million trees have been planted - equivalent to five new trees for every person living within the Forest area. The Mersey Forest Partnership has created woodlands that 20% of local people visit at least once a week, and by improving the image of towns and cities has set the scene for growth within the region's £98 billion economy. All this has been achieved through partnership of local authorities, landowners, the Forestry Commission, Natural England, the Environment Agency and businesses.

Nature4Health works with local community organisations to deliver activities that are needed locally. The project provides five different evidence-based activities, from group walking to mindfulness, all taking place in a green, therapeutic environment. Sessions are targeted at both adults and children and hard to reach communities in need. Ongoing monitoring and evaluation of Nature4Health has reported the following achievements:

- health inequalities effectively targeted
- improved health outcomes for participants
- value for money
- increased community capacity to improve health outcomes
- increased capacity for self-care amongst participants
- strong social and community benefits
- clear evidence about effectiveness of this type of project to inform future commissioning decisions by the health sector.

(Nature4Health, 2016)

Whilst data provides a wealth of hard evidence, the most convincing element of the Natural Health Service is often the anecdotes that come from individuals involved. The stories of reduced medication, of fewer trips to GPs, of finding new friends and exploring new areas may not register on 'WEMEWBS'⁴, but do improve the quality of life of individuals and lead to enhanced community wellbeing.

Through funding from the Big Potential, part of the Big Lottery, The Mersey Forest is developing its Natural Health Service so that it is in a place ready to be commissioned. GPs and other health commissioners will be able direct people who could benefit from activity programmes in the green environment to a suite of five products.

Contact: *Clare Olver, The Mersey Forest Team* clare.olver@merseyforest.org.uk

Happy Place APP, Wellbeing CIC, Halton Lea

Wellbeing Enterprises Community Interest Company (WE CIC), based in Halton, have recently developed what they regard as the world's first ABCD 'place making' App called Happy Place. The App is a development from the asset mapping carried out by the Community wellbeing Officers (CWOs) (see case study in Section 2.5). It empowers citizens to map places that help them to achieve wellbeing. They are categorised according to the 5 Ways to Wellbeing. The App is a self-help tool and an asset mapping resource to inform Joint Strategic Assets/Needs Assessments.

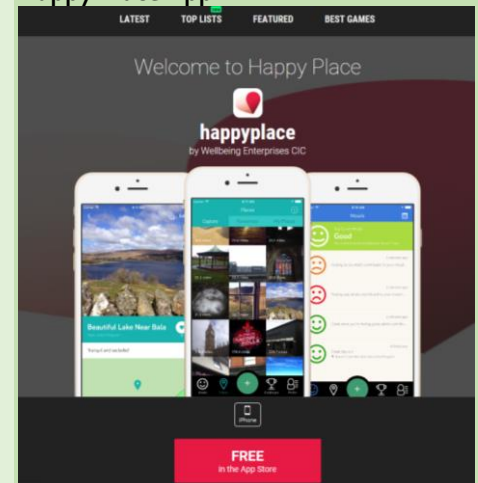
The benefits of the App are expected to be as follows:

- Empower local people to inform Joint Strategic Asset Mapping. WE CIC support public sector professionals to produce citizen led Joint Strategic Assets Assessments which help ensure finite public sector resources are used wisely.
- Utilise the Happy Place App as a health promotion or community consultation tool. Empower and activate citizens to discover local places that help them to stay well.
- Re-brand and promote the assets of a community All communities are built on strengths. Help people to rediscover and reconnect with these and promote a positive image of the local area.

The APP is being piloted in Halton Lea which was selected as an NHS England Healthy New Towns site to support the regeneration of the local area. The App data will inform a localised JSAA of Halton Lea which will form part of the wider engagement work with the community.

Contact: *Mark Swift, Chief Executive Officer, Wellbeing Enterprises CIC.*
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Happy Place App



'discover places in your community that make you feel good.. Happy Place App empowers you to share these places with others so that they can be preserved and protected for future generations. We aim to help you to get the best out of your community by visiting happy places to improve your health and wellbeing. Together we will create the most comprehensive map of happy places in the world and by doing so we will create a social movement for health... Download the APP today and be a part of the happy place movement'

<https://appadvice.com/game/app/happylace/1205432205>

Dementia friendly transport in Halton

In February 2017, Halton Dementia Action Alliance (DAA) became a member of the Cheshire and Merseyside DAA Transport group, working with stakeholders to improve dementia awareness within the transport sector and improve experiences for people living with dementia and their carers.

http://www.dementiaaction.org.uk/local_alliances/8464_halton_dementia_action_alliance

Contact: emma.bragger@halton.gov.uk

⁴ Warwick-Edinburgh Mental Well-being scale

Leeds Care & Repair enables healthy, independent living at home for vulnerable people primarily through practical housing help. This includes home adaptations, repairs, hospital discharge support, housing options advice, falls prevention and the Warm Homes service. The Warm Homes service helps provide improved heating for households suffering from cold related illness (SDU, 2014).

Elder-led community facility in Japan

Although measures to enhance community resilience in the face of natural disasters were outside the scope of this report, one example has been included here to illustrate how lessons can be learned and applied to more general settings. A study in Japan showed how the development of elder-led physical and social infrastructure can deepen resilience, elder health, and social capital (Aldrich and Kyota, 2017). Led by local elders, a community facility was created that allowed for multiple concurrent activities. The emphasis was on informality where the elderly could enter and leave at whim. In that space, they would be able to undertake meaningful activities such as cooking, volunteering, storytelling for children, and teaching skills. On some days there may be a group of local women knitting together with children playing nearby, while on other days there may be cooking classes for children and exercise classes for the elderly.

Evaluation of the project involving more than 1,100 respondents found that regular participation had a statistically significant and positive connection with various measures of social capital. The measures used were: (1) the number of friends participants reported; (2) the level of efficacy, that is, belief in their ability to change their environment; and (3) the sense of belonging to the neighbourhood (Aldrich and Kyota, 2017).

<https://www.cambridge.org/core/journals/disaster-medicine-and-public-health-preparedness/article/creating-community-resilience-through-elderled-physical-and-social-infrastructure/C621698FC41DFC6CEFD4A725CA5F3526/core-reader>

2.4 Economic approaches to developing community resilience

An important feature of community resilience is a thriving local economy, providing good local jobs for local people (Wilding, 2011). Actions to promote resilience include schemes to revitalise high street shopping areas; support for small businesses in poorer areas; purchasing policies that create local jobs; the provision of education, training and job opportunities for young people; and the promotion of responsible employment practices (such as the living wage) and health at work (CLAHRC, 2016; WHO, 2013; Wilding, 2011).

Wilding would take this one step further, arguing that a localised economy should involve securing entrepreneurial community stewardship of local assets and institutions (Wilding, 2011). He suggests that local economies can develop resilience by stewarding their own energy, water, money, housing, food and other resources as far as possible. An example of this is the credit union movement, which has the effect of contributing to building the resilience of the local economy, as well as the resilience of local population groups (Wilding, 2011).

The Warrington Public Health Annual Report this year recognised the importance of proactive partnership working between local businesses and other organisations, helping to encourage growth of local supply chains and to secure jobs for local people (Warrington Borough Council, 2017). *Warrington & Co*, the council's economic development arm, aims to encourage the use of local contractors and employment. Job creation through procurement processes can help tackle the cycle of deprivation and its cost to the public purse. Using purchasing power to make requirements that contractors use local supply chains can extend these benefits even further, potentially supporting the creation of new businesses within communities (Warrington Borough Council, 2017). The Warrington report noted the importance of the concept of inclusive growth. Inclusive growth relates to how the economic growth of an area can be used to create opportunities for **all** sectors of the population, so that the advantages of increased wealth and wellbeing can be distributed fairly across society. There is a need for proactive policies to ensure that this happens (Warrington Borough Council, 2017).

Another important feature of resilient communities is the provision of education, training and job opportunities for young people, especially those not in education, employment or training (NEET) (See case studies below, NEET and Work Zone examples).

In addition to focussing on the skills and training needed by the individual young person, it is perhaps more important for employers and other agencies to work together to provide good quality opportunities and meaningful career development prospects (PHE, 2014; Simmons and Thompson, 2014). 'Youth Resolution' is a proposal for kite marked partnership between local authorities, employers and education institutions which would benefit businesses, give young people fair opportunities and help tackle youth unemployment and drive local growth (Simmons and Smyth, 2016; Simmons and Thompson, 2014).

Social value: According to a recent Department for Education report (Department for Education, 2014), local authorities can use a corporate commitment to support young people with disabilities into work experience and supported internships, driving this into broader commissioning and

procurement using the Social Value Act (see Section 1). The Social Value Act asks commissioners to think about securing extra benefits for their area when they are buying services - commissioners should think about how the services they are going to buy, or the procurement process they are going to use to buy them, could secure the most valuable benefits for their area. Similar prioritisation could be placed within investment strategies for housing, environment and community inclusion (Department for Education, 2014).

A recent 'Think Local Act Personal' briefing noted that the principles of social value should be used by default in all contracting and grant making (Fox, 2017). Seven out of ten councils in the UK now report using the Social Value Act when commissioning or procuring services, according to the results of a local government survey (LocalGov, 2017). Halton Council, for example, aspires to include one social value outcome within every procurement exercise. Warrington Borough Council noted the need to develop standardised mechanisms for measuring the performance of services in delivering social value requirements. Social value is included in Warrington's Corporate Procurement Guide and a set of 'social value standards' have been devised which providers are asked to support (Warrington Borough Council, 2017).

Health at work is another important area for community resilience. Workplace social capital can impact upon wellbeing and sickness absence (Helliwell and Huang, 2010). For example, research conducted in Denmark and Finland found that workplace social capital reduced all-cause mortality and risk of chronic hypertension. Social capital in general has been described as belonging to a social organisation which acts as a positive resource and facilitates collective community action, mutual aid and reciprocity (Kawachi et al., 2004). In the context of the workplace, work may be an important source of social relations and sense of connectedness, depending on the quality of relationships that employees have with colleagues (Baum and Ziersch, 2003).

There are various schemes that target people who are out of work for health-related reasons, aiming to support them and improve employability. Non-medical therapeutic interventions are offered, such as creative arts, 1-2-1 mentoring and volunteering. For example the community connectors' scheme has been discussed in Section 2.1.

Measurement of resilience in the social economy

The Glasgow Centre for Population Health note that the establishment of frameworks for measuring resilience (see section 2.5 'Developing measures of community resilience') provides an opportunity to explore what local authorities can do through economic development and regeneration to distribute economic opportunity and resources more fairly and promote community resilience.

An index developed in the West Midlands (the Community Economic Resilience Index) includes a social domain, measuring existing barriers to employment such as the availability of local jobs (AWM, 2010) (see 'case studies', Section 2.4).

The Centre for Local Economic Strategies (CLES) have developed a 'place resilience framework' to enable local authorities to consider the current balance of the economy in their locality. Their framework consists of three domains: the commercial, public and social economies. The CLES note that stronger mutual relationships between these domains allow resilience to develop, as localities are more flexible and reactive when faced with an economic or environmental change (CLES, 2010).

The CLES framework acknowledges the crucial role played by the social economy in providing the foundations for any resilient, healthy and effective economy both directly through local employment, local supply chains, volunteering and social enterprise, but also indirectly through development of social capital and promotion of civil engagement and participative democracy (CLES, 2010).

Based on the CLES work and other measures, the Institute for Public Policy research (IPPR) framework measures economic resilience in Local Enterprise Partnerships (LEPs) (IPPR, 2014). LEPs were set up by government to drive the growth agenda at the local level. The IPPR framework includes measures indicating the promotion of responsible business practices and wider social outcomes, including tackling long-term unemployment, poverty and inequality. The IPPR research found little evidence of a systematic approach to building economic resilience (IPPR, 2014).

Case studies

Economic approaches to developing community resilience

Talent Match: Personalised support for people who are NEET

Talent Match is a service for young people who are currently not in education or training (NEET), providing personalised support through the use of intensive mentors. Whilst on the Talent Match programme, young people have access to a variety of support including counselling, placements, courses, support in finding and writing job applications and mentor support. The scheme was co-designed with young people, both centrally and in each of the 21 partnership areas, and will continue to have young people at the heart of decision making throughout the programme. Liverpool Talent Match is currently being evaluated by the Public Health Institute at Liverpool John Moores University.

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Employability projects, Warrington

As detailed in their latest Public Health Annual Report, Warrington Borough Council is involved in two European Social Fund (ESF) projects aimed at promoting careers information and employment opportunities for young people (Warrington Borough Council, 2017). They are assisted in improving their skills and employability in a range of ways, including very practical support such as help with planning travel. The projects also involve working with schools and colleges to ensure the right information is available to young people in order for them to benefit from local employment opportunities.

The Life Goals Project delivers education, training or support to individuals aged 15-24 years. It aims to help disengaged young people who are Not in Education, Employment or Training (NEET) to enter and progress in the labour market and to reduce the number of young people who are NEET or at risk of becoming NEET. The programme aims to improve the learner's education, employability and personal skills which will enable them to progress successfully into work or further learning, and will improve their chances of gaining qualifications, employment or start an apprenticeship. The project is part of the Warrington Borough Council's Brighter Futures programme, which collected feedback from learners which was very positive, including some who had previously hardly attended school or been excluded and were now on a promising career path. More details are available in the Public Health Annual Report (Warrington Borough Council, 2017).

https://www.warrington.gov.uk/downloads/file/13063/public_health_annual_report_2017

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Work Zones, Cheshire West and Chester Council

Cheshire West and Chester Council have four centres across the borough that provide a holistic service to help unemployed adults back into work. All new registrations (average 100 per month, mostly JSA/UC customers) are initially assessed taking into consideration where they are in their lives including aspirations, past employment history, health conditions, skills, debts, other barriers etc. Customers are referred to an

Employment Support Mentor for one-to-one case management support and the Skills Funding Agency Adult Education budget is used to provide a work ready curriculum. The service takes the approach of looking at the 'whole person in their life', with a focus on getting the foundations right, using CV workshops, English and maths, vocational skills etc. Many customers arrive with very low confidence/self-esteem levels and through a holistic approach, attempts are made to build their self-belief and in turn their resilience levels so they are able to move into work and more importantly sustain that employment. The aim is to build resilience by integrating a health dimension into the service, including access to health services and health curriculum. Work Zones have access to mental health services and other external services such as support with weight management, smoking and physical exercise. There are also automated referral systems to Citizens Advice for a wide range of support including debt support. The service has a close relationship with the Department of Work and Pensions, which is the primary referral agency. Work is in progress to develop a fully integrated, co-located service in one area of the borough. Health considerations are central to the Work Zones as it is recognised as the largest determinant and needs the highest profile in any employment support model. The service recognised it needs to be a model based on hope and strengths rather than a deficit model of gaps and barriers. Skill development is generally secondary to the journey of building confidence, trust and personal resilience within a supportive environment.

Intervention outcomes – 2016/17 Performance

The service achieved 700 job outcomes in 2016/17. (15/16 – 638 jobs, 14/15 – 485 jobs and 13/14 178 jobs so a year on year improving picture). Long term unemployment across the borough has dropped by 19.83% this year and now stands at 465 for the whole borough with only 25 now classed as long term unemployed in one area of the borough (Northwich)

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Knowsley Works Work Positive

Similar to Work Zones, Knowsley Works has been providing a specific intervention to people who have been claiming Incapacity Benefit or Employment and Support Allowance (ESA) to help them re-develop self-esteem and confidence which has been greatly reduced or lost through a multitude of reasons, including unemployment.

Many of the Knowsley Works service users have mental and behavioural disorders as well as musculoskeletal conditions, and many of them can be very resistant to the prospect of reengaging in education and employment from the relative safety of familiarity and repetition.

The 'Work Positive' intervention addresses the core reasons for resisting change and personal development by exploring on a 121 and group work basis, covering various topics, including:

- The value of communication and how to develop this primary skill
- The importance of effective communication for the development of relationships across all areas of life including personal, work and social interactions

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Ellesmere Port Community Farm, Cheshire West & Chester

Bridge Community Farms is a social enterprise based in Ellesmere Port, Cheshire. It is a working farm bringing together people from all parts of the local community, offering those in need a helping hand. Its main purpose is to offer permanent and sustainable jobs to people who are long-term unemployed, by growing and selling fruit, vegetables, salads and herbs to the local community.

<http://www.bridgecommunityfarms.co.uk/>

Get On Track (GOT), Merseyside

This project is being delivered by the Dame Kelly Holmes Trust across Merseyside.

Intervention details

This programme supports young people aged 16-25 from challenging backgrounds who are not in education, employment or training (NEET). The intervention is delivered over a 14 month period and offers a unique development opportunity for NEET and at risk individuals to learn new skills, develop key attitudes, re-engage with their community, participate in physical activity and ultimately find and sustain employment. The average cohort of GOT participants nationally is outlined below:

- 68% male – 32% female in 2015/16
- 22% declare themselves as being from an ethnic minority
- 16% declare themselves to have a disability
- 12% declare themselves as an ex-offender or with an unspent conviction

Every GOT programme has a multi-skilled delivery partner; Merseyside are partnered to work with Active Cumbria. They are embedded within the region and obtain a good understanding of its needs and issues. GOT combines mentoring from world class athletes with opportunities to participate in sport, volunteering and training and employability workshops. Over a period of 14 months, athletes take young people through a 5 stage programme.

Following their participation in Get on Track programme, young people will:

- have developed a range of employability skills
- be more engaged in, education, volunteering, training or employment
- have developed a good understanding of their motivation and what their barriers are to achieving personal fulfilment, with higher personal and career aspirations
- be more confident, have greater self-esteem and resilience to cope with life
- be participating in sport and have developed healthier lifestyles and habits
- be able to form positive relationships and develop support networks to help them succeed in life
- be playing a positive role in their local community with a better understanding how volunteering can help them and others.

Intervention outcomes

GOT provided details of their national outcomes. Since the start of 2012 GOT have delivered 77 GOT projects across England, working with 1,564 young people directly, with a further 4,830 impacted through community projects. Last year, GOT directly engaged with 535 young people and five months into the programme 70% of young people were in education, employment or training, 84% were participating regularly in sport and 46% were taking part in regular volunteering.

By accelerating the five key attitudes of confidence, resilience, determination, focus and motivation within young people, GOT have empowered those participating in their programmes to reach the following positive life outputs:

- 83,701 young people have been impacted through GOT and associated community projects which support young people.
- 68% of young people participating in GOT programmes were participating in education, employment or training after the first stage of the programme, five months into the 14 month journey
- 66% of young people supported through GOT were regularly participating in sport within three months of completing the initial mentoring stage of the programme

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Supporting resilience in the economy in Lodge Lane, Liverpool

In a scheme to develop successful local partnerships to improve and strengthen the high street, Mary Portas, known as 'Mary Queen of Shops', was hired by the government to turn around struggling towns. Lodge Lane in Liverpool was one of the 12 towns selected for a second round of pilots designed to rejuvenate shopping centres. <https://www.gov.uk/government/news/portas-pilots-to-kick-start-high-street-renaissance>

<http://www.bbc.co.uk/news/business-18972391>

'The Portas Review', makes a number of recommendations to rejuvenate high streets, including making it easier for people to become market traders by removing unnecessary regulations, changes to the 'Use Class' system, including putting betting shops into a separate 'Use Class' of their own, and larger retailers to support and mentor smaller retailers.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/6292/2081646.pdf

N.B. in the CLAHRC Old Swan project (see Section 2.2), the community highlighted the importance of working towards creating a healthy, vibrant high street.

Social entrepreneurs, Wellbeing CIC

Wellbeing Enterprises Community Interest Company, based in Halton have been working with Halton CCG, Unltd (the Foundation for Social Entrepreneurs) and Well North, to resource patients who have ideas for social change. They have been resourcing would be social entrepreneurs with small grants and specialist support. More than half of all applicants had a long term health condition/disability. The project has kick-started pop-up healthy eating cafes, street cleaning environmentalists, veteran support groups and BMX clubs (see 'Lead the Change' case study in Section 2.1.3 for more details).

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West Midlands Community Economic Resilience Index

In the West Midlands, a Community Economic Resilience Index has been developed, with a set of indicators placed under three broad domains: economic; labour market and social. It aims to distinguish between those parts of the region that are more and less resilient to economic shocks and long-term economic restructuring, helping to identify those communities that have been most affected by the recent recession and those which are likely to recover more readily. It is intended that this finer understanding of the drivers should help to inform thinking on the nature of the interventions required for resilience enhancement (AWM, 2010) quoted in (GCPH, 2014b).

An overall index score is calculated for each area, indicating the most and least resilient local authorities and parliamentary constituencies. The social domain includes indicators such as 'job density', used to indicate the degree to which the local economy provides sufficient number and type of jobs for local people; and 'proportion of working age population who are economically inactive but want a job', used to indicate where there are significant proportions of local people who could enter the local labour market supply, given appropriate support to overcome existing barriers to employment (AWM, 2010).

An evaluation showed that findings closely relate to results from earlier analysis of economic performance, undertaken for the West Midlands Taskforce (AWM, 2010).

2.4.1 Evidence for the effectiveness of economic and environmental approaches to building community resilience

Economic resilience is an important building block for community resilience. The Institute for Public Policy Research (IPPR) report 'Building Economic Resilience' is an evaluation of the Local Enterprise Partnerships (LEPs) and whether they are considering resilience (IPPR, 2014). The IPPR found that with few exceptions, no Local Enterprise Partnerships (LEPs) appear to be taking a systematic approach to building economic resilience. They noted that LEPs need more incentives to consider the issue of

economic resilience. There needs to be a greater emphasis placed on long-term economic sustainability, alongside the immediate demand for rapid productivity gains (IPPR, 2014).

The IPPR noted that there is much to be shared and learned on approaches to building economic resilience. In particular, they highlight the Thames Valley Berkshire's analysis of potential risks and weaknesses; Greater Manchester's work on governance and accountability; the West of England's transport plans; and New Anglia's approach to a green economy (IPPR, 2014). The IPPR recommend an LEP 'Resilience Network' should be formed in order to support good practice in building economic resilience within and between LEP areas.

Further investigation of the evidence for environmental and economic approaches to developing community resilience was beyond the scope of this project. This would have involved a literature search of evidence for resilience building relating to, for example, housing, green spaces, active travel, credit unions, job creation schemes, and healthy workplaces in terms of workplaces that promote equity, connectedness and meaningful career prospects.

2.5 Developing measures of community resilience

Compared to individual health and wellbeing, community wellbeing and community resilience are less well defined and understood, more complex and therefore more difficult to measure (Bagnall et al., 2017). In their Sheffield study ‘Getting by in Hard Times’, Platts-Fowler and Robinson attempted to identify resilient neighbourhoods by analysing outcome measures (e.g. premature mortality, life expectancy, crime levels, truancy levels), against stress indicators (e.g. unemployment and deprivation) (Platts -Fowler and Robinson, 2013). They then identified particular neighbourhoods in Sheffield with better and worse than expected outcomes relative to the levels of stress experienced. These were considered to be resilient neighbourhoods. A series of overlapping and interrelated factors were identified as helping to explain this resilience:

- Population stability
- Capacity to engage and personal resources of local residents
- Quality of local facilities and amenities
- Scope and nature of service provision
- Communication and information sharing
- Links to power and influence
- Presence of active individuals and groups
- Existence of shared notions of belonging and identity

Allmark et al considered various approaches to measuring community resilience. They identified a number of characteristics attributed to resilient communities used in the literature (Table 1) (Allmark et al., 2014).

Table 1: Measuring community resilience: characteristics attributed to resilient communities
(Allmark et al., 2014)

Residents of a community have a sense of belonging and orientation to a common purpose
Communities have social and organisational networks
Communities have access to knowledge and resources, community hope, knowledge promotion skills
Communities have strong values on avoiding crime, good parenting, education and work success
Communities with cultural pluralism, inclusivity and social cohesion
Communities with infrastructure and support services
Communities have resources and plans that facilitate coping and adaption in adversity
Communities with vibrant participation, shared decision making and collective action
Age profile
Social and physical context: physical environment, housing
Population stability, attracting and retaining population
Facilities and amenities, service provision

Allmark et al pointed out that it is not clear how to distinguish the features that show that a community is thriving in difficult times [and is thus resilient] from the features that show why it is – i.e. what are the mechanisms that trigger resilient responses (Allmark et al., 2014).

Asset mapping and building

Assets (strengths-based) approaches are core to resilience building (Wilding, 2011), as described in the 'definitions' section at the start of the report. Local authorities can work with other public services and communities in their local area to develop an asset-based community development approach. This would involve mapping assets, to complement needs based assessments such as JSNAs (Fox, 2017; King's Fund, 2013a; SCIE, 2017). In this way, the JSNA process can helpfully reflect the needs and assets of communities, highlighting local risks, opportunities to work together at a system level and also highlight how the system can create conditions that support health and communities to live more sustainable lifestyles. Asset mapping should be community and citizen-led, using and working with knowledgeable local people and organisations (SCIE, 2017). Mapping needs to be live and dynamic, as assets are changing and subjective. The SCIE paper refers to a toolkit developed in Preston which provides a helpful example of an approach to community mapping.

Using this information, local authority public health departments can work with local communities, elected members and other key stakeholders to help define local priorities, expectations and monitoring criteria for local health and care organisations to actively help their community to be a better place to work in, to live in and invest in (SDU, 2014).

WARM ('Wellbeing and Resilience Measurement')

A Wellbeing and Resilience Measurement (WARM) is a tool that has recently been developed and used by local authorities in benchmarking and to inform service configuration and investment in community capacity (Foot, 2012; Young Foundation, 2010b). The tool includes measures of assets or strengths such as social capital, confidence among residents, the quality of local services and availability of employment (see Figure 2).

Figure 2 outlines the stages in WARM. The second stage measures resilience, by creating a map of assets and vulnerabilities in the community. Assets or strengths include social capital, confidence among residents, the quality of local services and availability of employment. Accurately identifying the assets and also vulnerabilities such as social isolation, helps estimate the capacity of a community to withstand shock and pinpoint where support should be targeted (Foot, 2012).

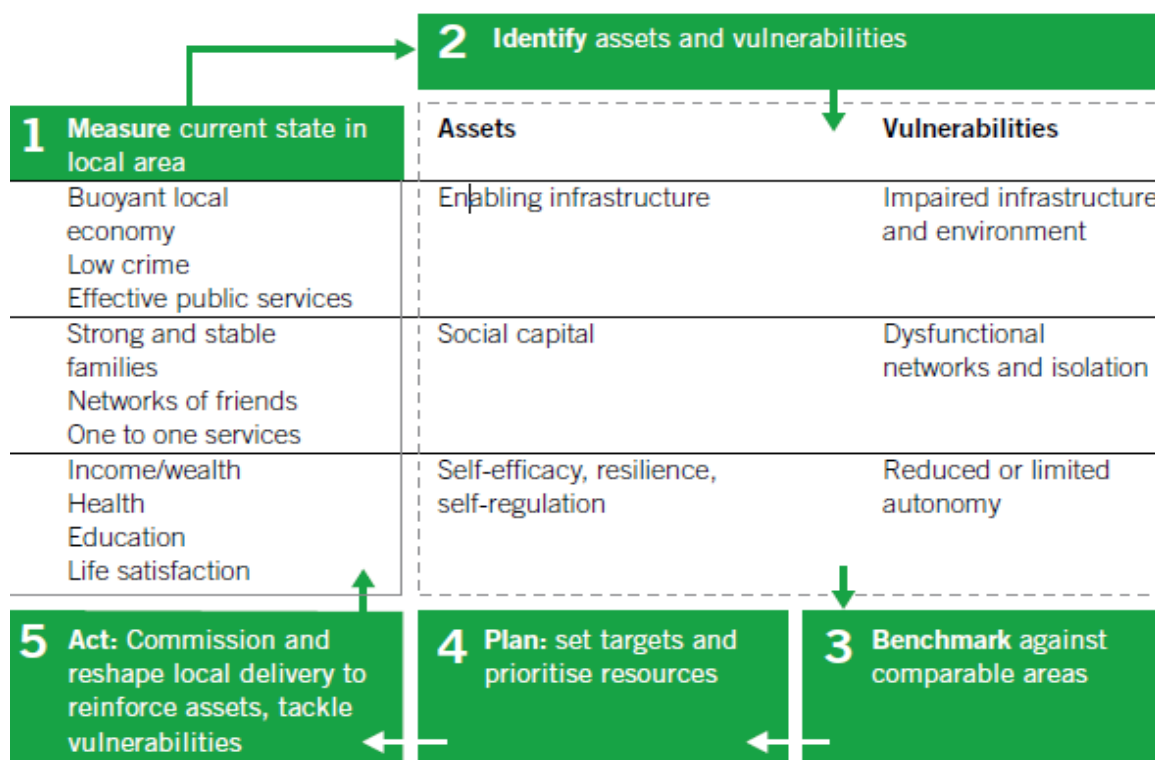


Figure 2. WARM: stages in Wellbeing and Resilience Measurement.

Reproduced from Young Foundation (Young Foundation, 2010b)

When it comes to Stages 4 and 5, the Young Foundation suggest that a number of vehicles for action exist, including local partnership arrangements, established social networks and local business consortiums, each of which can contribute to or lead in delivering interventions (Young Foundation, 2010b). The use of a ‘spider’ presentation is recommended to fully understand the complexity in an area (Foot, 2012).

Community Asset Programme Outcomes Framework

The Community Asset Programme Outcomes Framework has been developed as part of the Big Lottery Fund ‘Communities and Places’ scheme (Rocket Science UK Ltd, 2010). The framework includes measures such as:

- numbers of local people on the board of an organisation (measuring local decision-making);
- the number of different groups from a range of backgrounds and interests using the asset on a regular basis (measuring inclusion);
- the number of local people actively involved as volunteers in the running of the asset (civic participation);
- the number of people undertaking skill development programmes and the % increase in skill levels among board members and wider community (community capacity/social capital).

(Rocket Science UK Ltd, 2010).

Happy City Index

The development of the Happy City Index mentioned in Section 2.3 has been a collaboration between Happy City and New Economics Foundation (NEF) (see Table 2 below). Policy makers are beginning to

see the importance of looking at measures of prosperity beyond traditional economic indicators, such as GDP. The Happy City Index has been developed as a progress report on the conditions for wellbeing at a city level. It helps decision makers understand and assess the determinants of wellbeing and establishes the foundation for better decisions and resource use for improving lives. For example the index has been used to encourage decision makers to consider how to use housing design to fight social isolation. It has been designed to monitor city progress, defined as a city’s success in providing the conditions that create ‘sustainable wellbeing’. These conditions are what matter for individuals, communities and cities as a whole to thrive. Indicators include accommodation, public transport, green space, job satisfaction, social isolation, physical and mental health, cultural engagement and inter-generational contact (Happy City, online).

Features to measure and promote

In outlining how community resilience can be measured, various features have been identified as important to resilience. In their Sheffield study, Platts-Fowler and Robinson highlight some neighbourhood features that they feel policy and practice should strive to promote and protect in a bid to nurture resilience, as follows:

- *Place making*: create and improve the gathering places within a neighbourhood so that they invite interaction between people.
- *Collective action*: encourage collective action with a place based sense of community, rooted in common interests and experiences.
- *Community voice*: information sharing and a community voice that resonates within and beyond the neighbourhood is important and should be actively promoted.
- *Passionate people*: support and encourage the committed individuals who make a major contribution to resilience by facilitating collective responses to local issues, running groups and activities.

(Platts -Fowler and Robinson, 2013)

According to Platts Fowler and Robinson, these are all issues that service providers have the capacity to influence through targeted interventions and mainstream activities.

In a discussion of neighbourhood workforce development, Hudson and Henwood noted that core skills in using asset approaches need to be identified and developed, and the capacity to develop and support social capital must be better understood (Hudson and Henwood, 2010) (see Section 2.6 ‘Developing workforce skills’).

Summary of available indicators

Table 2 is a summary of the indicator sets and frameworks that are of relevance to measuring community resilience, some of which have been mentioned in the text above. Many of these have been identified in a project funded by the What Works Wellbeing Centre that has compiled and indexed community wellbeing indicators used in the UK (Bagnall et al., 2017).

Table 2. Indicator sets and frameworks that include measures linked to community resilience

Indicator set/framework	Indicators relevant to community resilience	weblink
Social capital measures in ONS Measuring National	Includes measures of social network support and civic engagement	https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/measuringnationalwellbeing/2015-01-29

Wellbeing Programme		
WARM ('Wellbeing and Resilience Measurement)	Includes measures of social capital, confidence among residents, the quality of local services and availability of employment	www.janefoot.co.uk
Head, hands and heart: asset-based approaches in health care	Social Networks; Connectedness; Resilience	http://www.health.org.uk/sites/health/files/HeadHandsAndHeartAssetBasedApproachesInHealthCare.pdf
Community Asset Programme, Outcomes Framework (Rocket Science UK Ltd)	Community cohesion and inclusion, e.g. number of local people on the board of a community service organisation; and number of different groups from a range of backgrounds and interests using the facility on a regular basis	https://www.biglotteryfund.org.uk/research/communities-and-places/communities-and-places-publications
Happy City Index	Job satisfaction; Social isolation; Physical & Mental health; Accommodation; Public Transport; Cultural Engagement; Inter-generational contact;& Green Space	http://happycityindex.org/wp-content/uploads/2016/04/Happy-City-Index-Framework-Outline.pdf
Building Stronger Communities (Scottish Community Development Centre)	Assessment tool for community capacity building. Assesses the strengths and abilities that lie within communities and community organisations and steps needed to build on these.	http://www.scdc.org.uk/what/building-stronger-communities/
GoWell Community Health & Wellbeing Survey: Monitoring change in Glasgow's communities	Includes community spaces, inclusion & belonging, and satisfaction with housing and with the neighbourhood	http://www.gowellonline.com/assets/0000/0528/Progress_for_People_and_Places_-_Monitoring_change_in_Glasgow's_communities.pdf
Cohesion delivery framework (Department for Communities and Local Government. 2010)	Measures community cohesion, including neighbourhood belonging	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/7619/1303527.pdf9
PHE/ NHS England Guide to community centred approaches	Includes strengthening communities and community resilience	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/402889/A_guide_to_community-centred_approaches_for_health_and_wellbeing_briefing.pdf
Think Local, Act Personal Outcomes	Measures of social capital:- support networks, inclusive community, participation and co-production	http://www.thinklocalactpersonal.org.uk/assets/BCC/Building_Community_Capacity_-_Evidence_efficiency_and_cost-effectiveness.pdf
Local Wellbeing Project	Includes measures of community cohesion and quality of local environment	http://youngfoundation.org/wp-content/uploads/2012/10/The-State-of-Happiness.pdf

Community Capital - The value of connected communities	Asset-based community development, Coproduction and Sustainability	https://www.thersa.org/discover/publications-and-articles/reports/community-capital-the-value-of-connected-communities
Evolutionary resilience of a place: Resilience framework	Community resilience measured as active learning; robustness; transformability; and adaptability to change	http://www.tandfonline.com/doi/full/10.1080/09654313.2015.1082980
Neighbourhoods and community capacity	Neighbourliness/community capacity building: assessment of the skills that exist in a local neighbourhood, using an asset approach. Also includes workforce development requirements	http://www.skillsforcare.org.uk/Documents/Learning-and-development/Community-skills-development/Only-a-footstep-away.pdf
Audit commission local Quality of Life indicators dataset	Includes indicators on community cohesion and involvement and employment opportunities	http://www.tandfonline.com/doi/abs/10.1080/03003930.2011.555081
Well London: measures of social outcomes	Includes measures of social integration (e.g. trust amongst people in neighbourhood) and collective efficacy (e.g. people help each other; volunteering) and feeling safe in neighbourhood	http://jech.bmj.com/content/68/7/597
Living In Wales survey: Social capital questions	Includes 'bonding social capital' measures, relating to trust and friendliness within the neighbourhood	http://onlineibrary.wiley.com/doi/10.1002/hec.1808/full
Community social capital measure (based on 2002 SA_SCAT social capital scale)	Includes group membership, support from groups, citizenship activities and social cohesion/ friendliness/ trust	http://www.sciencedirect.com/science/article/pii/S0277953612005448
Review of five social inclusion scales	Includes productivity, belonging, political engagement, neighbourhood cohesion, security of housing, etc.	https://www.ncbi.nlm.nih.gov/pubmed/24306926
Framework for systematic review of community engagement	Includes health inequalities within/between communities; community involvement in planning etc. of services; enhanced social inclusion, cohesion or capital	https://academic.oup.com/cdj/article/47/3/316/262723/The-impact-of-community-engagement-on-health-and
Centre for Local Economic Strategies place resilience framework	3 domains: commercial, public and social economies, e.g. social economy domain includes local jobs for local people and local supply chains	https://cles.org.uk/wp-content/uploads/2016/10/Resilience-for-web1.pdf

Case studies

Developing measures of community resilience

Wellbeing Enterprises CIC and asset maps

The Community Wellbeing Practice initiative across Halton (see case study in Section 2.1.2) uses Community Wellbeing Officers (CWOs) based in general practice to establish links with a variety of local agencies that can support patients with social issues. Links include housing, the voluntary sector, the police, community centres, schools and colleges. CWOs develop asset maps to identify the resources at their disposal, where they are located and how they can be accessed. CWOs are then able to support patients in a number of ways, including

providing a listening ear, connecting patients to specialist support, providing health promotion advice and/or access to learning opportunities (Swift, 2017).

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Happy Place APP, Wellbeing CIC, St. Helens

Wellbeing Enterprises Community Interest Company (WE CIC), based in Halton, have recently developed what they regard as the world's first ABCD 'place making' App called Happy Place (also see case study in Section 2.3). The App is a development from the asset mapping carried out by the Community Wellbeing Officers (CWOs) (see previous paragraph). Previous to this, a community researcher model was used in St Helens to recruit volunteers who went around with cameras to take photos of places that help them to feel good. The information collected was then used to populate a 5 ways to wellbeing publication (newspaper) for the St Helens area which showed places that local people could visit for free, or on a small budget to help them feel good and achieve wellbeing. The App empowers citizens to map places that help them to achieve wellbeing (See case study in Section 2.3 for more details).

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Community asset mapping in Wirral

A recent research project explored the social value of community assets in Wirral. The research involved developing a framework to identify the types of community assets in Wirral. Community assets were defined as people and networks, supportive family, friendships and community networks. They can include employment security; opportunities for voluntary service; life-long learning; safe and pleasant housing. Assets were categorised using a qualitative research methodology. A total of 58 community assets were identified and categorised under a range of categories and sub-categories, the main ones being:

- Improving the wider determinants of health
- Health improvement
- Health protection
- Healthcare and preventing premature mortality

A representative sample of community assets were evaluated, using a social value approach. Those selected were representative of the categories and sub-categories identified through the research (Whelan, 2014).

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<http://www.cph.org.uk/publication/exploring-the-social-value-of-community-assets-in-wirral/>

Cumbria: In Cumbria, following a community asset mapping exercise, the foundation trust has developed six new health and wellbeing hubs (along with the Centre for the Third Age in Cockermouth) providing access to low-level interventions including befriending schemes, interest groups and local outings and more targeted activity such as Singing for the Brain, or chair-based exercise classes. These activities enable people to maintain their independence, and to halt the slide into isolation and health breakdown (King's Fund, 2013a).

<https://www.kingsfund.org.uk/publications/improving-publics-health>

2.5.1 Evidence: Measuring community resilience to enable evaluation

As described on the previous page, the What Works Wellbeing Centre have identified a list of indicators that measure community wellbeing (Bagnall et al., 2017). Of those that relate directly to resilience, the WARM framework, used by governmental bodies, was identified (Foot, 2012). Also included was the evolutionary resilience of a place, which is a measurement used by academic institutions (Mehmood, 2016). These measures, and the other asset-based mapping and community resilience measures described above, can be used to evaluate approaches to resilience building. The

framework used in the What Works Wellbeing Centre work is currently being piloted as part of a literature review examining the evaluation of asset-based approaches (Bagnall et al., 2017).

The Glasgow Centre for Population Health noted the absence of measurement scales that assess resilience in a holistic way, which they say is not surprising, given the complex and diverse nature of cities and regions. They suggest that further work is needed around what populations require to maximise their resilience and how to measure progress, to enable the development of frameworks of intervention (GCPH, 2014b).

South and Phillips point out that too often, criteria for effectiveness are narrow and professionally determined and do not include lay perspectives on the value of different outcomes. They note that communities should be involved in identifying appropriate outcomes and defining success. Communities are likely to have a better understanding of impacts, and moreover empowered communities may value alternative outcomes from those identified by professionals. South and Phillips argue that community involvement in the evaluation process will make the evaluation more conceptually coherent and methodologically sound (South and Phillips, 2014).

2.6 Developing workforce skills in promoting community resilience

With the growing recognition of the importance of mental health and wellbeing and the linked concept of resilient communities, the need for workforces in the public and voluntary sectors to acquire relevant skills has been noted (PHE, 2016). The workforce needs knowledge and skills in addressing the psychosocial mechanisms underpinning health, including enhanced skills in capacity building and co-production (Hudson and Henwood, 2010; PHE, 2016). The Glasgow Centre for Population Health noted that such asset based approaches require different skill sets to the traditional deficit approaches (GCPH, 2014a). In 2012, Champs produced a paper on 'Top tips for getting started in asset based working', which was a product of collective learning (Champs, 2012) and can be used by organisations to inform their workforce on approaches to measuring community assets. Champs suggested the need to identify a senior person to champion the asset approach. It was noted that spending time with one person to increase their understanding and commitment can then help to bring the whole organisation on board and find willing collaborators working at different levels within the organisation.

In their review of the public health workforce, Public Health England also noted the importance of having a workforce that reflects the diversity of the population it serves. This will be key to its effectiveness in working with communities, particularly those experiencing the worst inequalities (PHE, 2016).

Local voluntary service co-ordinating organisations such as the Councils for Voluntary Service can play an important part in helping to develop the skills needed for community resilience approaches, helping to build capacity and developing economies of scale locally. For example, Liverpool CVS (LCVS) run training courses in 'recruiting volunteers', 'consulting your community' and 'exploring the potential for partnership working' (LCVS, online). LCVS also manage a range of funds including Community Impact Grants, providing essential funding for grassroots organisations. Wellbeing Enterprises Community Interest Company, based in Halton, deliver a raft of training in ABCD, and community centred health approaches to public health and other professionals (see case study in Section 2.6).

The Social Institute for Care Excellence (SCIE) provides support to central and local government, NHS and social care providers on introducing an asset-based approach and in co-production. Services include:

- training staff in strengths-based approaches to assessment and care planning – CPD-accredited
- asset mapping consultancy support
- research and benchmarking of asset-based approaches against good practice
www.scie.org.uk/consultancy
- SCIE also develop, deliver and evaluate tailored training and learning programmes in co-production
<https://www.scie.org.uk/training/co-production/>

(SCIE, 2017)

The Young Foundation have produced a resource for local authority officers seeking to promote cohesion in the context of local government, (Young Foundation, 2010a). This includes chapters on

what the voluntary sector can do and what local authorities can do, to develop community cohesion, empowerment, integration, partnership working and capacity building. The authors recommend that local authorities should develop an evidence base, mapping and assessing the ability of the voluntary and community sector to contribute to the development of social capital and cohesion. Local authorities should also utilise the expertise of frontline workers. In order to evaluate impact, they should also consider developing a toolkit to assess cohesion, including both qualitative and quantitative indicators (Young Foundation, 2010a).

Case studies

Developing workforce skills in promoting community resilience

Wellbeing CIC

Wellbeing Enterprises Community Interest Company, based in Halton, deliver a raft of training in ABCD, and community centred health approaches to public health professionals and clinical, non-clinical staff in health and care agencies. The organisation provides services across Cheshire and Merseyside and consultancy and training across the UK.

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Liverpool CVS

Liverpool CVS (LCVS) run training courses in 'recruiting volunteers', 'consulting your community' and 'exploring the potential for partnership working' (LCVS, online).

3. Discussion and recommendations

Developing community resilience, using approaches such as social network development and involving members of the public in public health, should not be seen to be about reducing public services. As South et al noted, it should be regarded as a way of reducing barriers to resources that support good health and be seen as part of a strategy to increase equity in health (South et al., 2013).

Making community development approaches mainstream

In many cases, the examples of approaches to building community resilience presented in the case studies in this report are small scale, impacting on few people. The Social Care Institute for Excellence (SCIE) feel that more could be done to support asset-based approaches to become more mainstream, while ensuring they remain community-based and community-led (SCIE, 2017).

In their 'By Us, For Us' report, Nesta describe how 'people powered health' is not a new phenomenon. They note that the challenge is to harness the collaborative working culture, with users, practitioners and communities co-creating services. This way of working needs to be spread and embedded in new settings, and included as standard in primary care and acute services and in service governance (Nesta, 2013).

The Young Foundation suggest that a number of vehicles for action in developing community resilience already exist, including local partnership arrangements, established social networks and local business consortiums, each of which can contribute to or lead in delivering interventions (Young Foundation, 2010b). It has been suggested that neighbourhoods may only be a community in a weak sense, and in developing resilience, it may be necessary to look within the area, or across areas at 'communities of interest', for stronger ties than neighbourhood (Allmark et al., 2014).

Recommendations:

1. Support community development, asset-based approaches to become more mainstream and embedded in new settings, while ensuring they remain community-based and community-led
2. Make use of existing local partnership arrangements, established social networks and local business consortiums to deliver interventions
3. Use flexible definitions of neighbourhoods or areas to suit the approach being used
4. All approaches should be underpinned by involving communities in planning and decision making processes

Supporting the voluntary sector

The Social Care Institute for Excellence (SCIE) note that the public sector is becoming increasingly reliant on the services provided by voluntary organisations, community groups, faith groups, social enterprises and community interest companies. They feel it is therefore vital that these organisations continue to be protected, supported and strengthened (SCIE, 2017). The Councils for Voluntary Service organisations play a vital role in developing community resilience. They can be seen as a 'strategic friend', acting as a link between the state and the many voluntary groups in each area (Jones and Meegan, 2015).

The Young Foundation noted the important role of local authorities in supporting and facilitating the involvement of the voluntary and community sector through funding, partnership working and capacity building (Young Foundation, 2010a). Local authority councillors can also encourage partnership working between different voluntary and community sector organisations. It is essential that these organisations work more productively together in order to build empowered and cohesive communities (Young Foundation, 2010a).

Recommendation:

5. Support, protect and strengthen the voluntary sector, including the Councils for Voluntary Service, which have a vital role to play in developing community resilience.

Promoting social prescribing

Social network development is an important element in community resilience building. Social prescribing is one way of linking people to the assets provided by voluntary and community organisations. The Local Government Association (LGA) noted that local authorities have an important role when it comes to social prescribing (LGA, 2016). With their responsibility for public health, they may be running some of the non-clinical services that social prescribing schemes can refer to. Through health and wellbeing boards they have a strategic role in getting the NHS to sign up to social prescribing. Some councils may have become the social prescribing provider or are funding them. Provision of social prescribing is often ad hoc, with no system or framework in place and different models being used (link workers etc.). There are relatively few commissioned social prescribing services, with most schemes using informal referral (Champs, 2014a).

The LGA have suggested that there should be joint ownership / involvement from the NHS, council and voluntary sector in developing social prescribing schemes (LGA, 2016). Polley et al noted that sharing the cost of social prescribing between local authorities and clinical commissioning groups (CCGs) improves return on investment and makes it a more affordable and worthwhile intervention for the health service to consider (Polley et al., 2017). The LGA also suggested looking to get other professionals such as pharmacists, nurses and social workers involved in referring to schemes, not just GPs (LGA, 2016).

There is a need to tackle GPs lack of awareness of social prescribing and lack of time within a 10-minute consultation to make such referrals (Champs, 2014a). Some GPs have voiced concerns about their confidence in the nature of the organisations providing services, suggesting the need for some form of audited outcome (Champs, 2014a). Concerns have also been raised by third sector organisations about capacity in dealing with referrals (LCVS, 2015; LGA, 2016). Support to address these issues has been recommended, including the development of service level agreements between primary care and third sector organisations (UCL, 2015).

Recommendations:

6. Carry out a mapping exercise in each local authority area to identify existing social prescribing schemes, including models used and commissioning arrangements
7. Develop a coordinated, joint integrated approach to the commissioning and evaluation of social prescribing, ensuring joint ownership / involvement from the NHS, council and voluntary sector

8. Ensure the voluntary sector is ready for the increase in referrals that is likely from the promotion of social prescribing schemes
9. Develop service level agreements between primary care and third sector organisations for social prescribing schemes addressing issues such as consultation times and audited outcome measures
10. Raise awareness amongst GPs and other health professionals of social prescribing schemes
11. Consider encouraging other professionals such as pharmacists, nurses and social workers to become involved in referring to schemes, not just GPs

Developing environmental and economic approaches

Environmental and economic approaches to developing community resilience are wide ranging and would include action around housing, green spaces, active travel, job creation schemes, and healthy workplaces in terms of workplaces that promote equity, connectedness and meaningful career prospects. An important feature of community resilience is a thriving local economy, providing good local jobs (GCPH, 2014b; Wilding, 2011). Promoting 'inclusive growth' will ensure that any economic advantages can be distributed fairly across society. Relating to housing, innovative approaches include healthy new towns and creating community land trusts, which can be used to deliver affordable local housing and many other benefits. Consideration of all of these aspects around the economy and the environment will help local authorities to meet the requirements of the Social Value Act 2012.

The development of measurement frameworks can help to inform thinking on how economies and environments can promote resilience, for example by measuring existing barriers to employment, such as the availability of local jobs (e.g. West Midlands index)(AWM, 2010).

Recommendations:

12. Promote greater coordination among local authorities and partnerships with public and private stakeholders to develop resilience strategies
13. Develop frameworks to inform thinking on how economies and environments can promote resilience, for example by measuring existing barriers to employment
14. Use these frameworks to ensure that opportunities for building community resilience through economic and environmental approaches are being maximised
15. Specific action around the economy and environment is wide-ranging, but would include:
 - a. Developing partnership working between local businesses and other organisations, to encourage local supply chains and local jobs
 - b. Using proactive policies to ensure inclusive growth
 - c. Supporting employability schemes
 - d. Ensuring employers and other agencies work together to provide good quality job opportunities and meaningful career development prospects
 - e. Improving landscaping, street lighting and local parks and playgrounds
 - f. Providing good quality affordable housing, with consideration of innovative approaches
16. Further investigate the evidence for environmental and economic approaches to developing community resilience

Asset mapping and resilience measurement in local areas

Accurately identifying the assets and also vulnerabilities such as social isolation, helps estimate the capacity of a community to withstand shock and pinpoint where support should be targeted (Foot, 2012). As discussed in Section 2.5, local authorities can work with other public services and communities in their local area to develop an asset-based community development approach. This would involve mapping assets, to complement needs based assessments (Fox, 2017; King's Fund, 2013a; SCIE, 2017). Communities should be involved in identifying appropriate outcomes and defining success. Communities are likely to have a better understanding of impacts, and moreover empowered communities may value alternative outcomes from those identified by professionals (South and Phillips, 2014).

Measurement frameworks will include aspects from each of the community resilience approaches identified in this report, including volunteer networks, levels of community engagement, and environmental and economic assets. The WARM (Wellbeing and Resilience Measurement) framework is a recognised tool that includes an asset mapping checklist used by local authorities.

Recommendations:

17. Carry out asset mapping in each local authority as standard practice, for example to complement needs based assessments such as JSNAs (joint strategic needs assessment)
18. Involve communities in identifying appropriate outcomes and defining success

Developing workforce skills

With the growing recognition of the importance of the concept of resilient communities, the need for workforces in the public and voluntary sectors to acquire relevant skills has been noted (PHE, 2016). The Social Care Institute for Excellence (SCIE) and local voluntary service co-ordinating organisations such as the Councils for Voluntary Service can play an important part in helping to develop the skills needed for community resilience approaches, helping to build capacity and developing economies of scale locally. The importance of having a workforce that reflects the diversity of the population it serves has also been noted (PHE, 2016).

Recommendations:

19. Ensure that the workforce in the public and voluntary sectors acquire skills relevant to developing community resilience approaches
20. Take steps to ensure that the workforce reflects the diversity of the population it serves

Measuring effectiveness

This report has provided a detailed overview of the evidence available on the effectiveness of approaches to developing resilient communities based on a rapid evidence search. This search found that comparatively more evidence has been generated for social prescribing than for any of the other approaches considered in the report. By learning from these perspectives on social prescribing, we are able to draw out implications for how the broader evidence base for approaches to developing resilient communities should currently be viewed.

An important conclusion is that the evidence base is currently lagging behind practice. So while the literature on social prescribing has been described as not producing enough good quality evidence to support its effectiveness or cost effectiveness (CRD, 2015; UCL, 2017), the approach continues to

generate considerable interest among practitioners, researchers and policy makers. It has been suggested that funding for evaluation is generally too short-term to offer scope for capturing the developmental nature of community engagement activity (South and Phillips, 2014) and that evaluations on wider outcomes are lacking (King's Fund, 2013a; SDU, 2014). The evaluation evidence available for community development approaches has also tended to focus on behaviour change and the effects on health, rather than the effects on community resilience (e.g. the 2016 NICE report on community engagement) (King's Fund, 2013a; SDU, 2014). Evidence reviews of asset based approaches commonly point to the lack of randomised controlled trials (RCTs) (Kimberlee, 2016), but they should not be seen as the only appropriate method of evaluation (South and Phillips, 2014). Diverse methodologies that include participative methods, such as action research, are also appropriate (Foot, 2012) and can help us to examine and better understand *process*.

Evidence on the economic paybacks of investing in community assets is also limited (GCPH, 2014a), but there have been attempts at economic analysis. For example, as part of the Building Community Capacity project, the London School of Economics (LSE) investigated community building initiatives and found that they not only had economic benefits but that these were generated 'in quite a short time period' (Knapp et al., 2011). Progress needs to be made in the evaluation of approaches to developing resilient communities. It is not enough to call for more robust evidence of effectiveness. Evaluations that generate much needed evidence about processes, social context, engagement and equity are also required.

Recommendations:

21. Evaluation of resilience building approaches should be carried out over as long a term as possible, using appropriate, participative methods and considering wider outcomes

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Appendix

Table A1: Summary table of the case studies presented in the report.

Note: there is some overlap between sections, for example many projects in other sections will feature levels of community governance and control.

Approach		Project title	Area
Encouraging inter-community collaboration and social network development	Identifying key individuals in the community	Community connectors	Wirral
		Community connectors	Crewe, Cheshire East
		Community connectors	Leeds
		Parent link worker	Salford
	Social prescribing	Social prescribing and community navigation: Wellbeing CIC	Halton, St Helens and Knowsley
		Social prescribing, Brightlife	Cheshire
		Arts on prescription, Creative Alternatives	St. Helens
		Advice on Prescription, CAB	Liverpool
		Exercise for Health, Live Wire	Liverpool
		Supporting volunteering	TIVL: Transition into volunteering
	Community resilience grants		Sefton
	Volunteer schemes, Wellbeing CIC		Halton and Liverpool
	Innovative community projects	Delivering Differently	Cheshire East
		Community networks	Cheshire East
		Neighbourhood Action	Crewe, Cheshire East
		'Investing in People', Bewsey and Dallam	Warrington
		Well North	Sefton and Halton
		Lead the Change	Halton
		Brightlife	Cheshire
		Men in sheds	Cheshire
		Bootle Tool Shed	Sefton
	Resilience building in 'communities of interest'	Community support for cancer patients and their carers	Liverpool
		Perinatal mental health peer support	Cheshire
		Life rooms Walton: Mersey Care NHS Trust	Liverpool
		Our Time: Richmond Fellowship Timebank	Liverpool
	Using digital media to support social connections	Cheshire iTea and Chat	Cheshire East
		Cheshire Digital Learning Champions	Cheshire
Promoting community governance and levels of control	Community governance and budgets	Cheshire East	
	Sefton Care Leavers' Centre	Sefton	
	Community hub in Bewsey and Dallam	Warrington	
	Big Local, Windmill Hill in Runcorn	Halton	
	Neighbourhood resilience programme	Old Swan, Liverpool	
	Neighbourhood resilience programme	Ellesmere Port, Cheshire West & Chester	
	West Cheshire Poverty Truth Commission	Cheshire West & Chester	

	Stockbridge village, Stronger communities initiative	Knowsley
	Community-led Commissioning at a neighbourhood level	Lambeth
Enhancing environmental assets	'One Halton', Runcorn new town	Halton
	Delivering wellbeing in Bewsey and Dallam	Warrington
	Happy Place APP, Halton Lea, Runcorn	Halton
	Nature4Health in the Mersey Forest	Merseyside and Cheshire
	Dementia friendly transport	Halton
	Leeds Care & Repair	Leeds
	Elder-led community facility	Japan
Economic approaches to developing community resilience	Talent Match: Personalised support for people who are NEET	Liverpool
	Employability projects	Warrington
	Work Zones	Cheshire West & Chester
	Knowsley Works Work Positive	Knowsley
	Ellesmere Port Community Farm	Ellesmere Port, Cheshire West & Chester
	Get On Track (GOT)	Merseyside
	Supporting resilience in the economy in Lodge Lane	Liverpool
	Social entrepreneurs, Wellbeing CIC	Halton
	West Midlands Community Economic Resilience Index	West Midlands
Developing measures of community resilience	Wellbeing Enterprises CIC and asset maps	Halton
	Happy Place APP, Wellbeing CIC	St. Helens
	Community asset mapping in Wirral	Wirral
	Community asset mapping in Cumbria	Cumbria
Developing workforce skills	Wellbeing CIC, training in community centred approaches	Based in Halton, training nationwide
	Liverpool CVS training courses	Liverpool

Table A2: 'Delivering differently in Macclesfield'. Outputs achieved between March 2016 to March 2017

	Funding Acquired	Outputs achieved
Baby Yoga	£1,500	15 residents attended baby yoga
Nutrition Support – Healthy Lunch club	£1,000	88 residents attended healthy eating classes over 11 sessions
Green Gym Equipment Banbury Park	£16,000	25% amount of additional residents now using the park facilities
Action Station South Park	£50,000	40% amount of additional residents now using the park facilities

(Cheshire East Council, 2017a)

Table A3: Resident led services, cost benefit analysis

Service/Activity	Provider	Estimated Outcomes	Costs to deliver the project per annum	Savings to Statutory services per annum
Smoking Cessation Resident Led Groups	Local residents through the support from Healthbox	Mental health A&E attendance Reduced hospital admissions A&E attendance all scenarios Improved well-being of individuals Improved family well-being	£3,608 Acquired through the Public Health OneYou contract	£20,788
Cognitive Behavioural Therapy Support Group	Local Residents	Mental health A&E attendance all scenarios Reduced hospital admissions Improved well-being of individuals Improved family well-being	£1,625 Acquired through Participatory Budgeting	£32,216
Tinytearaways – (mums n tots with health theme)	Local Residents	Improved community well-being Improved children's well-being Reduced isolation	£850 Acquired through Participatory Budgeting	£9,272
Life Programme – (support addictive behaviours and socially isolated)	Local Volunteers through the support from Reach out and Recovery	Reduced incidents of crime Reduced drug dependency Reduced alcohol dependency Reduced hospital admissions Improved well-being of individuals	£10,000 Acquired through external funding	£117,105
Mental Health Awareness Training	Local Residents	Improved health outcomes from people in work Mental health	£2,520 Acquired through DDiM support	£16,183
The Green in the Corner Dementia Cafe	Local Residents	Improved health outcomes from people in work Improved well-being of individuals Improved community well-being	£6,000 Acquired through DDiM support and Participatory Budgeting	£29,551
Weston Memories (Local community group based on reminiscence and local history)	Local Residents	Improved Mental health Improved well-being of individuals Improved community well-being	£1,100 Acquired through DDiM support	£13,017
TOTAL			£25,703	£238,132

(Cheshire East Council, 2017a)

