

## Connected Street Associations

A study of the social and community networks  
of residents of Kingstanding, Birmingham  
to identify local needs and improve wellbeing

**Year 1 Report**

**September 2017**

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## ACKNOWLEDGEMENTS

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## **1.Introduction**

This report sets out the position and presents the early findings from year one of the research study: Connected Street Associations for the Birmingham Better Care Fund.

Connected Street Associations explores the social and community networks of residents living in Kingstanding, Birmingham to identify local needs and improve wellbeing. The study reflects a partnership arrangement between Street Associations (SAs) and the Centre for Citizenship and Community (CCC) based at the University of Central Lancashire (UCLan), established to combine the skills, experience and mutual interest of each organization in undertaking a street led approach to exploring the social and community networks of residents living in Kingstanding. The report comprises:

- An executive Summary with key findings.
- Background information on the collaboration that led to this study.
- A description of the Connected Communities evidence base.
- A description of the methodology used and detailed results, arranged thematically.
- Discussion of findings and recommendations

**Key findings are set out in the Executive summary and detail of results are set out in Section 4 of the report.**

## 2. Executive Summary

The Connected Street Associations initiative is directed at combining the practice of Street Associations with a Connected Communities approach in a research-to-action project whose overall aims are: to assess the needs of the area; to help to facilitate resident-led projects to address identified needs and to evaluate the impact of the project as a whole in achieving the objectives of the Birmingham Better Care plan. The initiative is focusing on streets where issues of isolation and loss of community are most in evidence to:

- enable understanding of how social isolation and wellbeing impacts on BSA activity;
- provide an analysis of SA's impact on citizen opportunity and capacity;
- review the interim findings from the Year One Street Association sites to shape development of potential Year Two sites;
- Contribute to creating a longer term evidence base for SAs as a transformative community catalyst across Birmingham and to support this in practice.

### 2.1 Key Findings

In the course of our investigation, we have found that there are high levels of loneliness, isolation, and few connections between local residents. Networks are predominantly family based and a high proportion of these are small. We have also identified a number of barriers and enablers to local residents' participation in community activities. Our view is that the impact of effective action to tackle the barriers will result in an improved experience of living well in the community and its outcomes to improve the wellbeing of some community members such as carers and those experiencing isolation and loneliness.

#### *Important themes*

##### 2.1.1 Neighbourliness: a gap between perception and experience

There is a marked disjunction between positive *perceptions* of the neighbourhood and neighbours, and the *measured* poverty of neighbour to neighbour connections. When asked to reflect on the best thing about living in Kingstanding, the most commonly given answer was 'neighbours' (given by over a quarter of respondents (27%). However, when asked to describe the local connections from whom they received practical support and emotional support; who they enjoyed spending time with, or who they would go to for advice, only 5% of the 1,225 connections mapped in our survey of local social networks were between neighbours.

It seems that local people tend to stay in small, family-based networks and rely on a very small number of people for their social support and interaction. Three quarters of the connections recorded were between family members, and on average, respondents relied on just four people (who, it seems, are in turn relying on each other in the same small, family-based units), and thus have a limited set of resources, information, support, and opportunities to draw from. This means that the micro-systems of care and support that

sustain local people are vulnerable to ‘shocks’ – they can be easily disrupted (or even broken) through ill health, bereavement, family break-up, and other such changes or events. This can lead local people to rely more heavily on public services (for example GP services), particularly as there are only thin connections to local social assets such as pubs, cafes, bars, religious institutions/communities, community/family centres, or leisure facilities which are potential vehicles through which to develop new relationships. Almost a third of respondents had no connections at all to these types of local social institutions.

The work of Street Associations illustrates the significant *capacity dividend* that could result from extending and deepening local ties, and the wider and more resilient informal social care and support systems that could develop as a result. The perception that Kingstanding is a ‘nice neighbourhood’ with ‘good neighbours’; the reported desire for greater community spirit, and the indicative evidence that Street Associations can improve community spirit, highlights the potential capacity dividend that could be generated. An indication of the potential of Street Associations in this regard can be found in the reflections of one respondent to a follow up survey who felt ‘less intimidated [and] more open to speak to new people’; greater contact between neighbours and the consequent greater power of word of mouth to spread information about local opportunities to participate in community life enhances the potential capacity dividend of the work. However, we need better to understand the gap between people’s positive abstract perceptions of neighbourliness and their reported experience of thin neighbour to neighbour exchange in order to close it.

### 2.1.2 The potential of ordinary places as community network hubs

Despite the absence of significant neighbour-to-neighbour connections, the reliance on small family networks of support, and the high proportion of people who are not connected to local social assets (religious institutions/communities, community/family centres, or leisure facilities, pubs, cafes, bars), there *are* some potential key hubs in Kingstanding. Virtually all respondents are connected to a local GP practice, and value this highly. Similarly, the vast majority are connected to a local supermarket and local shops, and also value these highly. Proximity to local amenities was identified as the best thing about the local area by almost a fifth of respondents. These amenities can be seen as nascent sites of social connection, replacing more traditional and formal hubs of social capital. There is a wide range of ‘micro-interventions’ that can be seeded through/in such hubs to help thicken local community networks. Our Connected Communities report<sup>1</sup> provides a range of such examples (several of which have developed through GP surgeries and supermarkets), which have been extended by the work of the Centre for Citizenship and Community. Such examples relevant to Kingstanding could include a range of support, joint interest, health and social groups such as walking groups, wellbeing groups, community gardening projects, casserole clubs, green gyms, carers support groups, and groups of common interest (e.g. managing diabetes). Based on our growing understanding of, and connections in

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<sup>1</sup> Parsfield, M. et al. (2015) *Community Capital – The Value of Connected Communities*. London: RSA

Kingstanding, our proposed Stage Two will bring such initiatives into being, locating and designing them in ways to maximise the social return through sustainable social networks.

### 2.1.3 Targeting the experience of loneliness towards improved wellbeing

Chronic loneliness can have fatal effects: research has found loneliness to present the same risk to mortality as well-known risk factors such as smoking and obesity, increasing the risk of premature death by around 30%.<sup>2</sup> In Kingstanding, a small but significant minority (7%, or around 1 in 14 people) often felt lonely ('often' was the most frequent category measured on the survey). Among all the sub-groups of people analysed in our survey data (looking at age, gender, education, occupation, length of time in Kingstanding, household composition, and loneliness), those who often felt lonely had the lowest measured mental wellbeing of any group. This finding corroborates Street Associations' own baseline survey, which found that those experiencing loneliness were those who least often had significantly higher mental wellbeing.

Social neuroscientist Professor John Cacioppo argues that loneliness evolved as an aversive biological signal aimed at promoting vigilance with regards to our wellbeing and survival. Just as hunger is an aversive biological signal telling us to nourish and protect our body, so loneliness is a signal that tells us to attend to our social connectedness.<sup>3</sup> In harnessing the Connected Communities method of change through creating networks of social relationships (and the attendant norms of trust and social support they can contain) to the opportunities Street Associations create for sustainable and frequent contact and shared identity between people through 'hyperlocal' connections, there is an opportunity to address loneliness in the community. The street by street approach allows us to understand where loneliness and low mental wellbeing are most prevalent: in Warren Farm Road, for example, 16% of respondents often felt lonely. Street Associations' baseline survey also found that residents on Warren Farm Road had the lowest mental wellbeing. This allows us to direct resources and co-design interventions that address social issues in the hyperlocalities that have the sharpest experience of them.

### 2.1.4 Wellbeing - differential age impacts; could intergenerational interventions reap a wellbeing dividend?

Our research found a differential age impact on mental wellbeing: scores were highest among the 50+ age group and lowest among 41-50 year olds. This age group was also more likely often to feel lonely (21% of people in this age bracket). This was corroborated by the Street Association's baseline survey, which found that mental wellbeing scores were lowest among people in their 40s and 50s, and highest among people aged 60 or above. These findings are supported by wider research which finds that mental wellbeing follows a U-

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<sup>2</sup> Holt-Lunstad, J., Smith, T., Baker, M., Harris, T., and Stephenson, D. (2015) Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review. *Perspectives on Psychological Science*, **10(2)**: 227-237

<sup>3</sup> Cacioppo, J. (2010) *Connected Minds: Loneliness, Social Brains and the Need for Community*. London: RSA. Available at: [https://www.youtube.com/watch?v=iu6RM\\_l30A](https://www.youtube.com/watch?v=iu6RM_l30A)

shaped curve over the life course (that is, it tends to be higher in the earlier and later stages of life and tends to dip in middle age).<sup>4</sup>

In considering future possible micro-interventions in Kingstanding, attention could be given to how greater intergenerational connectivity can be fostered through Street Associations and in the local neighbourhood more generally. (A Street Associations follow-up survey indicated that 94% of participants thought that the initiative had been effective in bringing different generations together in Kingstanding). Such initiatives might provide support for people in middle age experiencing loneliness and low mental wellbeing, and create a mutually beneficial social support system that could support the care needs and responsibilities of people in different phases of their lifecourse. Carers often fall into this middle age group, and can often be in double-caring roles, attending to their families as well as to ageing parents. Developing supportive social networks across age groups networks in Kingstanding could yield a significant *wellbeing dividend* for the locality.

#### 2.1.5 Volunteering and citizen activity: wellbeing gains from increasing involvement

A small but significant minority of respondents (11%) volunteer. This compares (albeit using a slightly different measure) to a UK-wide figure of 27% who volunteer at least once a month.<sup>5</sup> Those who volunteer in Kingstanding are less likely to feel lonely (almost 80% say they are never or hardly ever lonely compared to 51% of non-volunteers). Almost a fifth (19%) of those who do not volunteer would like to do so, and this group have lower mental wellbeing than volunteers and are also more likely to often feel lonely (16%).

Creating opportunities to volunteer locally, through Street Associations as well as more widely, could yield a significant *citizenship dividend*, which in turn could generate a *wellbeing dividend*, particularly if volunteering opportunities are designed to foster regular and sustained social interaction between people. This kind of intervention will be explored during the second phase of the project.

#### 2.1.6 Improving the physical environment can impact positively on community capital

In attending to the relationships between local people, it is important not to overlook the impact of the physical environment. Relationships do not develop and are not sustained in a vacuum, but are helped or hindered by the conditions in which they try to grow and flourish. When asked about the 'worst things' in Kingstanding, motorbikes, quad bikes and mopeds were experienced as a problem for a significant minority of local people (most frequently by young people), mainly for the noise and sense of intimidation they created. Noise more generally, 'mess' (including litter, untidy gardens, fly-tipping, dog mess, and general untidiness), crime and anti-social behaviour, and traffic problems were also cited as being problematic in the locality. These local factors can create a significant drag effect on thickening local relationships, and at worst, prevent their development altogether.

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<sup>4</sup> Blanchflower, D. and Oswald, A. (2008) Is well-being U-shaped over the life cycle? *Social Science & Medicine* 66: 1733-1749

<sup>5</sup> See <https://data.ncvo.org.uk/a/almanac16/volunteer-overview/> for more information.



In designing interventions aimed at fostering social ties in Stage two of the work, we can consider how people can come together through Street Associations and other opportunities, to tackle environmental problems. Doing so can create mutually reinforcing 'double wins', both the *process* of change (developing groups to tackle problems, and the relationships, confidence and the aspiration that develops in turn) as well as the outcomes generated (tangible, visible benefits that create a sense of local pride, belonging, and prosocial norms). This was a key part of the approach developed by the Centre for Citizenship and Community with a Housing Association (also in the West Midlands) as part of a desire to create a more connected, supportive community with a stronger sense of shared identity and belonging.

2.2 Building on the early evidence from the first year, it is proposed that the second Phase of the study should include a focus on:

- designing an intervention project to understand and address the identified needs that have emerged from year one research – particularly perhaps those of carers in Kingstanding;
- exploring the concept of “I keep myself to myself” as an isolator in community settings;
- supporting the development of further Street Associations sites in surrounding areas.

### **3. Background to Study**

Street Associations are resident-led frameworks aimed at bringing people together, to overcome barriers and rekindle community spirit in streets where supportive community is most lacking. Their aim is to create resilient communities that support people to enjoy happy, healthy lives for longer. Uturn UK C.I.C. began its establishment of Street Associations by developing ten such Associations, in two tranches (Sept 2016 and May 2017) focused on a small number of streets in the central Kingstanding and Oscott Wellbeing Coordinator site. These cover more than 1,600 homes and an estimated 5,000 residents. The object of these has been to create resilient and friendly communities, reducing isolation and increasing social capital in a structured way. The strap-line for Street Associations: 'friendship, fun, belonging, a helping hand' reflects the positive agenda that SAs seek to incorporate in all its activity. Its work has been based on utilizing the skills and goodwill of neighbours, a process that can present challenges in a deprived community (66% of Kingstanding ward's residents live in the the top 5% of English wards ranked by deprivation) where frequently reported episodes of antisocial behaviour have been found to have sapped community spirit and left many people reluctant to engage with neighbours, of whom, in some cases, they are frightened. These conditions have given rise to Street Associations as a means of exploring the needs of local people and in line with the Birmingham Better Care Plan, supporting the wellbeing of local residents where they live.

For CCC, the emphasis on working with local community organisations is central to a research approach in which co-production and the appreciation of community assets are also key dimensions. These concerns were reflected in the development of *Connected Communities*, a five year programme, whose evidence findings shaped the case for the Connected Street Associations study. **Information on the Connected Communities Study and evidence base is presented at Annex 1**

In early 2016, discussions took place between Martin Graham and David Morris to consider how the work of the CCC on Connected Communities and the resulting evidence base could be deployed to support, evaluate and if appropriate, scale up the impacts from the work planned by SA's. It was agreed that the two organisations shared a strong common interest and expertise in relation to community engagement for health and that there was significant scope for collaboration with the purpose of developing an appropriate framework for evidencing and extending the work of SAs. This led to a proposal to Birmingham Better Care Fund for funding for a two year programme with a review at the end of year one. This report is intended to support that review.

#### **3.1 The Connected Communities evidence base**

The Connected Communities research programme, a five-year Big Lottery-funded research study developed and delivered from 2010 - 2015 by the Royal Society of Arts (RSA) and the University of Central Lancashire (UCLan) with the Personal Social Services Research Unit of

the London School of Economics (LSE), involved extensive research and action to strengthen communities in seven locations around the UK. Our learning from this programme, led to our theory of change which holds that ‘community capital’ could be built using our approach to understanding, involving and connecting local people in their communities, so as to increase social relationships and there by improve wellbeing.<sup>6</sup>

Over the last two decades there has been a growing interest in policy and practice concerned with both how to nurture and tap into the benefits of increased ‘social capital’ (particularly within disadvantaged communities) and with the co-production of more personalised services, through increasing levels of community empowerment and/or cross-sector partnership working. This interest continues to grow apace, evidenced by the Office for National Statistics’ ongoing work in monitoring social capital and its recent convening of a steering group to develop measurement tools.<sup>7</sup> However, despite the growing interest in social capital across all government departments, there is currently little knowledge of how to invest in this. Equally, there are few practical examples as to where explicit interventions to build social capital can be causally linked to better wellbeing and inclusion outcomes, whereby communities work together to develop a united response to a shared concern.

Our work on Connected Communities has aimed to improve our knowledge of this investment process through building an evidence base of practical interventions that demonstrate effectiveness in relation to wellbeing and inclusion. The principal cornerstone of the approach holds that there are assets within communities and that that these assets can be mobilised to the benefit of the members of those communities. In any given locality, such assets may include buildings or formal institutions such as libraries, community halls, children’s centres, community development projects or sports clubs; or they may be individuals with official or otherwise locally acknowledged influence and, crucially they include the social relationships between people. These assets are what we call ‘community capital’, and we defined this capital as the *‘sum of assets including relationships in a community and the value that accrues from these’*. Our emphasis lies in recognising the importance of the social relationships that form the basis of communities and we suggest that these assets can be mobilised to the benefit of the members of those communities.

Community capital, we suggest, is essential for wellbeing and social inclusion and we propose that in each community location we need to begin by mapping and understanding

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<sup>6</sup> <https://www.thersa.org/discover/publications-and-articles/reports/community-capital-the-value-of-connected-communities/>

<sup>7</sup> Office for National Statistics (2015) *Measuring National Well-being – An Analysis of Social Capital in the UK*: 29 January 2015, [online] Available at: [www.ons.gov.uk/ons/rel/wellbeing/measuring-national-well-being/analysis-of-social-well-being--social-capital--in-theuk---2013-14/art-measuring-national-well-being---an-analysis-of-social-capital-in-the-uk.html](http://www.ons.gov.uk/ons/rel/wellbeing/measuring-national-well-being/analysis-of-social-well-being--social-capital--in-theuk---2013-14/art-measuring-national-well-being---an-analysis-of-social-capital-in-the-uk.html)

the community capital that exists by exploring the connections local people have with each other and to their local resources. The networks of people who recognise, support and assist each other; the diverse and creative ideas that accrue through social interaction; and the comfort and enjoyment that people gain from being connected all have a significant and in some respects measureable impact on wellbeing. Social networks therefore have a value. Connections, and even the *capacity to connect*, are assets that can and should be harnessed, appreciated, protected and cultivated. We found that building community capital generated four types of dividends: wellbeing; citizenship, capacity and economic.

Initial findings from the current study suggests that viewing the Street Associations programme through the lens of community capital is likely to be helpful, since a number of local Kingstanding findings appear to be associated with a lack of community capital and an increase might be anticipated to fulfil at least some of the potential implied by its measurable dividends.

[Further information on the Connected Communities theory of change, its definition of community capital and the measurable 'dividends' to which it gives rise can be found in Annex 1]

## **4.The Study**

### **4.1 The study team**

The study team is drawn from the collaboration between Street Associations (specifically Martin and Gina Graham) and the Centre for Citizenship and Community (CCC) based at the University of Central Lancashire (UCLan). Prof David Morris has overall responsibility for the study. Dr Manjit Bola and Prof Steve Broome have conducted the research (leading respectively on community engagement and social network analysis aspects of the methods) to build upon Martin and Gina Graham's work. Additional input has been provided by Mr Hari Sewell in relation to links with local agencies and Dr Anna Gekoski on data inputting.

This report has been jointly authored by Prof Morris, Dr Bola, Prof Broome with Martin Graham and additional input from Mr Sewell.

### **4.2 Aims and objectives**

Connected Street Associations has two phases. Phase one is action research undertaken co-productively with residents in Street Associations to explore the social and community networks of residents living in Kingstanding. Phase two will deploy the findings of the earlier phase to inform both a set of actions in response to identified concerns and gaps, and to explore more deeply the questions that had emerged. Phase one aims and objectives were as follows:

- enable understanding of how social isolation and wellbeing impacts on SA activity;
- provide an analysis of SA's impact on citizen opportunity and capacity;
- review the interim findings from the Year 1 Street Association site to shape development of potential Year 2 sites;
- Contribute to creating a longer term evidence base for SAs as a transformative community research catalyst across Birmingham and supporting this in practice.

### **4.3 Methodology**

Sampling and recruitment strategies

#### **4.3.1. Steering group**

Street Associations was asked to use its existing links with local statutory and voluntary organisations to recruit members to a study steering group. A diverse group of individuals was recruited, including a clergy member from the local church, a local well-being manager, a practice manager from the local GP practice, a school head teacher, and a local resident. Managers from the Birmingham Better Care Fund, Street Associations and the University of Central Lancashire completed the membership of the group. The steering group was tasked with supporting and directing the research process, including identifying local issues, concerns and needs. The steering group supported the development of themes and questions to be addressed in the study. In addition, the group was asked to help to recruit

Community Researchers from the local area to undertake the research training, help finalise the research questions and conduct the fieldwork. Three steering group meetings were held on 9<sup>th</sup> November 2016; 13<sup>th</sup> December 2016 and 20<sup>th</sup> January 2017 to guide the project and, in addition, steering group members were invited to take part in the community feedback event held to share the preliminary research findings and discuss the results and future direction of the project.

#### 4.3.2. Community Researchers

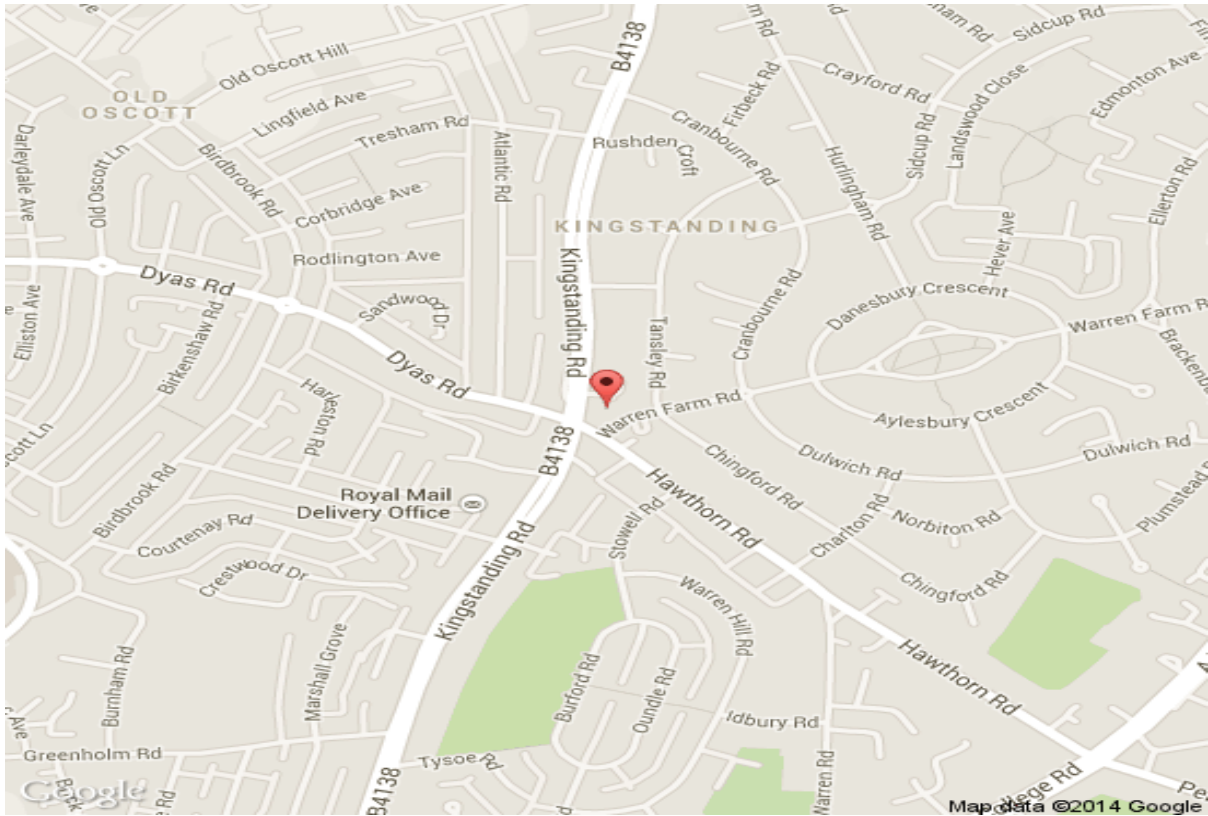
Twelve Community Researchers were recruited from the links provided by the steering group members. They attended a research training day to help finalise the questionnaire which had been pre-designed with the aid of the steering group and undertook basic fieldwork training including ethical codes of conduct relating to information and consent with research participants, confidentiality and data storage. They were also briefed on safe working practices such as working in pairs and notifying a local lead researcher of fieldwork dates and times.

#### 4.3.3. Research location and recruitment of participants



An opportunistic sampling method was used to recruit research participants from the Kingstanding area. A total of seven streets were identified as research sites:

- Warren Farm Rd
- Dulwich Rd
- Chingford Rd
- Plumstead Rd
- Aylesbury Crescent
- Danesbury Crescent
- Hurlingham Rd



#### 4.3.4 Data collection

A standardised structured questionnaire was developed by the research team and then administered by the community researchers. **A copy of the questionnaire is attached as Annex 2**

The data were collected over a six week period, the community researchers using a door knocking approach to provide information, gain consent and complete the questionnaire. Community researchers leafleted these streets with information about the research study a week in advance of the door knocking exercise. The leaflets invited expressions of willingness to participate either in advance by telephone or by way of the forthcoming community researchers' door knocking contact itself. At this subsequent door knocking stage, community members were invited to participate either at that point in time and place or at a mutually acceptable agreed future date and/or local venue.

The questionnaire took approximately 20 minutes to complete.

A total of 166 research participants were recruited.

Table of participants:

Male	48	29%
Female	118	71%
Age ranges:		
18-30	34	20%

31-40	30	18%
41-50	19	11%
50+	80	48%
Missing	3	2%
Residence in the area:		
Less than 1 year	8	5%
1-5 years	22	13%
5-10 years	16	10%
10+ years	110	66%
Missing	10	6%
Employment status (main groups):		
Employed full-time	35	21%
Employed part-time	15	9%
Unemployed	20	12%
Self-employed	8	5%
Homemaker	30	18%
Retired	39	23%
Education status:		
Post 16 education	66	40%
Carer	16	10%
Cared for	18	11%
<b>Total</b>	<b>166</b>	<b>100%</b>

#### 4.3.5. Lines of inquiry

The lines of inquiry for the interviews enabled a detailed exploration to be made of a range of issues including the places to which residents had a connection; the people with whom they felt they had a connection and who they felt could support them with their practical and emotional needs; their experiences of enablers and barriers to community participation and their opinions as to whether or not on they liked living in the local area.

#### Ethical considerations

Ethical approval was sought from and granted by the University of Central Lancashire, School of Social Work Ethics Committee. Information about the study was given to all potential participants outlining:

- The aims of the study and purpose of the interview.
- Consent and the right to refuse.



- Confidentiality.
- What was to happen to the information collected.

Participants were asked if they had any questions about their involvement before the interview commenced and were also asked for their verbal consent. The importance of confidentiality was stressed to participants, both in the written information given at the start of the interview and during the introduction to the study at the doorstep prior to the data collection. The participants' verbal consent was recorded by the community researcher. All information given during the course of the interviews was treated as confidential and the anonymity of all participants in the study was assured.

#### 4.3.6. Collection and presentation of data

The analysis is based solely on the completed questionnaires. A full transcription of the data analysis is not provided as part of the report. Instead, descriptive statistics and frequency data has been presented in the results section. A small number of network maps are also provided to show the connectivity data collected (*NB: these to follow*)

#### 4.3.7. Analysis

The questionnaire data was entered into an Excel spreadsheet and analysed using a combination of Excel, SPSS, UCINET and NetDraw.

### 4.4. Results

Street Association's baseline survey results with conclusions are set out as Annex 3. The results of UCLan's study are set out here, grouped thematically as follows:

- Social Connections to people and places in the Street Associations
- Mental Wellbeing and loneliness
- Perceptions about the local area

For each theme explored, in interpreting the findings, an indication is given as to the prevalence of the views expressed across the particular study group.

#### 4.4.1. Social Connections to people and places in the Street Associations

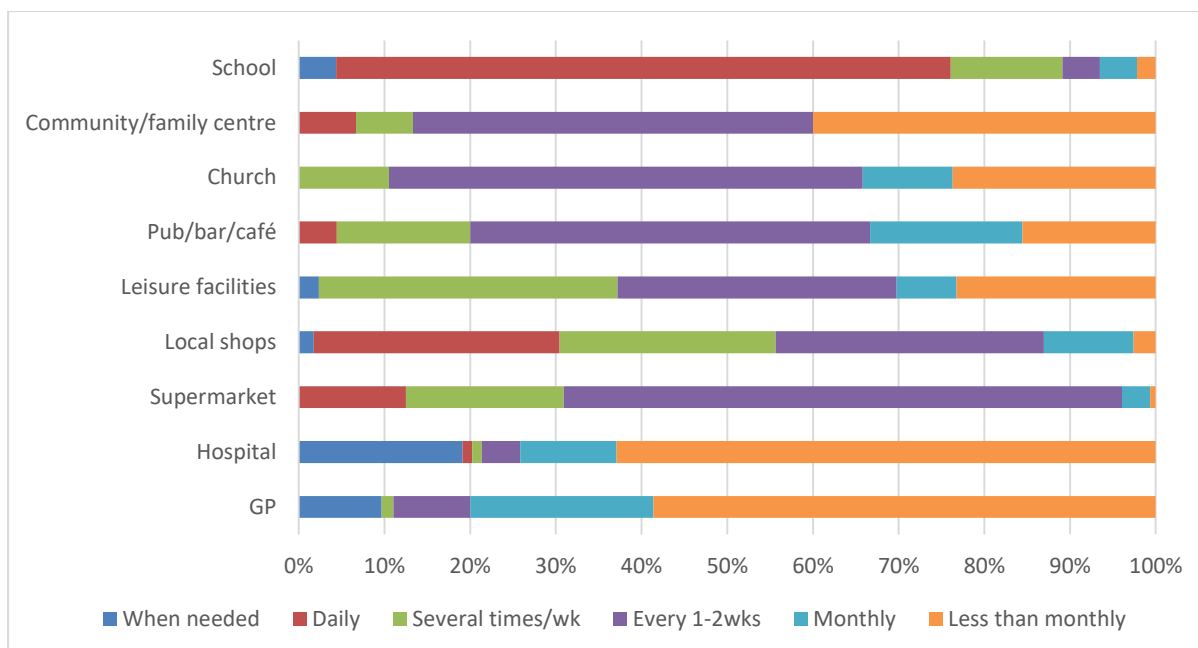
##### Local places

- Virtually all people (98%) are connected to a GP and 80% rate their GP service as being 4/5 or 5/5 important to them. Three fifths (59%) visit the GP less than monthly, a fifth (21%) visit monthly, and 9% visit every one or two weeks.
- 62% of people are connected to hospital and 85% rate the importance of this as 4/5 or 5/5. There was no difference in mental well being (MWB) between those are connected to a local hospital and those who are not. Half (50%) of those not

connected to a local hospital say they are hardly ever or never lonely, compared to 62% of those connected to a hospital.

- Nearly all people (97%) are connected to at least one supermarket and 80% rate their importance to them as 4/5 or 5/5.
- 71% are connected to at least one local shop and 70% rate local shops as being of 4/5 or 5/5 importance to them. There were no significant differences in MWB or loneliness between those connected to local shops and those not.
- 31% are connected to a leisure facility and 50% rate them as being 4/5 or 5/5 important to them. There are no significant differences in MWB or loneliness between those connected to leisure facilities and those not.
- 34% are connected to at least one pub/bar/café and 33% rate them as being 4/5 or 5/5 important to them. MWB is higher for pub/bar/café users 26.2 compared to 23.6 for non-users of these establishments), and users of these establishments are less lonely (63% say they are hardly ever/never lonely, compared to 50% of non-users).
- 28% are connected to a church/other religious institutions and 75% rate it as being 4/5 or 5/5 important to them. There are no significant differences in MWB or loneliness between those connected to churches/other religious institutions and those not.
- 12% are connected to at least one community/family centre and 60% rate it as being 4/5 or 5/5 important to them. People connected to community/family centres have higher MWB (26.7 compared to 24.2 for those not connected), and are less lonely: 75% say they are hardly ever/never lonely, compared to 51% of those not connected to community/family centres.
- 30% are connected to a school and 85% rate it as being 4/5 or 5/5 important to them. There are no significant differences in MWB or loneliness between those connected to schools and those not.
- The chart below shows how often the people who are connected to local facilities use them. GP and hospital facilities are used the least frequently. School and local shops are used the most often.

*How often are local places used?*



The chart shows how often people use the resources they are connected to. Where respondents named more than one resource in a category (e.g. naming more than one local shop, or pub/bar/café), data for the first resource named in each category has been used.

### Social connections

- A total of 1,225 connections have been identified from the answers given by respondents. This translates to an average of 7 connections per respondent out of 12 possible connections each,<sup>8</sup> equivalent to 62% of all possible connections. The average number of different individuals named by each respondent is 4; almost a fifth (19%) named two or fewer individuals across all aspects of their social network, and in the majority of cases the people named were family members.
- Almost one third of all connections occurred daily. A quarter of them occurred 'when needed'. Only 7% occurred less than monthly.
- Almost two thirds of connections were between family members, and 10% were between the respondent and their partner (40% of respondents lived with their partner), so three quarters occurred between the respondent and their partner or a family member.
- Only 5% of connections occurred between the respondent and a neighbour.
- 30% of connections occurred between people who lived on the same street, and 50% occurred between people who live within the local area. One in five connections (20%) occur between the respondent and a person who lives outside the local area.

<sup>8</sup> Respondents were asked for three connections that gave them practical help, three that gave emotional support, three that they enjoy spending time with, and three to go to for advice, giving a total of 12 possible social connections to record in all for each respondent.

- The majority (92%) of people had at least one connection for practical support.
- The majority (89%) had at least one connection for emotional support.
- The majority (88%) had at least one connection to share enjoyable activities.
- The majority (82%) had at least one connection to go to if they needed advice.

#### No social community connections

- 51 out of the 166 respondents (31%) have no connections at all to pubs/bars/cafes, churches/religious institutions, community/family centres, or a leisure facilities.<sup>9</sup>
- Those with no social community connections are slightly more likely to have lower MWB (23.0 compared to 25.2 for those with connections), and are more likely to often feel lonely (14% compared to 4% of those with connections).
- Those who live alone do not compensate by having more social community connections: 57% of those who live alone have social community connections compared to 72% of those who live with others.
- Around 1 in 7 respondents (14%) have no social community connections and also have a below average (three or fewer) number of different individuals in their social network.

*How many different individuals altogether are named by the respondent (in all of the four categories taken together)?*

A total of 432 different answers given by interviewees in response to the four social connection questions (the people they know who give them practical support, emotional support, advice or who shares enjoyable activities with them) have been recorded. However, the total number of individuals active across the four types of social network is likely to be higher for this sample. Despite the questions asking for names, there were 88 instances of 'family' being recorded as the social connection, and in addition there were 68 instances of child/children, 38 of parent(s), 64 of partner, and 24 of sibling(s). There were also 43 instances of 'friend' being recorded, and 16 of 'neighbour'. In examining the data, those that say 'family' do so on an average of approximately twice each (i.e. the 88 mentions of family are made by 45 different respondents). This ratio holds true for most of the generic responses (i.e. child, parent, etc). Unfortunately, there is no way to be sure that the actual people referred to as 'family' etc. are named by other respondents or not (i.e. they might already be named by another interviewee and appear on the overall list of names, or not). So it is estimated that the sample of 166 interviews has generated a social network with around **500 individuals across all categories**.

A total of 185 different answers are recorded in the advice networks named by respondents. Given the issues in recording as described above, and in exploring the advice network data,

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<sup>9</sup> For the purposes of this paper, 'social community connections' are defined as pubs/bars/cafes, churches/religious institutions, community/family centres, or a leisure facilities. They exclude health (GP and hospital), education (schools), and business (local shops and supermarkets) connections.

it is estimated that there are around **200 individuals in advice networks** generated by the sample of 166 respondents.

A total of 207 different answers are recorded in the emotional support networks named by respondents. Given the issues in recording as described above, and in exploring the emotional support network data, it is estimated that there are around **250 individuals in emotional support networks** generated by the sample of 166 respondents.

A total of 217 different answers are recorded in the shared enjoyable activities networks named by respondents. Given the issues in recording as described above, and in exploring the shared activities network data, it is estimated that there are around **250 individuals in shared enjoyable activities networks** generated by the sample of 166 respondents.

A total of 211 different answers are recorded in the practical support networks named by respondents. Given the issues in recording as described above, and in exploring the practical support network data, it is estimated that there are around **250 individuals in practical support networks** generated by the sample of 166 respondents.

The above figures imply that there is a significant amount of crossover between the different dimensions of respondents' networks, which seems largely to do with the reliance on family members for different types of social support.

*How many non-family members are named (in all four categories taken together)?*

A total of 177 different, non-family member answers (including friends, neighbours, professionals, colleagues, and others) are given by respondents across the four types of social network. Given the issues in recording as described above, it is estimated that at least 200 non-family member individuals are present in the support networks of the 166 respondents. Over 60% are friendship connections, and less than a quarter are neighbour connections.

Non-family members are most present in shared activity networks, in which at least 80 people are identified. Over 70 non-family members are named in advice networks, around 60 in emotional support networks, and around 50 in practical help networks.

In total, a quarter of all connections generated by the respondents are with non-family members.

*How many of all the above are out of area?*

Just over a quarter of the people named by the respondents live outside of the local area. A quarter of the total named live on the same street as the respondent, and half live in the local area.

As indicated above, 30% of connections occurred between people who lived on the same street, and 50% occurred between people who live within the local area. One in five

connections (20%) occur between the respondent and a person who lives outside the local area.

*How many of the people who are married rely on their partner for support?*

Two fifths (40%) of respondents live with their partner (around two thirds of whom also live with their children). (It should be noted that other respondents may have partners with whom they do not live, but these individuals are not identifiable in the data.).

These respondents named 202 people in their networks overall, which implies that those living with partners are slightly more likely to name more people in their social support networks. Around a quarter of the people named by respondents with partners are the partners of those respondents. At least three quarters of those who live with their partners name them in their social support network. However, this proportion is likely to be higher as some partners will have been recorded as 'family members', but these partners are not identifiable in the data.

#### **4.4.2. Mental Wellbeing and Loneliness**

- Mental wellbeing (MWB)<sup>10</sup> across Kingstanding is slightly higher (24.5) than the national average (23.6).
- 7% of people sampled often feel lonely, and have an average MWB score of 18.3 – the lowest MWB score of any group in the sample.
- Chingford Road (22%), Warren Farm Road (15%), Dulwich Road (12%), Aylesbury Crescent (10%), Plumstead Road (10%) are main streets covered (70% of total in five streets). Of these streets, respondents from Plumstead Road had the highest MWB (26.1) and lowest level of loneliness (69% are hardly ever/never lonely); Warren Farm Road the lowest MWB (23.6) and highest level of loneliness (16% are often lonely).
- Almost half of the respondents (48%) are aged 50+. One fifth (20%) are aged 30 and under. MWB is highest among the 50+ age group (25.4) and lowest among the 41-50 age group (22.3). The 41-50 age group is also significantly more lonely: 21% reported being lonely 'often' compared to 7% of the sample overall.
- 70% of respondents are women. MWB is higher for men (MWB 26.0 men and 23.9 women), and men report being less lonely: two thirds (67%) say they are hardly ever/never lonely, compared to 50% of women.

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<sup>10</sup> Mental Wellbeing was measured on the 7-item Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS). Scores given are adjusted to reflect use of the 7-item scale, and possible scores range from 7 (lowest MWB) to 35 (highest MWB). See <http://www2.warwick.ac.uk/fac/med/research/platform/wemwbs/> for overview and [http://www2.warwick.ac.uk/fac/med/research/platform/wemwbs/researchers/guidance/swemwbs\\_raw\\_score\\_to\\_metric\\_score\\_conversion\\_table.pdf](http://www2.warwick.ac.uk/fac/med/research/platform/wemwbs/researchers/guidance/swemwbs_raw_score_to_metric_score_conversion_table.pdf) for score conversion for SWEMWBS.

- 40% undertook post-16 education, and have lower MWB (23.6) than those who did not (25.1). Those with post-16 education are lonelier: one third say they are hardly ever/never lonely, compared to 68% of those with no post-16 education.
- 21% are employed full-time (MWB 23.7; 7% often feel lonely).
- 12% are unemployed (MWB 20.8) 15% often feel lonely.
- Almost a quarter of respondents are retired, and MWB is high among this group (MWB 26.7). They are also less likely to feel lonely: two thirds say they are hardly ever/never lonely, and only 3% often feel lonely.
- Two thirds of respondents have lived here for 10 years or more. Those who have lived here the least (less than one year), and the longest (10 years or more) have the highest wellbeing (26.2 and 24.6 respectively). Those living in the area for 1-5 years have the lowest MWB (22.35) and are most likely to often feel lonely (23%).
- 40% live with their partner, and are less likely to feel lonely than those who do not: 68% report they are hardly ever/never lonely, compared to 41% of those who do not live with a partner.
- 42% live with children, and there were no significant differences in MWB or loneliness between those that live with children and those who do not.
- 22% of the sample live alone and have slightly higher MWB (25.5) than those who live with others (24.0) Those who live alone are also more likely to say they are hardly ever/never lonely (43% compared to 56% of those who live with others). (*This emphasises the difference between loneliness and social isolation*).
- 10% of the sample report that they are carers, and have no significantly different MWB (23.8 compared to 24.3 for non-carers), but are more likely to often feel lonely (20% compared to 7% for non-carers). 9% say they require care at home; 10% say another member of their household requires care.
- 11% of the sample volunteer and have higher wellbeing (26.0 compared to 24.3 for those who do not volunteer). 79% of volunteers say they are hardly ever/never lonely, compared to 51% of those of do not volunteer (and no volunteer often feels lonely, compared to 8% of those who do not volunteer).
- 19% would like to volunteer, and those expressing this desire have lower MWB (22.8 compared to 24.8 of those who do not wish to volunteer), and are more likely to often feel lonely 16% compared to 5%).
- 13% of people would like therapy service and have lower wellbeing (MWB 21.2 compared to 25.0), and are much more likely to feel lonely often (38% compared to 3% of those who do not have an interest in the therapy service).

### **4.4.3. Perceptions about the local area**

Best things about the area

#### *Neighbours*

27% of people cited their neighbours as being the best thing about living in their area. Neighbours were typically described as 'good', 'nice', 'polite' and even 'wonderful'. Some participants specifically said that they knew all their neighbours. However, this contrasts with only 5% of connections reported by respondents being between neighbours.

#### *Sense of community*

9% of people cited community generally (rather than neighbours) as being the most important thing to them in their local area. Comments were made about 'friendly', 'pleasant' or 'nice' people living in the community, with some participants saying that everyone knew them.

#### *Close to amenities*

19% of people said that the best thing about their area was the proximity to local amenities. This most often included shops and buses. Other local amenities mentioned were schools, GPs, leisure centres, and other public transport.

#### *Quiet*

16% said that their local area was quiet or peaceful. This was particularly the case for people on smaller roads which were not as busy with traffic or people, or on bus routes.

Worst things about the area

#### *Motorbikes*

13% identified motorbikes to be a problem. This category encompasses not only motorbikes but quad bikes and mopeds. Participants usually identified these as problems due to the noise they make – e.g. revving the engine – alongside the late time of night at which they are driven (around midnight). Interestingly, 18-30 year old respondents are most likely to identify this as a problem (26%), compared to people aged 50+ (11% of this age group thought motorbikes are a problem).

#### *Young people*



16% of people said that 'kids', 'teen' 'youths', 'yobs', 'yobbos', 'chavs', or 'gangs' were the worst thing about the area. Complaints ranged from behaviours considered merely naughty or noisy, such as younger children playing football in the street or getting into people's gardens, to more serious and intimidating behaviours. Participants told how groups of young people, sometimes referred to as gangs, revved or rode motorbikes late at night, were rude, swore, behaved in an anti-social manner, dropped litter, had parties, and played loud music. At the most serious end of the scale, participants described how young people smoked cannabis and conducted drug deals on the street or from cars.

#### *Noise*

10% said that noise was a one of the worst things about the area, with many mentioning groups of young people in connection with this – playing in the street, playing loud music in cars, partying, or revving motorbikes late at night.

#### *Mess*

19% identified mess as an issue. This broad category includes litter from local people or shops and businesses, untidy gardens, fly-tipping, dog mess, and general untidiness of the area. It was also noted that there was a paucity of litter bins in the area.

#### *Crime/Anti-social behaviour*

13% said that crime and anti-social behaviour was a problem. This category was both broad, with some participants simply citing 'crime', and also included specific behaviours. Some examples included burglary, car crime, vandalism, bricks being thrown through windows, young people selling drugs, and the smell of cannabis being smoked.

#### *Neighbours*

7% said that their neighbours were the worst thing about the area. Accompanying comments mentioned issues such as noise, neighbours fighting, and the community having changed and not being like it used to be.

#### *Traffic*

13% said that traffic was an issue in the area, with many mentioning speeding to be a particular problem. Parking was also mentioned numerous times, with some participants saying that there was nowhere to park and that people parked inconsiderately (on the grass and on verges).

## 5. Discussion and Recommendations

The baseline research that Street Associations had already conducted, provided a very constructive starting point for the study and for UCLan's engagement in a SAs programme already marked by its considerable success. Examples of this success include the 1,350 attendances at events in the first 9 months; an increase of 4 to 10 in the average number of neighbours known; the 84% of people who were reported as recognising a community spirit on their street, (up from 41% in the baseline survey); the 56% of people helped personally to feel less lonely or isolated.

Moreover, as well as demonstrating obvious energy and commitment, the work of SA's is characterised by a clear values perspective on the potential of the initiative to unlock community participation for the purpose of enhancing the public and social value of the neighbourhood. In resonating with the practical purpose and philosophy of the Centre for Citizenship and Community's work, these characteristics represented a sound foundation for the partnership of the last year – and it is intended, for the future.

We have tried during this year to ensure that our own research perspective, informed as it is by our Connected Communities vision and approach, synthesises with that of Street Associations in order to maximise the shared value of these natural synergies and optimise the positive outcomes that Street Associations can achieve - and has already achieved. We think that this report demonstrates a level of success that accords well with this aim and expectations of both organisations in establishing the collaboration.

In bringing our perspective to SA's activity, it has been possible to begin to frame its work for greater sustainability, by providing links and mutual learning exchange opportunities through the many other research programmes – local, national and international - in which the Centre is involved. Accordingly, Martin Graham has contributed to a number of CCC events in the last year, providing SAs with wider audiences and affording the initiative opportunities for dissemination and sustainability which would not have been otherwise possible. At a methodological level, the evidence and learning from our Connected Communities programme is becoming instrumental as a means of theorising SA's work in a way that points positively to its further development; offering fresh perspectives on both the value of a robust community engagement process and its measurement - and on the ways in which social network assets, gaps and potential can all be rigorously articulated and assessed.

There were some unavoidable delays at the beginning of the work caused in some part simply by the seasonal weather (we know that associating together across a street or neighbourhood and effectively canvassing positive opinion on the prospects for doing so can be somewhat weather dependent!). This has made it more difficult than it might have been otherwise, to synchronise our reporting of progress to the requirements of the funding cycle. We think however that we have arrived now at a point at which, on the basis of the

evidence that we have gathered, we can report constructively on the first year of Street Associations and its significant achievement.

Our view, in summary, is that subject to Birmingham Better Care being satisfied as to progress, we can envisage from our continuing collaboration significant progress for the SA's initiative and its growth in the months ahead. Specifically, we feel that the shared approach that we are now pursuing offers a promising means of addressing some of the barriers to participation that our work has identified, and thereby of advancing for the community of Kingstanding and the localities beyond, outcomes to improve the wellbeing of community members - and particularly those experiencing the social isolation or loneliness with which it can be associated. We note the differential way in which these factors impact on people and sub-groups within the community and anticipate interventions that may be effective in ameliorating some of these impacts – in, for example, carers.

In better securing the local wellbeing dividend, we note also that the work of Street Associations illustrates well in general terms, the significant *capacity dividend* that could result from extending and deepening local ties, and from the widening and more resilient informal social care and support systems that could develop as a result. Equally, the very local and granular nature of its activity and the resulting social evidence base which this engenders, should enable very specific interventions to be co-designed and directed to the localities in greatest need of them.

Our study suggests that in considering future possible micro-interventions of this kind, attention might be given to the role of intergenerational connectivity and how through Street Associations, it could be developed to help to offset loneliness impacts in a way that engages people from the neighbourhood reciprocally and innovatively in different age bands. Such initiatives might provide support for people in middle age experiencing loneliness and low mental wellbeing, and create a mutually beneficially social support system that could support the care needs and responsibilities of people in different phases of their lifecourse. They would be consistent with and perhaps contribute to the more general policy shift towards inter-generational perspectives that CCC sees in its other programmes of research.

At the same time, co-designed interventions for maximising opportunities to volunteer locally, (through Street Associations as well as more widely), could yield a significant *citizenship dividend*, which in turn should enhance the local wellbeing dividend, particularly if volunteering opportunities are designed to foster regular and sustained social interaction between people. This kind of intervention will be explored during Phase 2 of the project.

We have noted in this report the negative impact of some local environmental factors and their scope for a significant drag effect on the way in which social relationships can develop and be consolidated. In designing interventions aimed at fostering social ties in Phase 2 of the work, we can consider how people can come together, through Street Associations and other opportunities, to tackle environmental problems and thereby creating 'win-win'

progress in which both the process of change as well as the outcomes generated are advanced.

Our Connected Communities work pointed to the possibility for a positive *economic dividend* to arise from the kinds of wellbeing and citizenship improvements for which SA's work is becoming responsible. In continuing to involve colleagues from LSE in our work, our intention in Year Two is to progress the evidence for this in order to quantify more clearly than we have been able to do at this stage, the potential longer term cost savings that may be achievable from the consolidation of Street Associations activity. This will be a core aspect of the local intervention development with SAs that we we hope to pursue in the next year.

In summary, **we recommend in year two that the programme:**

- Progresses development of effective measures for Street Association activity in line with the evidence framework for Connected Communities and especially those associated with demonstrating cost implications;
- Supports the wider dissemination and growth of SAs in surrounding areas by:
  - linking its activity to complementary learning exchange and research opportunities;
  - designing an intervention project to understand and address the identified needs that have emerged from year one research – particularly perhaps those of carers in Kingstanding to include:
  - exploring the concept of “I keep myself to myself” as an isolator in community settings.

## ANNEX 1

### Connected Communities and Community Capital

The Connected Communities research programme was a five-year Big Lottery-funded research study developed and delivered from 2010 - 2015 by the Royal Society of Arts (RSA) and the University of Central Lancashire (UCLan) in partnership with the Personal Social Services Research Unit of the London School of Economics (LSE). It involved extensive research and action to strengthen communities in seven locations around the UK. Our learning from this programme, led to our theory of change in which “community capital” could be built using our approach to understanding, involving and connecting local people in their communities, so as to increase social relationships and there by improve wellbeing.

The principal cornerstone of the Connected Communities programme holds that there are assets within communities. In any given locality, such assets may include buildings or formal institutions such as libraries, community halls, children’s centres, community development projects or sports clubs; or they may be individuals with official or otherwise locally acknowledged influence, and, crucially they include the social relationships between people. These assets are what we call ‘community capital’, and we defined this capital as the “*sum of assets including relationships in a community and the value that accrues from these*”. Our emphasis lies in recognising the importance of the social relationships that form the basis of communities and we suggest that these assets can be mobilised to the benefit of the members of those communities.

Community capital, is, we suggest, essential for wellbeing and social inclusion, we propose that in each community location we need to begin by mapping and understanding the community capital that exists by exploring the connections local people have with each other and to their local resources. The networks of people who recognise, support and assist each other; the diverse and creative ideas that accrue through social interaction; and the comfort and enjoyment that people gain from being connected all have a significant and in some respects measureable impact on wellbeing. Social networks therefore have a value. Connections, and even the *capacity to connect*, are assets that can and should be harnessed, appreciated, protected and cultivated. We found that building community capital generated four types of dividends:

1. **A wellbeing dividend.** Social relationships are essential to subjective wellbeing and life satisfaction, indeed our research suggests that social connectedness correlates more strongly with wellbeing than social or economic characteristics such as long term illness, unemployment or being a single parent. In the course of our primary research we found increases in the wellbeing of participants who strengthened their social networks through community-led initiatives. In a survey of 2,840 people, the variable most consistently associated with having higher subjective wellbeing was ‘feeling part of a

community', and the variables most negatively associated with wellbeing were identifying something or somewhere locally that you avoid or something that stops you from taking part in a community.

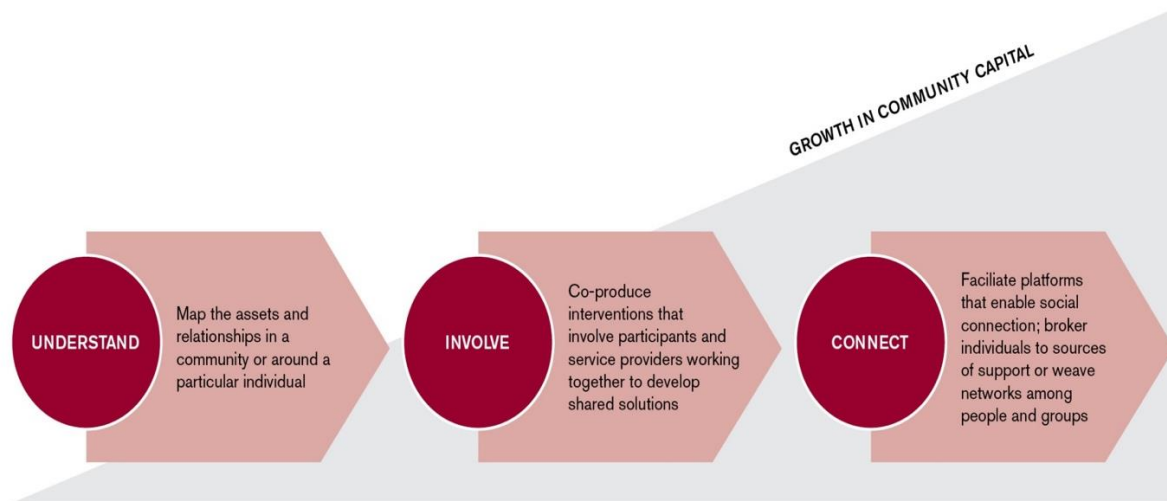
**2. A citizenship dividend.** There is latent power within local communities that lies in the potential of relationships between people, and it can be activated through the methods that we advocate in this report. However, access to this power is uneven, and many people do not enjoy the full benefits of active citizenship. For example, 60 percent of people we surveyed at the beginning of our research could not name anybody they knew who had the power or influence to change things locally. Conversely, our method of working with people to reflect upon their social relationships and the under-used assets in their communities and social networks has led to substantial positive effects on personal empowerment, higher levels of civic participation and individual and collective agency.

**3. A capacity dividend.** Concentrating resources on networks and relationships, rather than on the 'troubled' individual as an end-user can have beneficial effects which ripple out through social networks, having positive effects on people's children, partners, friends and others. This 'positive contagion' has been evidenced in those activities which increase the capacity of social interventions to create greater benefits. In all areas there are certain individuals – our previous work has called such people 'Change Makers' who are particularly adept at influencing change through networks. Interventions that identify and target these individuals and seek to work strategically with networks around them can generate greater efficiency and carry positive effects through a population more quickly than would less strategic approaches.

**4. An economic dividend.** Researchers at LSE have supported our research by analysing the economic impact of several of our interventions, quantifying the potential of social relationship-based interventions for notional savings in public finances as well as contributions to the wider economy. There is evidence that investing in interventions which build social relationships can improve employability, improve health (which has positive economic impacts) and create savings in health and welfare expenditure.

So how do we go about building community capital and generate these social dividends? We suggest that community capital should be increased through an informed and co-productive approach to increasing social connections. This requires partnership working to support new and stronger social relationships through understanding and working in partnership with the intended beneficiaries. Community capital can be grown through a way of working that follows the Connected Communities principles of *Understanding* the local situation, relationships and patterns of isolation, *Involving* people in creating a solution, and aiming to *Connect* people to one another to reduce isolation and create more connected communities.

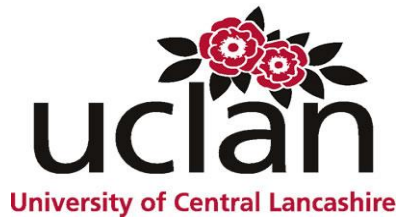
## Theory of change: Understand Involve Connect



Our theory of change is that a growth in community capital can be achieved through efforts to understand, involve, and connect people within communities.

<https://www.thersa.org/discover/publications-and-articles/reports/community-capital-the-value-of-connected-communities/>

## ANNEX 2



The Centre for  
Citizenship and  
Community  
*Inclusion and Connected  
Communities in Policy and Practice*



A study to explore the social and community networks of residents living in Kingstanding, Birmingham, to identify local needs and improve wellbeing

# Questionnaire

## Section 1: About the respondent

1. What is your name? (Record first name and surname).

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

2. What is your address (including postcode)?

House Number \_\_\_\_\_ Street \_\_\_\_\_ Postcode \_\_\_\_\_

3. Personal details

<b>Age (must be over 18)</b>	<b>18 - 30</b>	<b>31 - 40</b>	<b>41 - 50</b>	<b>50+</b>
<b>Gender</b>	M	F	Other	
<b>Education</b>	After finishing school (age 16) have you undertaken further education? No / Yes If yes please name _____  Are you currently engaged in any learning activities? No / Yes If Yes please name _____ _____			



<b>Occupation (tick all that apply)</b>	Volunteering	Employed Full time / Part Time	Home Maker	Unemployed
	Carer	Self Employed Full time/ Part time	Ill or Unfit to Work	Retired
<b>How long have you lived in the area?</b>	Less than 1 year	1-5 years	5-10	10 + years
<b>Do you currently live with (tick all that apply)</b>	Spouse / Partner	Children	Parents	Others - Please say who e.g. friends
	Grandparents	Grand-children	Alone	
<b>Do you or any member living in your home require care at home?</b>				
<b>You</b>	No	<p>If Yes (e.g. Social support; Personal care; Nursing support).</p> <p>Please name what type of support you need and who provides this care</p> <p>_____</p> <p>Is this care enough? Yes / No</p> <p>If No, what else do you need?</p> <p>_____</p>		
<b>Any other Member(s)</b>	No	<p>If Yes (e.g. Social support; Personal care; Nursing support).</p> <p>Please name who, what type of support they need and who provides this care</p> <p>_____</p> <p>Is this care enough? Yes / No</p> <p>If No, what else is needed?</p> <p>_____</p>		

<b>Are you a carer for any friends or family members outside of your home?</b>	No	Yes Please name what type of care you provide and to whom (If more than one person write down all the people you provide care to) _____
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## Section 2: Questions about you and your community

4. What would you say is the best and worst thing about living on this street?

What is the best thing? \_\_\_\_\_

What is the worst thing? \_\_\_\_\_

5. Do you currently volunteer for and/or participate in local community activities/projects? If yes which ones? If No, go to question 6.

Volunteer for \_\_\_\_\_

Participate in \_\_\_\_\_

6. Would you like to participate in local community activities/projects? If yes what specifically would you have in mind?

Volunteer for \_\_\_\_\_

Participate in \_\_\_\_\_

### READ OUT:

*Thank you. I'm now going to ask you some questions about how you engage with the local community.*

*Now think about all the different ways you connect with the people, services, groups, and businesses. Please tell me which, if any, of the following local resources you think are important in helping you to feel supported or to do something.*

**7. Which Local Places do you visit?**

<p><b>GP surgery</b> <b>(insert name)</b></p>	<p>How Often?</p>	<p>1 not important at all 2 a bit important 3 quite important 4 very important 5 essential, couldn't do without it</p>
<p><b>Hospital</b> <b>(insert name)</b></p>	<p>How Often?</p>	<p>1 not important at all 2 a bit important 3 quite important 4 very important 5 essential, couldn't do without it</p>
<p><b>Supermarkets</b> <b>(insert names)</b></p> <p><b>1.</b></p> <p><b>2.</b></p> <p><b>3.</b></p>	<p>How Often?</p>	<p>1 not important at all 2 a bit important 3 quite important 4 very important 5 essential, couldn't do without it</p>
<p><b>Local Shops</b> <b>(insert names)</b></p> <p><b>1.</b></p> <p><b>2.</b></p> <p><b>3.</b></p>	<p>How Often?</p>	<p>1 not important at all 2 a bit important 3 quite important 4 very important 5 essential, couldn't do without it</p>
<p><b>Leisure Centre</b></p>	<p>How Often?</p>	<p>1 not important at all 2 a bit important 3 quite important 4 very important 5 essential, couldn't do without it</p>
<p><b>Pubs/Bars/Cafés</b> <b>(Insert names)</b></p>	<p>How Often?</p>	<p>1 not important at all 2 a bit important 3 quite important 4 very important 5 essential, couldn't do without it</p>

<p>1.</p> <p>2.</p> <p>3.</p>		
<p><b>Church or other religious places</b> <b>(Insert names)</b></p> <p>1.</p> <p>2.</p> <p>3.</p>	<p>How Often?</p>	<p>1 not important at all 2 a bit important 3 quite important 4 very important 5 essential, couldn't do without it</p>
<p><b>Family or Community Centres</b> <b>(Insert names)</b></p> <p>1.</p> <p>2.</p> <p>3.</p>	<p>How Often?</p>	<p>1 not important at all 2 a bit important 3 quite important 4 very important 5 essential, couldn't do without it</p>
<p><b>School Gate / School Premises</b> <b>(Insert Name)</b></p>	<p>How Often?</p>	<p>1 not important at all 2 a bit important 3 quite important 4 very important 5 essential, couldn't do without it</p>
<p><b>Other Places you visit locally</b></p> <p>1.</p>	<p>How Often?</p>	<p>1 not important at all 2 a bit important 3 quite important 4 very important 5 essential, couldn't do without it</p>

<b>Other Places you visit locally</b>  <b>2.</b>	How Often?	1 not important at all 2 a bit important 3 quite important 4 very important 5 essential, couldn't do without it
<b>Other Places you visit locally</b>  <b>3.</b>	How Often?	1 not important at all 2 a bit important 3 quite important 4 very important 5 essential, couldn't do without it

**8. Who do you know and connect with?**

<b>Who are the 3 most important people you feel could give you some kind of practical help if you needed it? E.g. if you were ill and need shopping or other help.</b>  <b>Name of person or name of Organisation/Group providing</b>  Name 1.	How Often?	Relationship: Partner Family member Neighbour Friend Professional Colleague Other	Same Street Local area Not local
Name 2.	How Often?	Relationship: Partner Family member Neighbour Friend Professional Colleague Other	Same Street Local area Not local
Name 3.	How Often?	Relationship: Partner Family member Neighbour Friend Professional Colleague Other	Same Street Local area Not local

<p><b>Who are the 3 most important people or groups you feel give you some kind of emotional support when you need it?</b></p> <p><b>Name of person or name of Organisation/Group providing</b></p> <p>Name 1.</p>	<p>How Often?</p>	<p>Relationship: Partner Family member Neighbour Friend Professional Colleague Other</p>	<p>Same Street Local area Not local</p>
<p>Name 2.</p>	<p>How Often?</p>	<p>Relationship: Partner Family member Neighbour Friend Professional Colleague Other</p>	<p>Same Street Local area Not local</p>
<p>Name 3.</p>	<p>How Often?</p>	<p>Relationship: Partner Family member Neighbour Friend Professional Colleague Other</p>	<p>Same Street Local area Not local</p>
<p><b>Who are the 3 main people or groups you enjoy spending time with?</b></p> <p><b>Name of person or name of Organisation/Group providing</b></p> <p>Name 1.</p>	<p>How Often?</p>	<p>Relationship: Partner Family member Neighbour Friend Professional Colleague Other</p>	<p>Same Street Local area Not local</p>
<p>Name 2.</p>	<p>How Often?</p>	<p>Relationship: Partner Family member Neighbour Friend Professional Colleague Other</p>	<p>Same Street Local area Not local</p>

Name 3.	How Often?	Relationship: Partner Family member Neighbour Friend Professional Colleague Other	Same Street Local area Not local
<b>Who are the 3 main people or groups you would go to if you needed advice?</b>  Name 1.	How Often?	Relationship: Partner Family member Neighbour Friend Professional Colleague Other	Same Street Local area Not local
Name 2.	How Often?	Relationship: Partner Family member Neighbour Friend Professional Colleague Other	Locally connected? Same Street Local area Not local
Name 3.	How Often?	Relationship: Partner Family member Neighbour Friend Professional Colleague Other	Same Street Local area Not local

### Section 3: Your Well-being

We would now like to ask you some questions about your wellbeing. I am going to read out some statements that could apply to you. For each one can you say which best describes your experience over the past 2 weeks.

*These questions are from a standardised measure which is used across the UK.*

#### 9. Your feelings

Statement	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future					
I've been feeling useful					
I've been feeling relaxed					
I've been dealing with problems very well					
I've been thinking clearly					
I've been feeling close to other people					
I've been able to make up my own mind about things					

#### 10. How often do you feel lonely?

Often	Some of the time	Hardly ever or never
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#### 11. Are you interested in receiving a free talking therapy service now available for people experiencing loneliness, depression or other mental health problems?

CIRCLE ONE      No                      Yes

**Give services/signposting information sheet.**

**Would you like to attend an event to share the results of the study and find out more about future projects?**

CIRCLE ONE      No                      Yes

**Thank them for their participation and ask them if they have any questions.**



## **ANNEX 3**

### **Baseline and follow up survey results from SAs Year One activity and conclusions**

442 baseline surveys of residents were completed. These found that:

- An average 6 neighbours were known by name;
- 9% knew no-one by name and a further 9% knew only one neighbour;
- On average, residents had two 'friends' on the street;
- 41% had no friends at all;
- 37% said they didn't expect any neighbours to give them practical help if they fell ill;
- 14% admitted to being lonely or isolated (while 88% were unaware of anyone who seemed lonely or isolated);
- 25% said that someone in the house was a carer (a Carers Hub leaflet is given to every respondent who identifies a carer in the house);
- 59% felt there was no community spirit on their street;
- 90% said they would welcome an increase in community spirit.

The baseline surveys describe a fragmented community, with little community spirit, low levels of interaction and mutual support and with high levels of both fear and frustration at the levels of antisocial behaviour. There has been some variation as between different streets, with Plumstead Road and Warren Farm Road having the most fragmented communities.

All ten Street Associations have core groups of residents, and around 80 residents have attended core group meetings to organize events. This illustrates the small but, in size and confidence, growing nucleus of residents who are stepping forward to participate in community building and neighbourly care. In addition, a total of approximately 280 residents have given us their names, addresses, telephone numbers and (where applicable) email addresses because they are supportive of the project and would like to help. This indicates the desire to participate in community life more fully, and the initial, latent potential that Street Associations has mobilized and can mobilise further.

There has also been strong evidence of event-based community participation and connection. Street Association 'love my street' window stickers have been put up in many windows, and there has been a total of some 250 attendances at introductory barbecues. Five Christmas parties have been held, with a total attendance of 300 residents. Two trips to the seaside, with four coaches encompassing 230 residents from eight streets have been made, along with many other street events, including five 'Active Streets' street-closures, where children play out (in association with Birmingham Council and involving the Kingstanding Food Community).

As of the end of July 2017, approximately 1,350 attendances at 37 Kingstanding Street Association events and core group meetings had been recorded. Residents have donated food, prizes and their time to help make things happen, confirming a key conclusion of the 2015 independent evaluation of Street Associations that 'It is important to record the sheer volume of local resident support in terms of volunteer time [and] donations of goods' (Birmingham University Third Sector Research Centre).

The first 45 follow-up surveys of Kingstanding residents found that:

- 56% have been "helped personally" to feel less lonely or isolated;
- 75% say antisocial behaviour has been reduced;
- 84% now say there's community spirit, up from 41% in the baseline survey;
- 95% say different races have come together;
- 100% say generations have come together;
- 95% say the street feels friendlier;
- People know an average of 10 neighbours, up from an average of 4 just nine months earlier;
- 77% of core group members say that their confidence has increased as a result of their participation;
- 71% of core group members had not previously been part of an organizing committee.

Free hand comments recorded in the follow-up survey include the following:

"More aware of people in our neighbourhood"

"Brought more people together"

"Joined a few local groups I didn't know about before"

"My husband and I are full time carers, so this trip allowed us to have time together away from our caring role"

"Bringing people together, friendship, communication"

"They have come out of their shell a bit"

"It has benefitted me socially"

"Simple stuff like saying hello"

"Bringing the community together"

"Good vibes"

"Keep doing what they're doing, it works"

“They can phone someone in the locality”

“Feels safer”

“Happy place for children to know so many more people”

“Flowers [have been given] for funerals”

“New relationships and help”

“More comfortable asking/providing help”

“It’s a friendlier place”

“Children have more friends”

“My neighbour asked me to go to the shop for her”

“Allowed me to meet other young people on my road”

“I have met elderly people who probably would never have spoken to me before”

“Getting to know the neighbours”

“Very good thing. Children enjoy it and elderly”

“We had a nice trip which I could never have funded on my own”

“Trips are very exciting”

“Everyone being together is nice ... sometimes you can feel lonely even with a big family”

“Brings them together and have supported each other”

“More contact with neighbour”

“Getting out of the house”

“I say hi to more people on our street”

“It makes the street feel more like family”

Base line survey conclusions

It remains difficult to generate community spirit in this kind of area. Antisocial behaviour, in particular, makes many residents reluctant to open their lives to those who live around them and “we keep ourselves to ourselves” is a regular mantra. Trust also takes time to build and we are finding, ten months since the launch of the first Kingstanding SAs, that trust is only now becoming firm.

This having been said, there are a wide range of really good relationships that have developed – the kind where you know the person will do anything for you and not want to let you down. Core groups are growing in strength and commitment and there is widespread gratitude for what we are doing.

It remains the case though, that a minority of residents take part in Street Association events. A pressing need is to find out, through the next phase of research, what holds others back from taking part (where 90% said in our baseline survey they would “welcome an increase in community spirit”) and what might be the keys that could unlock their involvement. A mixture of fear, busyness (where many do shift work over long hours), unconfidence (perhaps a result of shrinking social circles, reducing social skills) and a lack of felt ‘permission’ to engage with others are some of the factors coming to light.

A clear ‘plus’ from the Kingstanding work has been the evident success of having a large cluster of streets, next to each other. Whereas we had normally worked on streets that were geographically separate from each other, we now see huge synergies from having critical mass in one area. For example, the news travels from one street to neighbouring ones, giving a welcome in a new street from the outset. Additionally, a street event will often be an opportunity to meet a passer-by from another street where we are working, or intending to work. Events can also travel (like a ‘road show’) from one street to the next, as we just piloted with the Active Streets road closures. Finally, more ambitious projects, such as a coach trips, can be activated, without everything depending on getting a sufficient response from one street. The opportunity is also opening up to have multi-street events (such as a carnival), based on 10 or more supportive SAs.

It could be that a whole area could be seen, over perhaps two years, to experience a culture-shift and that concrete benefits, such as more neighbourly friendship and support, and a more positive and communal atmosphere, can be seen to translate into enhanced and measurable dividends of wellbeing and cost improvement through a reduced call on public services.

## Annex 4

### Community Feedback and reflections on results

On the 18<sup>th</sup> July a community feedback event was held to:

- Share and generate local knowledge.
- Provide for feedback from the steering group/community.
- Discuss potential action/interventions to increase networks and wellbeing.

The research participants, community researchers and steering group members were invited to attend. A short power point presentation was made to outline the research programme and findings and set this in the context of the wider work of the Centre for Citizenship and Community to which the local community of Kingstanding is *de facto* now linked. A question and answer session was held to seek the views of the community and local stakeholders who attended. The discussions yielded some useful insights and several suggestions were made about how certain issues in the community could be understood in the local context and what might be the potential means to address them. The sections below capture the key issues.

#### Impact of poverty and deprivation

66% of the residents of Kingstanding ward live in the top 5% of English wards ranked by deprivation. The accuracy of this representation was contested with one resident saying that she did not encounter or recognise visible deprivation on this scale, while others suggested that people's pride and determination not to appear to require help sometimes resulted in presentation that belied their 'true' personal and social situation. This was evidenced by one local charity worker who talked about how on Boxing Day when she supplied festive meals, it would, in the case of some residents be only towards the end of the day that they would come forward to receive a meal so as not to be seen by others doing so. Another local resident who undertook voluntary activity in the local community spoke about some residents not even having shoes that fit and referenced the desperate level of local need for the clothes that her charity supplied.

One steering group member spoke about the use of the local foodbank and how, for so many local residents, this was a necessary service. So while poverty and deprivation may not be fully visible, the accounts of local volunteers and stakeholders who provide services to the local community testified to the reliance of a significant number of community members on this support as a means of meeting their basic needs.

#### Loneliness and Isolation

Levels of loneliness varied from street to street and between certain groups of people. For example, from a sample of 166 residents, 16% of respondents living on Warren Farm Rd reported being lonely compared to an overall 7%. We also found higher levels of loneliness

amongst those who had lived in the area for 1-5 years (23%); were in the 41-50 age group (21%); were carers (20%) or were unemployed (15%).

A number of stories emerged from the discussion of the telling responses received by community researchers during the data collection phase. One community researcher gave an account of the reported response of one of her interviewees to bereavement, with its impact over time being experienced as increasing loneliness and isolation. (The community researcher was now successfully linking her to a local 'knit and natter' club). Another talked powerfully about the account of one of her respondents who had said that he felt the need to look himself in the mirror and talk to his reflection, as he had no one else to whom he could talk. These case study examples highlight the ways in which loneliness is experienced and appear to demonstrate compellingly the case for redressing the low levels of connectivity to people and places as the means by which isolation can be reduced. As one of the community researchers stated, it is not just a question of where people can go in the community' but one of supporting them to gain the confidence to go. This, it was widely agreed, can be a slow, time consuming process.

### Mental Wellbeing and Health

One local resident spoke movingly about the effects of the mental health problems that had significantly reduced her daughter's social networks and of how the stigma associated with the experience of mental ill health had made it difficult for her to socialise and take part in any community activities, while another discussed the impact of several physical health problems which limited her daily activities and ability to leave the house. While the mental wellbeing of the community members in our sample was found to be slightly higher than the national average, certain groups of individuals had lower scores. These included those who also reported being lonely; those in the 41-50 age group and those who reported having no social community connections - and women, who are disproportionately affected in comparison to men. The desirability of improving the mental wellbeing of these groups of community members was discussed in terms of the barriers represented by the lower level of their social connections to local people and places. The barriers to participation included the experience of physical as well as mental health problems.

We also found that mental wellbeing was higher for those who were volunteers and 79% also reported being hardly ever/never lonely. In our sample, 11% of the participants volunteered and a further 19% would like to volunteer. In recognising that those who volunteer have higher mental wellbeing scores and lower reported experiences of loneliness, the feedback on the day suggested a common appreciation of relevant volunteering opportunity as an asset which needs to be built upon to increase access and enable the 19% of people who would like to volunteer to do so. These individuals were seen as representing an important untapped civic resource.

### Social connections in Kingstanding

One of our research findings showed that those who reported to be 'often lonely' also had lower mental wellbeing scores. The significance of this was explored in relation to what the network patterns were in the locality and especially in relation to identifying the impact that these have.

While the majority of our respondents had at least one connection for practical support, emotional support, or shared activities, two thirds of connections were between family members, and 10% were between the respondent and their partner. Thus, Kingstanding is predominantly made up of small, local, family-based social support circles. Accounts of participants in the feedback event served to endorse this finding, engendering further discussion as to the meaning of 'keeping things in the family' and more significantly, on exploring the reasons for the response of some individuals who, acknowledging their negative feelings of isolation were often reported as saying 'I keep myself to myself'. These accounts tended to bear out the some of the results of our study with regard to low levels of neighbourhood connectivity:

- Only 5% of connections occur between respondent and a neighbour;
- 30% of connections occur between people who live on the same street;
- 50% occur between people who live within the local area;
- 20% occur between respondent and a person outside local area;
- One third of all connections occurred daily. A quarter occurred 'when needed', and 7% occurred less than monthly;
- 31% have no connections at all to pubs/bars/cafes, churches/religious institutions, community/family centres, or leisure facilities;
- Those with no social community connections have lower MWB (23.0 compared to 25.2 for those with connections), and are more likely to often feel lonely (14% compared to 4% of those with connections);
- 57% of those who live alone have social community connections compared to 72% of those who live with others;
- 14% have no social community connections and also have a below average number (three or fewer) of different individuals in their social network. These connections were discussed as *points of vulnerability*: lack of resilience in support networks, limited information flow, and possible difficulties in creating trust & shared social norms. It was agreed that work needed to be undertaken to understand how notions of 'pride' and 'I keep myself to myself' may impact upon having connections to nobody aside from family members in the community. It was agreed that building social capital in Kingstanding and both increasing and broadening social networks to

include local people and local places that would not otherwise figure for the individuals concerned is an area that would benefit from exploration in phase 2. Broad agreement was expressed as to the evidenced need to increase the size and diversity of networks in order to counter loneliness and isolation, to understand the reasons for current levels of non participation and to afford the community new networking opportunities.



## **ANNEX 5**

### **Services and Support available to Kingstanding residents**

#### **Carers Hub – Tel 0333 006 9711**

Help for carers from the Birmingham Carers Hub: free emergency back-up care (0121 442 2960) and advice, training and more (0333 006 9711).

#### **Kingstanding Wellbeing Project – Tel Saschan or Sue 0121 386 4724**

Services for the over 50's including services for those feeling lonely or isolated. Some of the ways they can help include:

Meeting new people

Help getting out and about

Confidence building

Information advice and Guidance

Signposting you to other relevant services in your local area and city wide

Helping you access local social groups and activities

#### **Support Services – Tel Sarah 0121 386 4724**

Services for all Kingstanding residents:

One to one or group support

Befriending

Talking therapy

Massage therapy

Men's club

Employment and skills support

Job club

Community activities

#### **Birmingham MIND – Tel 0121 359 1151**

Support and advice for all on mental health and wellbeing

#### **Acacia – Tel 0121 350 9650**

Services for women (pre and postnatal)

#### **Food Bank Tel- 0121 356 4086**

Service offered by Elim Life Church to local residents

#### **English Language Classes – Tel 0121 350 9650**

Free English as a second Language classes

## **Fun things to get involved with:**

### **Park Live activities – Connera Island Tel Lisa 07799922870**

Free sports for all ages including Martial arts club

### **Needles and Pins Tel Eileen 0121 350 9650**

Knitting and sewing for charity (all materials are free. Charge of £1 for tea coffee and cakes)

### **New Heights Community Café, Tel: 0121 384 2333**

108 Warren Farm Road, Kingstanding, Birmingham, B44 0QN

It's the 'front door' for a range of services delivered by a range of providers. The community can access services on site or at St. Johns or obtain information on other local services that they can be signposted to whilst enjoying a choice of hot drinks, tasty snacks and delicious cakes.

### **Street Associations: Tel Martin 07931 282716 or email [martin@streetassociations.org](mailto:martin@streetassociations.org)**

This street now has it's own Street Association! Christmas party, coach trip, barbecue, etc - all to re-establish real community spirit, friendliness and a helping hand.

Call or text Martin on: 07931 282716 to get involved or email [martin@streetassociations.org](mailto:martin@streetassociations.org).