Strengthening Local Communities Programme Evaluation: Summary and Synthesis Report

September 2020

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Executive Summary

Good community development work is increasingly recognised as a foundation for building the health and wellbeing of communities. Community development can act as a route to better link people with public and voluntary sector services, to make sure their voice is heard, and to find creative solutions to local issues.

Gloucestershire County Council, the district authorities, Gloucestershire Clinical Commissioning Group, and local partners have a strong national track-record in community development work, and there are many examples where leading agencies have applied specific models and techniques. **Strengthening Local Communities** has been an opportunity to bring together expertise across the county to test and learn a range of approaches for community development at the neighbourhood level and to show the benefits to health and wellbeing. The programme has been timely given that the draft **Gloucestershire Joint Health and Wellbeing Strategy** 2019-30 places healthy communities central to the long term vision for the 'Gloucestershire Way'.

As part of the programme, each district authority identified a neighbourhood area as the focus for their project. The districts also chose a delivery approach to suit their local circumstances. This ranged from work with a local community sector agency, a social housing provider, or direct provision through the local authority. The projects have drawn upon a range of community development principles, models and techniques.

The programme started in mid-2017 after a successful district council bid to support Gloucestershire's STP Prevention and Self-care Plan. Originally planned to run until early 2020, funding for the programme has been extended for an additional year to 2021. The core objectives are to "build the knowledge, skills, confidence and opportunities for individuals/communities to lead healthier lifestyles" and "develop a social movement that promotes personal responsibility in the achievement of good health and wellbeing." The programme is overseen by a steering group, with representatives from the Clinical Commissioning Group, Gloucestershire County Council Public Health and District Councils. Lead practitioners based in the six project localities have developed their knowledge and skills through a series of Action Learning Set meetings over the course of the programme.

A video provides an accessible overview of the programme, available here: http://bit.ly/337SLC

Community development is a process where community members come together to find solutions to shared concerns that matter to them. Its key purpose is to create a better overall life for everyone, through building communities based on justice, equality and mutual respect. Community development is concerned with changing power structures to remove barriers that prevent people from participating in the issues that affect their lives. The focus is on individuals, groups and networks that want or need to cooperate in order to achieve change at a local or community level.

The different approaches to community development are often poorly recognised by wider audiences. Therefore, the aims of this evaluation have been to obtain a better understanding of *how* community development works, *which* approaches lead to change, and *what* forms of outcomes and value are produced through the programme. The evaluation adopted a mixed methods approach that involved the use of both qualitative and quantitative data sources. We drew upon methodologies appropriate to community development research, focusing on the use of 'theory of change', 'realist' and 'co-production' evaluation techniques.

Main areas of programme strengths and successes

1. The devolved format of the programme gave districts considerable discretion in developing projects. This enabled districts and delivery agencies to build on their fields of expertise, refine the focus of projects and respond to the interests of communities. The programme illustrates the importance of working with local assets – in all their forms – both as a practical route to capitalise on existing opportunities in neighbourhoods and as a route to better integrate new investment.

2. The programme has provided a platform for sharing exemplars and specific techniques for community development, and distinguishing the subtle differences and strengths found in models of 'community building', 'community organising', 'community engaging', and 'community empowerment'. This in turn is helping to provide greater shared understanding of the rationale, opportunities, challenges, and assessment of community development. It is insight that is essential to move forward effective district, county and CCG partnership working with communities.

3. The programme has acted as a basis for promoting local dialogue on the interface between community development and health and wellbeing priorities. It provides a useful basis for understanding how social prescribing work might more effectively link with community development practice. The project has brought more supporters to this type of working and strengthened the message that this is an avenue worth pursuing.

4. The programme has given a platform for this type of work to prove its value in the local system. Having funding to develop this work in each of the Districts has brought this to the fore for many of the District Councils and has given an opportunity to request further resource which may not have been feasible without this initial opportunity.

5. The programme has played an important role in strengthening the relationships and connections between the CCG and District Councils. This has opening the door to more collaborative systems working in the future, an important priority for Integrated Care System work.

6. Most projects demonstrated good reach (contact and feedback from with a high proportion of residents), strong inclusion (engagement with diverse groups), proportionality (a focus of effort and resources on groups with high social and health needs), acceptability (positive take up of initiatives), and maintenance (potential sustainability of initiatives).

7. Most projects have leveraged additional funding and agency resources to support the delivery of project activities. Some projects have been able to contribute towards setting up or enhancing community assets. These include 'hard' assets, such as community buildings, and softer forms of assets, such as support for community groups and individual representatives or advocates.

8. The qualitative research provides cases of health, wellbeing and social outcomes for individuals. These benefits are often wide ranging and include general wellbeing, social engagement, health, independence, and employability. Projects have been able to demonstrate that they are working with and helping to support people experiencing high levels of social or health need, or are otherwise disadvantaged. The cases show proof of concept for 'low frequency, high impact' changes, i.e. important benefits, albeit for small numbers of individuals.

9. Project delivery agencies have formed a wide range of new partnerships and networks locally and at county level.

10. The projects have been able to show how they are supporting local residents to engage in volunteering and other forms of social contribution. Examples show where these actions have subsequently led to the creation of new activities. Projects have set up a range of activities in the target neighbourhood areas based on locally defined needs, built in voluntary contributions and, in some cases, are likely to be sustained beyond the course of the programme.

11. Some projects are able to show how activities produce a range of forms of value, in some instances financial, for individual residents, groups, or other parties.

12. The Action Learning Set has been a useful forum for practitioner skills development. The programme has provided opportunity for individual staff to develop both community development and transferable skills. These individuals have in turn been sharing their learning and are supporting capacity for community development 'front-line' practice across the county.

Main areas of programme challenges and development opportunities

1. The programme preparation period was widely felt to be too slow and uncertain. This was perhaps an inevitable consequence of the novel funding and decision-making format. It illustrates that an important outcome of the programme was to build new dynamics in how community-based programmes are designed and delivered in the county.

2. The two-year funding period for the programme was always going to be a challenge for the implementation and assessment of community development work. In this context, the programme might have defined clearer, and more measureable, short-term goals. The original aspiration to impact on health service usage was unrealistic within the timeframe, and had the potential to obstruct the relationships needed to implement this work. As a result, the orientation of the programme shifted towards developing broader health and wellbeing benefits.

3. The Small Area Profile reports produced by the county Public Health team helped underpin the selection of localities, but have not been widely used as a reference point for project actions. This flags up wider considerations about how local agencies make use of official data, given that there appear to be some disconnects between resource allocations according to area-informed needs and the ability of projects to demonstrate meaningful impacts on these issues.

4. The majority of projects found it difficult to use UWE's participant evaluation questionnaires as a data capture tool to understand participant characteristics and identify project outcomes. A leading issue was the potential of questionnaires to create barriers to building relationships between workers and community members and, in doing so, to hinder the work on the ground. A negative consequence has been that we do not have a general programme wide account of outcomes for participants, which in turn has limited the opportunity to provide a single account of the social value of the programme.

   However, there are a number of positive consequences. The evaluation has been able to align more closely the ethos of the projects and provide a more in-depth account of the processes and learning involved in delivering the programme. For future evaluations in this area, we would continue to recommend that close consideration is given to the potential of questionnaire based assessments of impacts and outcomes for individuals. This is particularly the case where lead agencies need to communicate the potential benefits to stakeholders who are not familiar with community development.

5. The broad goals set for the programme have meant that some project teams have found it difficult to know where to focus efforts. The highly emergent and flexible nature of some projects have been challenging, particularly given the project delivery skills needed to work with this level of complexity. For commissioners, this reflects finding a difficult balance between supporting projects to develop independently, and defining specific parameters as a condition for funding.

   As the wider research shows, many community development projects successfully demonstrate public accountability through performance measures. However the choice of appropriate metrics depends on mature understanding between funders and deliverers. The long term strategic health and wellbeing strategy in Gloucestershire provides a good basis for growing this understanding.

6. There have been occasional disjointed communications between the programme steering group and the delivery agencies, which has led to lack of clarity with respect to, for example, strategic priorities and project scope. This may be a downside of devolved decision-making, the relative autonomy of leading actors, and a commitment to taking a bottom-up project format. Future projects of this nature would benefit from better definition of roles, responsibilities, agreed aims, and areas of local autonomy.

7. The small area focus has meant that some projects have made slow progress, given the relatively small target population and limited opportunities for community contacts. The area focus for some of the projects has also been problematic in other ways, especially where residential areas are dislocated from potential community assets. In part, this is reflects long-standing geographies of some areas and a local planning concern that requires sustained action. It also highlights the grounds for focused community development work in specific neighbourhoods across the county.

8. Cuts to local public sector spending alongside other pressures have limited the opportunities or created obstacles for projects to engage with potential partners and local residents. In some cases, financial pressures on services have led to concerns within the community that the projects are intended to fill gaps in mainstream public sector provision. Service pressures on potential partner agencies are reported to have limited their ability to engage with projects.

9. While the programme included a focus on engagement with GP and other primary care services, links with these agencies have often been limited. In some instances, health agencies were apparently unclear about the potential partnership role that the SLC programme might offer. One reason is that it takes time for practitioners to become familiar with new projects. This was clearly evidenced for some projects where successful engagement with NHS agencies only started to pick up eighteen months into the project.

10. Finding agreement about the project's 'niche' has not been straightforward in cases where there are points of cross-over with existing agencies, practitioners, or activities. Whilst this is often inevitable, the short duration of projects has made these relationships a major consideration. In many instances, it is difficult to disentangle the role and contributions of the SLC-supported projects from those of other initiatives. It important to be aware that a strong indicator of a sustainable project is one that successfully leverages additional resources or partnerships – even where this also makes the added value of a funding stream less clear.

11. Those local residents who might most benefit from community activities are often those experiencing restrictions that limit their ability to take part or contribute. This issue places a substantial constraint on what project workers can realistically achieve within the programme timescale. Many of the project benefits will only be realised beyond the programme's funding period, which makes it difficult to understand the investment horizon needed for future planning.

12. An original objective of the programme was to "develop a 'social movement' that promotes personal responsibility in the achievement of health and wellbeing". While all projects demonstrated actions that contribute towards these goals, the term 'social movement' was not generally adopted as a motivating idea –locality teams preferred to work with less abstract and possibly less ambitious ideas of community contributions.

Key concluding points

Within a relatively short period, work through the Strengthening Local Communities programme has demonstrated a wide range of community development approaches for neighbourhood working and is able to draw lessons for policy-making and commissioning decisions. It is important to note that this programme has had an emphasis on testing and learning from new, alternative and diverse approaches. Therefore, in reporting on performance, there were limited opportunities to draw upon common core monitoring and evaluation metrics.

While the SLC programme has been able to test out a number of different models of community development, there is currently insufficient evidence to judge that one model has distinct advantages over others. The programme demonstrates the benefits of being pragmatic and employing the 'full toolbox' of community development techniques to fit local circumstances. Evidence from the SLC programme will be able to hone these techniques for future applications in the county.

While it may not be appropriate to use a highly prescriptive project plan, the SLC time-limited community development projects have clearly benefited from taking an iterative planning and reflection process. A key aspect of this has been to strike the balance between new, exploratory work versus work focused on consolidation and embedding.

While this work can appear simple, SLC projects show the need for strong project and organisational skills alongside a range of 'soft' interpersonal skills. Community development practitioners clearly stand to benefit from professional development, however this is currently a national issue that affects the county's scope for action.

The ALS format worked well for the SLC project workers and provided a valuable forum in which to discuss ideas, share problems and reflect back on individual practice. If similar meetings were planned in future, care should be taken to ensure high attendance by limiting travel time and giving thought to the subject matter in order to keep them relevant to the programme as it develops.
Groups need to plan for fluctuations in interest and attendance. A clear early decision is needed on whether to make the group closed to initial attendees and time limited, or open by invite and without fixed duration. Action Learning Sets benefit from clear reference terms, skilled facilitation, resources, planning, and senior authorisation.

The lead project officer role benefits from being hosted by a well-established agency, with the resources to mitigate staff changes and illness, manage performance, and provide back office support, supervision and professional development.

Despite strong efforts and exemplary work in Gloucestershire, the programme shows the scale of disconnect between much community-centred work and NHS provision. This indicates that long term investments (soft and hard) are needed to test, reflect and accumulate evidence of good practice, and how to aspire to the vision of a 'social movement' for health and wellbeing.

Unlike most professionally led interventions, the focus of community development projects is not solely on prioritising engagement with groups of high-level need or deficits. To promote cohesion and effective use of social assets, the SLC programme shows how community development projects rely on building links with locally active and motivated community members.

The programme adopted a geographical scale of between 1,700 and 8,800 people for the locality projects. This has proved a powerful basis for understanding how to plan and commission small- to medium-scale neighbourhood projects. However, any further iteration of this type of programme would need to considerably refine the goals and scope of work in order to test the scale-ability of these approaches as a public investment.

Like nearly every area in England in recent years, Gloucestershire experiences a public funding gap for community development at the local scale. Many areas have found it feasible to resource staff to coordinate area work for around a 100k population, to provide small community grants, and to selectively fund specific initiatives. However, few local authorities are in a position to resource widespread place-based community development work at the smaller population scale of <20k. More local place-based work in the health, policing and social care sectors are important shifts that Gloucestershire partnerships have been showing how to make use of for community development.

The coronavirus outbreak and the future of the programme

Every aspect of the third year of the programme is affected by the coronavirus outbreak. It is profoundly impacting on all residents, all project teams and all stakeholders in all localities. Not only is the situation a direct concern for groups at risk to the virus, there are many wider health and social effects for the residents in the SLC project localities. There are immediate implications for people's personal finances as well are consequences for local economies and public funding.

In these circumstances, community action is more important than ever. It is clear that the outbreak and subsequent stay-at-home restrictions have generated an outpouring of community volunteering, mutual aid and neighbour support across the county. Early national evidence indicates that the crisis has brought to the surface a strong, shared public will to contribute more to community life. Much of this directly supports the case for work that has been underway in Gloucestershire, where local government, CCG and the third sector have been investing in community resilience and community-led solutions. Anecdotally, it appears that programme work in the localities has provided a platform for communities to quickly mobilise and act on a wide range of issues arising from the outbreak.

The SLC Steering Group and delivery teams are well placed to learn from how the localities have responded to the crisis. There is an opportunity to build on the programme evaluation and action learning work in the first two years of the programme. This learning might take place through workshop activities, online survey capture or a similar quite simple process. It is critical to explore the transferability of this learning to other contexts in the county. Therefore, there are grounds for local government, the CCG and leading third sector agencies facilitating this process with a wider network of stakeholders. Time is important here. There are opportunities to build upon current – unprecedented - public interest in community life. In the next twelve months there are opportunities to prepare a community minded response to the new public funding and service landscape that will emerge from the current crisis.

1. Introduction

Good community development work is increasingly recognised as a foundation for building the health and wellbeing of communities. Community development can act as a route to better link people with public and voluntary sector services, to make sure their voice is heard, and to find creative solutions to local issues[1].

Gloucestershire County Council, the district authorities, Gloucestershire Clinical Commissioning Group, and local partners have a strong national track-record in community development work, and there are many examples where leading agencies have applied specific models and techniques. **Strengthening Local Communities** has been an opportunity to bring together expertise across the county to test and learn a range of approaches for community development at the neighbourhood level and to show the benefits to health and wellbeing.

As part of the programme, each district authority identified a neighbourhood area as the focus for their project. The districts also chose a delivery approach to suit their local circumstances. This ranged from work with a local community sector agency, a social housing provider, or direct provision through the local authority. The projects have drawn upon a range of community development principles, models and techniques.

The programme started in mid-2017 after a successful district council bid to support Gloucestershire's STP Prevention and Self-care Plan. Originally planned to run until early 2020, funding for the programme has been extended for an additional year to 2021. The core objectives are to "build the knowledge, skills, confidence and opportunities for individuals/communities to lead healthier lifestyles" and "develop a social movement that promotes personal responsibility in the achievement of good health and wellbeing." The programme is overseen by a steering group, with representatives from the Clinical Commissioning Group, Gloucestershire County Council Public Health and District Councils. Lead practitioners based in the six project localities have developed their knowledge and skills through a series of Action Learning Set[2] meetings over the course of the programme.

This report starts with an overview of the evaluation methods. The next sections cover a literature review of community development in theory, research and local context and a summary of the programme. The central part of the document provides the links through to separate evaluation reports on each of the locality projects. The final sections cover, the role of the Action Learning Sets, the allocation of time and activities and wider aspects of the programme.

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[1] Public Health England/NHS England (2015) Guide to community-centred approaches for health and wellbeing

[2] INTRAC (2012) Action Learning Sets: a guide for small and diaspora NGOs

2. Evaluation Methods

2.1 Overview and aim of the evaluation

The different approaches to community development are often poorly recognised by wider audiences. Therefore, the aims of this evaluation have been to obtain a better understanding of *how* community development works, *which* approaches lead to change, and *what* forms of outcomes and value are produced through the programme. The evaluation adopted a mixed methods approach that involved the use of both qualitative and quantitative data sources. We drew upon methodologies appropriate to community development research, focusing on the use of 'theory of change' (Connell and Kubisch, 1998) and 'realist' (Pawson and Tilley, 1997) evaluation techniques.

2.2 Components of the evaluation

The evaluation consisted of a number of elements. To help record a common core set of information for each project we used a "Project Tracker", an Excel workbook template that covered activities, participant engagement, community assets, project staff time and us of resources.

Literature and local service and policy context review
A review of the literature covered theory and research on similar types of community development projects. This was put into local context with a range of stakeholders to explore the relationship between the programme and other initiatives and policy developments.

Project models and theories of change
This area of the evaluation consisted of initial interviews and document review to develop a summary description of the main characteristics for each project.

Programme monitoring and context information
This stage of the evaluation involved developing a common core monitoring procedures that cover key information gathered for each locality project. This included the use of a community assets mapping tool and an activity record log.

Participant engagement
At the outset of the evaluation we developed a standard form for registering demographic details of core participants and a baseline assessment questionnaire of health, wellbeing, social capital and community engagement. Project teams were also supported to develop any in-house recording systems for participant engagement.

Formative and process evaluation
We undertook a series of interviews with project teams, purposive samples of project participants and wider stakeholders on multiple occasions over the course of the programme. With the agreement of project staff, participants and relevant stakeholders, we shadowed and informally observed several project activities in each locality. The aim was to get a good understanding of how projects work. Where appropriate, we requested to combine this work with staff, participant and stakeholder interviews, and case study work. This area of the evaluation was intended to develop an account of how, why and in what context the project might be achieving its intended goals.

Resource evaluation
This aspect of the evaluation tracked inputs, outputs and impacts of the programme using project records. This information provided the basis for a time/cost analysis of the project elements.

Staff development and agency capacity

An important aspect of the programme has been to develop the knowledge, skills and understanding of project staff – and the implications for their agencies. The evaluation focused on the role of staff in the action learning sets. This involved attending and recording all events, and assessments with staff through questionnaires and interviews.

Variation from the original evaluation plan

The original evaluation plan was to collect baseline and follow-up questionnaire-based survey responses from a sample of participants per project. The questionnaire included questions on personal health, wellbeing, community involvement and healthcare service use. The administration of the questionnaire depended on project delivery agencies to contact participants. In practice this plan was considerably revised for, almost entirely, positive reasons that allowed the evaluation to better reflect the ethos of the projects. The implications are considered more fully in the discussion.

Ethical considerations

The evaluation was given approval by the UWE HAS Research Ethics Committee (Ref No. HAS.17.12.064). Participants in the evaluation were given written and verbal information about the evaluation. They were assured of confidentiality, anonymity and right of withdrawal. Participants provided written consent, unless the setting was an informal observation of events – in which case participants were asked to provide verbal confirmation. Data were handled in accordance with the 2018 General Data Protection Regulation (GDPR), including store of the data in a secure environment.

3. Community development in theory, research and local context

3.1 Understanding community development

The following definition of community development brings together a number of key features building on Gilchrist and Taylor's review (2011), European Community Development Network (2014), and International Association for Community Development (2018):

> *Community development is a process where community members come together to find solutions to shared concerns that matter to them.*
>
> *Its key purpose is to create a better overall life for everyone, through building communities based on justice, equality and mutual respect. It is concerned with changing power structures to remove barriers that prevent people from participating in the issues that affect their lives. The focus is on individuals, groups and networks that want or need to cooperate in order to achieve change at a local or community level.*

The term community development can be used to describe an occupation, a way of working with communities, as well as a social movement. For all circumstances, Gilchrist and Taylor (2011: 10-12) provide a useful framework to draw attention to three 'vital aspects' of community development:

- *informal learning*

- *collective action*

- *organisation development*

Informal learning takes place predominantly through direct involvement in community activities. This might be understood as a form of experience-based community education where participants try new activities, take on roles, and obtain feedback. In so doing this builds knowledge, skills and confidence that can support both personal and community growth.

Collective action involves finding the power of combined voices and determination; the strength of many people acting for their mutual benefit or to champion the interests of those who cannot stand up for themselves. A concern here is with the potential of social networks, and notably ideas linked to social capital. Drawing on the work of Putnam (1993), community development practice works with three forms of social capital: bonding capital that brings together close knit links between family and friends, bridging capital that links wider networks together, and linking capital that describe links that span different levels of power.

Organisation development consists of helping groups and bodies to evolve a form that enables the members to achieve their goals, to act legally and to be accountable to the membership and wider community. This work can be seen as following on from informal learning and collective action: where groups have reached a point where they are seeking to build more concerted and sustained forms of action that can benefit from a more formal footing.

There are a number of traditions of community development, each with somewhat different areas of concern. For example, 'community education' traditions clearly have a focus on processes of learning, while community organiser traditions might emphasise the importance of building resilient and inclusive groups to act on a cause. However – according to Gilchrist and Taylor – all forms of community development have a shared interest in the three vital aspects of informal learning, collective action and organisation development.

In recent years there have been efforts to promote a consensus around the core values, competencies, and codes of practice for community development. In the UK, the Community Learning and Development Standards Council Scotland[3] (CLDSC, 2017) has been leading work in this area and has produced national occupational standards for the sector. Since 2016, CLDSC has also had an important influence on the development of shared international standards for community development practice. The International Standards for Community Development Practice (IACD, 2018) provide a set of work themes and key areas for practice.

Figure 1: Community Learning and Development Competency Framework (CLDSC, 2017)

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[3] In the UK, progress on common competencies and standards in more advanced in Scotland than other nations

Themes	Key practice areas
Values into practice	Understand the values, processes and outcomes of community development, and apply these to practice in all the other key areas.
Engaging with communities	Understand and engage with communities, building and maintaining relationships with individuals and groups.
Participatory planning	Develop and support collaborative working and community participation
Organising for change	Enabling communities to take collective action, increase their influence and if appropriate their ability to access, manage and control resources and services.
Learning for change	Support people and organisations to learn together and to raise understanding, confidence and the skills for social change.
Diversity and inclusion	Design and deliver practices, policies, structures and programmes that recognise and respect diversity and promote inclusion
Leadership and infrastructure	Facilitate and support organisational development and infrastructure for community development, promoting and providing empowering leadership
Developing and improving policy and practice	Develop, evaluate and inform practice and policy for community development, using participatory evaluation to inform and improve strategic and operational practice

Table 1: International Standards for Community Development Practice (IACD, 2018)

Although there may be a level of consensus on the broad frameworks for community development, the field of practice faces a wide variety of challenges. In this section we focus on four of these: the (changing) nature of community; ideology and community development; status and recognition of practice; and demonstrating impact.

The (changing) nature of community

As an idea, 'community' is both remarkably simple and remarkably complex. The use of the term in everyday use often conjures images of groups sharing a sense of belonging, experiencing a good life, or acting together in a joint cause. As a point of reference for policy and service development, measures to promote community life appear to be self-evident and offer straightforward appeal.

However, closer consideration shows that community is a difficult idea to define, particularly in the context of a changing social context. While 'place' and 'belonging' are regular features of definitions of community, many forms of community identity are not rooted in a locality and also can refer to matters of conflict, dissent or exclusion. With increasing spatial movement and more fluid identities it becomes less appropriate to operate in terms of discrete and coherent community groups. While these changes may be less 'new' than are commonly claimed, these narratives represent substantial value-based and practical challenges for practitioners who might be charged with the prioritising action on some forms of community identification over others.

Ideology and community development

Because it is strongly underpinned by social values and in particular, a concern with power, community development practice is inevitably politicised and is influenced by diverse theories of change. From a more radical perspective, the primary goals of community development should be concerned with tackling the causes of inequality and injustice. Here there is clear preparedness take an oppositional stance, with a view that it is not in the interests of 'power holders' to relinquish the status quo.

A second group of community development perspectives is directed towards rebalancing the system towards greater fairness and democratic influence. These liberal pluralist approaches acknowledge that society is made up of a variety of interest groups who organise collectively to compete for attention, influence and resources. Here the role of community development is directed at addressing structural inequalities and creating better opportunities for the inclusion of marginalised groups.

A final group of perspectives is orientated towards seeking to make existing structures operate better. Sometimes described as communitarian (Gilchrist and Taylor, 2011:22), there is an emphasis on enabling people to exercise rights and responsibilities without significantly challenging the existing social order. In this context community development often takes a light touch and might be one element in a package of interventions.

While this summary is simplistic, it indicates how community development initiatives can be oriented towards substantially different goals. A more complex understanding is to recognise that context is critical for community development practice: depending what is appropriate to the circumstance practitioners may find they need to adopt a strategy that is oppositional, negotiating or accommodating in character (Toomey, 2011).

Status and recognition of practice

There is a long standing debate on whether community development work should be seen as a profession (with all the attendant restrictions regarding entry qualifications and standards), or as a social movement, drawing upon a network of activists in which some workers obtain payment for their work (Gilchrist and Taylor, 2011:117). The latter perspective reflects concerns with elitism, the exclusion of 'non-experts' and the exercise of professional power – a matter that community development practitioners have been critical of with respect to other public sector workers.

The counter to this has been that community development practice involves the exercise of complex judgements, specialist skills and concerted effort that is equivalent to other professions. However, the orientation of community workers towards communities and civil society sometimes places them at odds to the interests of statutory agencies, often the same bodies that authorise funding for community development. This boundary position – located between state and community – poses endemic challenges for practitioners in terms of role strain, accountability and mediation (Hoggett *et al.*, 2009).

Demonstrating impact

There are a number of reasons why community development is difficult to evaluate in terms of impact. In contrast to structured interventions, community development initiatives evolve goals over time through dialogue and learning with community members, and such goals may be diverse, enmeshed with other activities, and occur beyond the term of the project (Blanke and Walzer, 2013). Indeed community development processes might be better understood as 'events in systems' rather than as 'causes and effects of interventions' (Hawe, Shiell and Riley, 2009). This poses a problem for statutory bodies seeking evidence of the effects of community development projects on public policy goals, such as improved health and wellbeing.

Several studies show that assessments of outcomes for project participants are feasible, but come with an evaluation burden that requires careful justification (South *et al.*, 2017). A general pattern in community development evaluations is to closely attend to *how* projects are implemented. This is predicated on a theory of change that proposes that processes – such as the quality of engagement with community members- are intimately tied to outcomes. Thus 'good processes' are a reasonable proxy for 'positive changes'. A further feature characteristic of community development evaluations is the

emphasis on examining change for a range stakeholders, and especially groups that experience social disadvantages.

To conclude, this section has considered some central aspects of community development theory and practice. In the UK, interest in and support for community development has oscillated over time. It has evolved in response to shifting policy debates, and recurrently resurfaces as a solution often to some of society's more intractable issues.

3.2 Community development in the Gloucestershire context

Gloucestershire has a rich history of community development, although it is not straightforward to draw together a picture of practice across the county. The following puts together some leading initiatives, although this is by no means a comprehensive account.

Community building

Barnwood Trust is a leading charitable trust in Gloucestershire that supports inclusive community building as part of its programme known as 'You're Welcome'. This aims to enable people to connect with others in their neighbourhood, build friendships and find things that they enjoy doing together. Barnwood Trust's Community Building team supports residents in selected areas of the county, and particularly in Gloucester where there has been close cooperation with the local council and Gloucester Constabulary. The team also host a community of practice, an open group for practitioners with an interest in community building. As the term suggests 'community building' looks to facilitating collective action and group-based development. The Trust works on Assets-based Community Development (ABCD)-informed practice, drawing upon the work of Gardham and Russell (see below), and influences of earlier activists such as Freire, Alinsky, McKnight and Kretzmann (Craig et al., 2011). The Trust also refer to 'strengths-based working', 'community-resilience and capacity building' in their work.

Assets-based community development

As a general term, 'asset-based practice' is a common feature of much community development. In recent years, there has been a range of short courses offered in the region that apply a more specific form of assets-based community development (ABCD), such as the form promoted by Gardham, Russell and Nurture Development. This is itself informed through the work of Kretzmann and McKnight (1993) amongst others. The principle underpinning the ABCD approach is that "communities can drive the development process themselves by identifying and mobilising existing, but often unrecognised assets, thereby responding to challenges and creating local social improvement and economic development" (Nurture Development, 2018).

Community organising

In England, community organising has been most recently identified with the 2010 Coalition Government's drive to train community organisers as part of a national programme and the Big Society agenda (Christens and Speer, 2015). Local agencies such as Roots Development, continue to promote this model, which involves a high bottom-up method for engaging local residents on issues that matter to them, and supporting group development and collective advocacy. Community organising has radical roots in ideas of Saul Alinsky, although contemporary practice in England places less emphasis on conflict strategies.

Community learning and development

Drawing upon a community education tradition, The University of the Gloucestershire runs specialist modules in community learning[4]. These take a broader pedagogical view than the educational training tied to formal education and include processes to promote mutually supportive learning and group development.

Community engagement and social housing

As part of their 'social offer' housing associations in Gloucestershire are engaged in a wide range of community-based activities to support tenants and other neighbouring residents. This includes supporting resident associations; debt advice and employment support; and funding, advice and venues for interest groups. This work is often more of a 'light touch' variety, where community work is clearly framed within the priorities of the housing provider or public funding stream.

Community development more widely in the county

It should also be noted that there are deeper roots to community development across Gloucestershire. For example through the work of local union associations, workers community education groups, and a wide range of faith and charity organisations, local government and local political parties all have a bearing on heritage of community development at the local level. County councillors have an active role in this field through their ability to support the 'Growing Our Community' small grants scheme.

4. Strengthening Local Communities: overview of the programme

4.1 Programme development and objectives

The Strengthening Local Communities programme was led by six district councils. It was funded through the **Prevention Fund**, administered by the Clinical Commissioning Group (CCG) and Gloucestershire County Council (GCC) Public Health.

The programme objectives[5] were to:
- Build the knowledge, skills, confidence and opportunities for individuals/communities to lead healthier lifestyles.
- Develop a 'social movement' that promotes personal responsibility in the achievement of good health and wellbeing.
- Enable communities to benefit from easily accessible health and wellbeing advice and support.
- Evaluate the benefits to individual health and wellbeing, and to the sustainability of the health and care system of community development approaches.

The programme was intended for local teams to develop the attributes community-based approach, using best practice from elsewhere, and then to move forward with implementation through creating short-term additional capacity. The programme was coordinated through a Steering Group with representatives from Gloucestershire County Council, Gloucestershire Clinical Commissioning Group and the district councils. The district councils made local decisions on contracting the main delivery organisation for their locality.

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[4] https://www.glos.ac.uk/courses/descriptors/pages/es6006-community-development-and-education-practice.aspx
[5] Revised September 2018

A video provides an accessible overview of the projects, available here: http://bit.ly/337SLC This was developed in dialogue between the Steering Group, delivery staff and UWE in September and October 2019 and funded by the commissioners of the programme.

4.2 'The Gloucestershire Way'

Strengthening Local Communities builds out of a history of self-care and community health initiatives in Gloucestershire. For example, over a decade ago there had been coordinated work to work on health lifestyle issues through the Local Area Agreements and a healthy living partnership. From 2016, the formation of a **Sustainability and Transformation Partnership** provided an opportunity for collaboration on place based approaches for health. More recently the development of an **Integrated Care System** and **Primary Care Networks** has offered a basis for greater NHS support for non-clinical place-based health interventions. A leading exemplar of the new thinking on community health has been Gloucestershire's leading role in the development of a county wide social prescribing through the **Community Wellbeing Service**.

This is paralleled with moves towards place-based and integrative practice in social care, particularly with the development in 2018 of **Know Your Patch** local interagency networking events across the county. Similar systems leadership work is underway the priority public health areas such as physical activity, mental wellbeing, and isolation and loneliness. The draft online **Gloucestershire Joint Health and Wellbeing Strategy** 2019-30 places healthy communities, central to the long-term vision for the 'Gloucestershire Way':

> *We know that connected and empowered communities are healthy communities. The assets within communities, such as the skills and knowledge, social networks and community organisations, are building blocks for good health.*
>
> *As part of our commitment to improving health and wellbeing, we seek to develop our relationships and connections with communities and recognise local strengths. Often referred to as a 'strengths-based' or 'asset-based' approach, this requires a different way of thinking and different conversations. We have some excellent examples of where this already happens but we want to build on this.*
>
> *The Gloucestershire Way will be to build a shared understanding and commitment to working in a strengths-based approach. This will be underpinned with a clear set of guiding values. Through this shift in ways of working, we will build community strength and resilience with associated improvements in health and wellbeing.*

5. Evaluation reports for the six projects

5.1 Stroud: Forest Green

Local authority Stroud District Council
Delivery agency Community Roots CIC
Neighbourhood population 1,793
Title of main worker Community Organiser

Summary of the model Community Organising is the work of bringing people together to take action around their common concerns and overcome social injustice. Community Roots CIC provided mentoring on the model, drawing upon insights of the Community Organiser movement in England

Project highlights An ambitious whole-neighbourhood programme of door-knocking to listen, record and build on the views of the maximum range of residents. As a consequence, the workers have had a strong presence in the area and are well known to the community. Successful facilitation of new groups (beyond those already engaged with agencies) to lead on community events such as litter picks. Embedding the Community Organiser model in the locality through training a local resident employed through the project, and starting to disseminate the model in Stroud district.

Stroud SLC Evaluation Report

5.2 Gloucester City: Kingsholm

Local authority agency Gloucester City Council
Delivery agency Roots Coffee and Community Interest Company
Neighbourhood population 7,913
Title of main worker Community Builder

Summary of the model Community Builders focus on the strengths of the community, having conversations and bringing people together, but with no fixed agenda. Barnwood Trust provided mentoring on the Community Builder model, drawing upon Assets-Based Community Development (ABCD) principles.

Project highlights The host organisation provided pre-existing community connections and local experience that helped the project make an effective start. The long-term vision and neighbourhood commitment of the lead agencies meant that the project has not been side-tracked by short term and unsustainable goals.

Residents were encouraged and fully supported to take forward ideas of what they wanted to do, when they felt ready to do so. This included using fun, informal and creative methods such as 'Cards of Community' to start conversations. These worked particularly well in contrast to other initiatives that had tried to "interfere with" or "help" the residents.

Gloucester SLC Evaluation Report

5.3 Cheltenham: Oakley

Local authority Cheltenham Borough Council
Delivery agency Cheltenham Borough Council (CBC)
Neighbourhood population 5,848
Title of main worker Community Wellbeing Project Co-ordinator

Summary of the model No specific community development model, but a range of widely recognised techniques including asset mapping, community consultation events, door-knocking, funding support, group match-making, and piloting activities. CBC's Participation and Engagement Team advise on best practice.

Project highlights The project has engaged a wide variety of interest groups and tested multiple initiatives which, in turn, is helping new resident networks in the area. A key aspect of the project has been to re-energise an under-utilised and relatively new community centre as a key community asset. This has involved creating and re-making relationships between leading agencies, and reviving trust in the local commitments of the borough council. An important goal has also been to find ways for better access and more appropriate use of NHS primary care and A&E services.

Cheltenham SLC Evaluation Report

5.4 Cotswolds: Bourton-on-the-Water

Local authority Cotswold District Council
Delivery agency Cotswold District Council
Neighbourhood population 3,863
Title of main worker Healthy Communities Officer

Summary of the model A local government-led community development model: working directly through the district council, this project capitalised on multiple networks through the parish council, local public and voluntary sectors agencies and businesses.

Project highlights The flexible 360^0 approach has led to a wide range of project outputs. In contrast to other SLC projects, more project funding has been allocated to directly support community activities. Examples include Branching Out – a scheme to engage secondary school children who are struggling with the mainstream curriculum, offering hands-on experience at a local farm. Early results show attendance levels have improved for the majority of students. The project helped establish Bourton Dementia Friends Committee, a joint volunteer and practitioner group aiming to make the area more dementia friendly. It also supported the Parish Council to run the popular and now annual event, Bourton Funstival.

Cotswold SLC Evaluation Report

5.5 Cinderford: Denecroft and Hilldean

Local authority Forest of Dean District Council
Delivery agency Forest Voluntary Action Forum (FVAF)
Neighbourhood population 8,802
Title of main worker Health and Wellbeing Worker

Summary of the model A Community Empowerment model enabling citizens to come together to assert more control and influence over those things that matter to them, the results of which lead to individuals and groups being better able to meet their health, well-being and social needs. FVAF have extensive experience in the community development, voluntary action, and social activism.

Project highlights The experience of the project team helped them anticipate issues commonly faced in time-limited community development projects, such as the need for flexible, seasonal and stage-based work. Through the project FVAF leveraged over £80k in additional charitable funding to create a new community hub - Café 31 – and initiate 14 community activities, or 350 activity sessions, in the first six months. In the same period, nine volunteers contributed over 200 hours and the café generated a surplus of £1715. Project staff collaborated closely with residents to develop activities - notably supporting mental health – that are well attended and show strong prospect of continuity.

Forest of Dean SLC Evaluation Report

5.6 Tewkesbury: Priors Park

Local authority Tewkesbury Borough Council
Delivery agency GreenSquare housing association
Neighbourhood population 4,216
Title of main worker Community Engager

Summary of the model Community Engagers reach out to isolated and marginalised groups, build trust and understanding, and facilitate community led solutions. The model builds upon GreenSquare's experience in housing inclusion work.

Project highlights Co-location with a well-established local neighbourhood project helped the officer make connections with existing work and publicise the work. The project adopted a highly flexible approach that allowed the officer to engage with a broad range of social groups, rather than a focus on one demographic. The project developed a number of new initiatives including a parent and child group, gentle exercise group and a carpentry shed project. This helped build the web of community connections and in turn generate new ideas for social activities. The project stimulated other local initiatives, in some cases through the simple action of raising ideas with partner agencies. GreenSquare provided back-office support for the post, which helped with responding quickly to a change of staff at a critical point in the project.

Tewkesbury SLC Evaluation Report

6. Strengthening Local Communities: Staff Capacity Building and Resources

6.1 Overview

This section is concerned with the development of staff knowledge, skills and understanding over the course of the programme. A key focus for this part of the evaluation was the development and effects of the action learning set meetings. The section covers wider aspects of professional development and assesses how these linked to practice and the allocation of resources.

6.2 The role of Action Learning Sets in the SLC programme

Action Learning Sets for Community Development

Providing the opportunity for reflective practice has been a key concern for the SLC programme since its inception, and as such was written into the original evaluation protocol at the planning stage (Jones, 2017). In this protocol document it was proposed that reflective practice take the form of shared learning through 'action learning sets' (INTRAC, 2006), a number of recurring meetings to be held at regular intervals throughout the funded project period. These action learning sets (ALSs) were introduced in order to perform two distinct functions; firstly, to provide an opportunity for practitioners and project leaders to come together in an informal setting to discuss their practice and work through any barriers or challenges they had encountered during their work with local communities. With the ALSs being largely facilitated by the UWE team, the second purpose was for these meetings to provide a valuable source of qualitative data which could be collected and analysed as part of the overall evaluation.

This chapter provides an overview of the ALS process and includes the input, thoughts and reflections of participants.

What are Action Learning Sets?

Borne out of physicist Reg Revans' belief that productivity increases when managers come together to share their experiences (Revans, 1982), ALSs have evolved over time to become ways of adding value and meaning to practice across a range of sectors. Historically, ALSs have most commonly been used in healthcare settings - particularly with nurses and social care teams – as a way of developing leadership skills and capabilities (Burgess, 1999; Machin and Pearson, 2014; Rivas and Murray, 2010; Scottish Social Services Council, n.d.). However, in recent years the ALS format has proved increasingly popular within other settings, including human resources (Oxen Park, n.d.), university taught programmes (Walia and Marks-Maran, 2014), management development (Mumford, 1996) and by a range of NGOs (INTRAC, 2006).

Generally speaking, action learning should follow a relatively prescriptive format in that groups should be small and carefully facilitated. At each meeting one person presents a 'burning issue' whilst the rest of the group carefully question the presenter in order to draw out the issues and gather constructive feedback for the individual to take back to their practice. Although adaptable, in general the principles identified in figure one below are at the heart of all ALSs and should form the foundation of any group using the format.
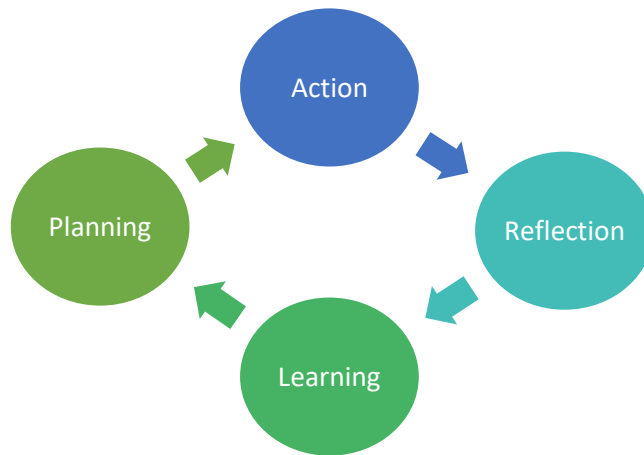
Figure 2: Key elements of an ALS (INTRAC, 2006)

The overall aims of an ALS in any setting should be broadly similar, and INTRAC (2006, p.1) identify the following key elements, stating that to be effective an ALS should foster a culture where:

- People can challenge and support one another
- Confidentiality and openness are expected
- Solutions are sought to real work issues based on real experience
- People are encouraged to be explicit

ALSs within the SLC programme

In addition to the key points outlined above, Mumford (1996, p.4) advises eleven potential purposes of an ALS, of which the following eight were particularly applicable to the SLC project:

1. To assist members to define the purposes, timescale and desired results
2. Assisting others by testing and clarifying ideas
3. Asking the questions that people have not asked of themselves
4. Providing additional motivation for each individual to take action
5. Share ideas on resolving difficulties encountered by others
6. Offer information derived from their experience
7. Monitor progress
8. Share "air time" effectively and appropriately

Therefore, the ALS process began with these overall objectives in mind, and members from each locality were encouraged to attend all ALSs. Each participant took it in turns to host the meeting within their operational area, at which time they would present their 'burning issue' – this might be a 'problem, situation or opportunity' INTRAC, 2006, p.2) - to the rest of the group. This issue would then be described in detail through a narrative account, during which time others would be encouraged to listen, only interrupting at appropriate times and with constructive, open questions that could help the presenter work through their issue. Advice or thoughts based on the experiences of the rest of the group were generally avoided at this stage in order to help the presenter work through their issue logically through personal reflection (in this sense the ALS format presents more of an opportunity to work through a problem in the style of group counselling rather than in a more formal meeting consisting of general discussion - INTRAC, 2006). The ALS process was carefully facilitated by a member of the UWE team throughout in order to keep participants focused on this line of questioning. UWE initiated, and agreed with members, written terms of reference on the purpose, scope and operation of the group (see Appendix 2).

> *'Action Learning involves working on real problems, focusing on learning and actually implementing solutions. It is a form of learning by doing.' (International Foundation for Action Learning (IFAL).*

Following this problem-solving session, the conversation would generally be opened up to the wider group, in which any other issues or topics relevant to the project were discussed. At the next scheduled meeting (usually held 1-3 months later) the ALS would begin with the previous presenter giving a brief update on progress since their presentation. Figure 3 below provides an accurate visual representation of the model on which the SLC ALSs were based:
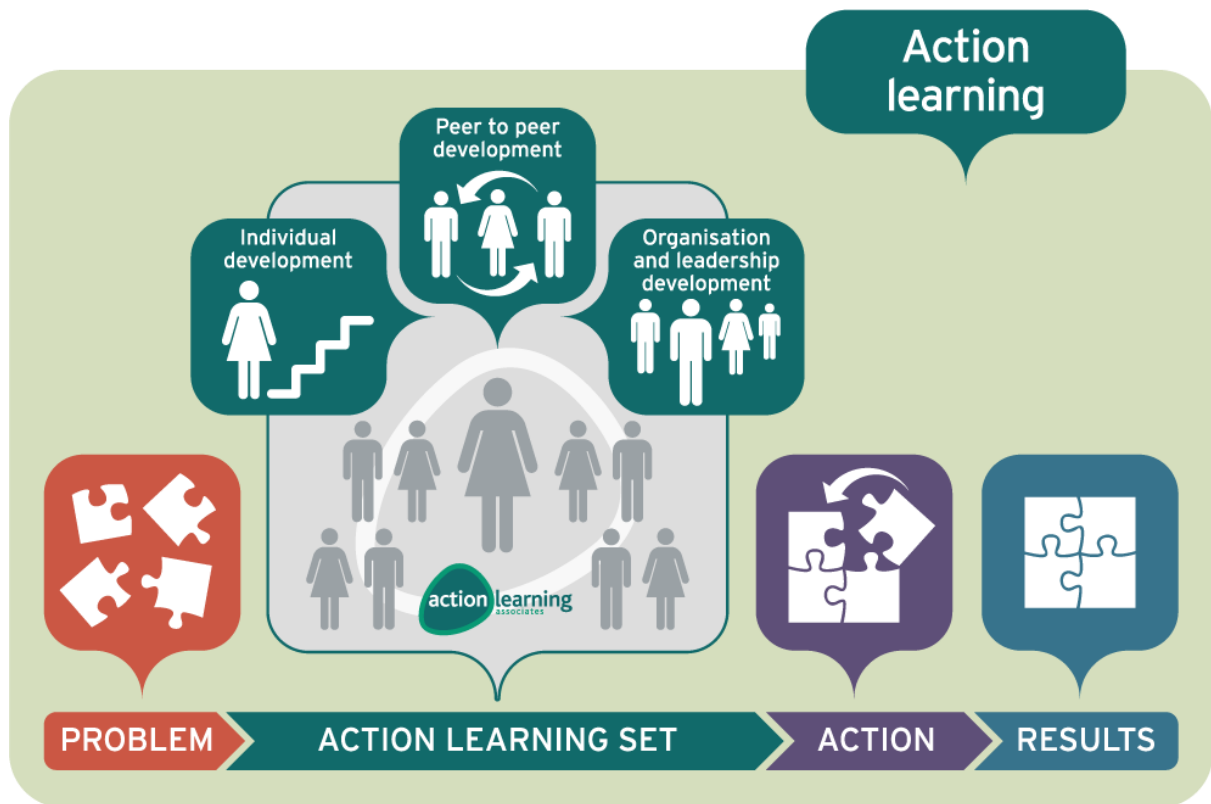

Figure 3: 'What happens in an action learning set?' (Action Learning Associates, 2020)

In total there were eight successful ALS meetings (with a ninth aborted due to very low attendance). A final 'share and learn' event was held in November 2019 and facilitated by UWE, during which feedback was gathered from practitioners within an informal setting.

SLC Action Learning Sets

ALS meeting summary 2018 – 2019	
2018	
5/3/2018	**ALS 1 – Initial meeting (attendees = 12)** Here the aims and objectives of the project were discussed, as well as the requirements relating to the UWE evaluation. Each locality presented some background to their project, as well as some emerging issues. The use of the ALS format was also explained, along with any ways it would need to be adapted to make it an effective tool for the project and the accompanying evaluation.

11/06/2018	**ALS 2 – Hosted by Gloucester City (attendees = 13)** Gloucester were the first to host in the agreed format. Updates and an explanation of the ALS format was given for those who were unable to attend the first meeting. This was very early on in the project and many of the workers were only just being recruited at this stage. However, the burning issue was presented by Local Authority manager (the project officer was not in attendance and had only been in post since April 2018). There were a lot of expectations being placed on the project officer, and the burning issue therefore centred on how he could manage this and not experience 'burnout' because he had taken on too much. The project officer was still in the process of building trust with residents and this would take time. *"You can only travel at the speed of trust with the residents you are working with."* **Gloucester City Council Officer** There was also some discussion around residents being suspicious of the role itself, and it was felt that some level of justification was needed in order to explain the purpose of the project and how communities could benefit. Managing the requirements and expectations of external agencies was also discussed.
10/09/2018	**ALS 3 – Hosted by Forest Green (attendees = 14)** The two project workers began by giving the background to the Community Organising (CO) approach, as it was a different model to the ones being used in the other areas. There was no burning issue as such, but a general conversation about the model and how it could best be applied in the time available. There were many questions regarding the logistics of CO, including the benefits and pitfalls of door knocking and the opportunity for reflective practice. *"The action for us is about the change – the change for us is long term change. We are not there yet because it takes a long time to emerge."* **Forest Green Project Officer** Following the host's presentation, the rest of the group reflected on what they had heard and issues that affected the whole of the SLC project. There was further discussion regarding the comparative approaches of each area and what could be learnt from the different models at this stage. The Gloucester representative briefly reiterated the problem outlined at the previous ALS for the group, but no update on progress was given.
15/10/2018	**ALS 4 – Hosted by Cinderford (attendees = 12)** An overview of the Cinderford project was presented by the project worker, followed by an update on progress so far. He then moved on to discuss his 'burning issue' which regarded the challenge of working with established agencies that were considered to be 'change averse'. This was specifically in reference to a local agency who were well established in the area and were suspicious of their approach. They had entrenched ways of working and were inflexible with regards to working collaboratively with the project team. After the presentation, the group moved on to open questioning in order to work through the problem. *"The challenge is trying to get people to engage with a different way of working in terms of how the charity works, what the Community Café can be used for, and how the youth club operates."* **Cinderford Project Officer** Forest Green staff were unable to attend this ALS, therefore there was no update on progress from the previous meeting.

5/11/2018	**ALS 5 – Hosted by Bourton-on-the-Water (attendees = 10)**
	The project officer presented an overview of her Health Connect project and the main areas in which the project was working. These were:
	1. Child health and wellbeing
	2. Youth
	3. Physical activity
	4. Community activation
	5. Long term health conditions
	There was a slight deviation from the usual ALS format in that there was no specific burning issue, but rather the officer invited feedback and comments on her work so far and welcomed any ideas. Following her presentation, other areas were able to discuss their own burning issues if applicable.
	"[Health Connect is] helping individuals to have the knowledge, skills and confidence to self-care and live in well connected, resilient and empowered communities"
	Presentation by Bourton-on-the-Water Project Officer
	An update was provided from Cinderford who reported that positive progress had been made and that the relationship with the agency in question had already begun to improve as a result of actions taken since the last meeting.
2019	
9/01/2019	**ALS 6 – Hosted by Cheltenham (attendees = 12)**
	The Cheltenham project worker gave the group some background to Oakley Resource Centre and provided some context for participants. She presented her burning issue, which related to the fact that there was some animosity due to the fact that the resource centre is not run by the community association. There was a discussion around who has influence in the community. It transpired that often the community association would tell people that the resource centre is closed, which was obviously very unhelpful in terms of progressing her work there. Katrina explained the local dynamics and the restrictions that they were causing for the project.
	"This time next year I would like to have more sustainable groups; people who know that they have somewhere to go for advice if they want to run groups. From a health point of view, to get more services to Oakley – I am liaising with Gloucestershire Healthy Lifestyles with the hope that they will offer a drop-in clinic."
	Cheltenham Project Officer
	The Bourton Project Officer did not provide reflection on progress since the last meeting as she had not shared a burning issue. However, there were updates from other areas, and Cinderford noted similarities between Cheltenham's situation with local organisations and the issues that he reported when he hosted the ALS.
8/02/2019	**ALS 7 – Hosted by Tewkesbury (attendees = 11)**
	Tewkesbury project officer presented an overview of the Priors Park project and a burning issue which centred on problems he was having in establishing youth provision. He also noted frustrations around initiating conversations with community health, particularly problems with engaging with the local Doctor's surgery.
	"Our mission statement: to utilise the community spirit to enhance our local environment."
	Presentation by Tewkesbury Project Officer
	Interestingly, this meeting was attended by another community development worker whose project is not being evaluated under the SLC programme, but who had been invited to attend

	for their own personal development. The group also shared a delicious lunch which had been created by a volunteer who was working in the kitchen.
	The Cheltenham project officer updated the group on progress from her ALS the previous month. Although she reported that her frustrations continued, she had attempted some of the ideas discussed. Some good progress had been made in terms of health, with Gloucestershire Healthy Lifestyles agreeing to come in for a couple of hours every week to hold drop-in sessions.
26/03/2019	**ALS 8 – Hosted by Gloucester City (attendees = 11)**
	This was the second time that Gloucester had hosted the ALS, the first being at the start of the SLC programme. The Gloucester project worker presented an overview of the project, followed by his burning issue. This issue centred on how community workers might be able to balance tick-boxing exercises (for example completing paperwork and achieving agreed project milestones) with reaching the overall desired result and aims of the project. As the group agreed that this was an issue for everyone, it was decided that a discussion be facilitated by staff from UWE on the subject of what success would look like for the individual projects. The notes from this session can be found in the Appendix.
	"It is the nature of community work that it takes ages to set up and then when it is successful [the community] don't need you anymore!"
	Gloucester Project Officer
	A Tewkesbury project representative was unable to attend in person to provide an update on the previous ALS but had provided a written update which UWE shared with the group. This included the results of his survey with local school children whom he asked to choose what they would change in the area if they were 'King for a day'. It was poignant that many of them had referred to addressing real life issues such as homelessness rather than fanciful ideas that you might have expected from this age group.
	This meeting was attended by the same additional worker as last time, this time accompanied by a colleague.
21/05/2019	**ALS – 9 Forest Green (cancelled due to very low attendance of 4, including 2 hosts and 1 member of the UWE team)**
	Unfortunately, this meeting was only attended by the hosts and a member of staff from UWE, with another participant arriving half an hour late. For these reasons it was abandoned. No more ALSs were scheduled beyond this point.
20/11/2019	**Final ALS 'share and learn' event held at Roots Community Café (attendees = 9)**
	This was held towards the end of the project and used as an informal meeting in which to gather feedback from practitioners. As this was a more in-depth session that featured representatives from all areas, a detailed description of the meeting outputs can be found in the following section.

Final ALS Share and Learn Event

This final event was held towards the end of the project in November 2019 in Gloucester and brought the practitioners and project leads together to reflect back on challenges and achievements throughout the funded period. The event was also an opportunity to acknowledge the skills and experience that the project workers had acquired in community development practice during this time, as well as to feedback their thoughts on the ALS process and what it may have added to their work within communities.

The session was informal and began with an optional lunch, during which the group were able to able to network with one another for the first time since the March meeting. This meeting also provided space in which to watch the recently released SLC film and provide editing feedback.

Following the lunch, the group discussed issues that covered the following areas:

1. Burning issues/challenges
2. Community development worker skills
3. Techniques, strategies and lessons learned
4. Assets-based working
5. Sustainability
6. The ALS format

The conversation was recorded on flip chart paper by a member of the UWE team, and written up after the meeting.

Burning issues/challenges

The group reported a number of challenges which had come up during their community work. Much of this related to external agencies or factors beyond their control, such as managing the expectations of others, dealing with power imbalances and handling conflicting agendas. These issues often resulted in inflexibility which at times hampered progress, particularly where other agencies were protective or competitive because they were already well established in the locality. Time was also a factor, with unrealistic timeframes proving problematic, as well as the fact that some people or tasks consumed a disproportionate amount of time compared with any potential gains. The full list of challenges reported can be found in figure 4 below.

Figure 4: Burning issues and challenges (mind map created from the ALS share and learn event

Community development worker skills

The group reported a long list of skills required of a community development worker. Being able to engage with a broad range of people and organisations was seen to be key, and in doing so workers were reported to need 'a thick skin' and strong diplomacy skills. Sharing skills and information with others was also seen as important, as well as having the opportunity for reflective practice. This notion of reflection and sharing with others found an outlet through the ALS format, but there was also an acknowledgement that part of the role involved passing on their skills, with training others regarded as part of the process of progression. Above all, although workers felt they needed a clear framework within which to work, it was agreed that this could not be formulaic and that 'going with the flow' is an important part of the role. Figure 5 below details the full list of skills that workers reported in the ALS session.

Figure 5: Community development worker skills and characteristics (mind map created from the ALS share and learn event)

Techniques, strategies and lessons learned

Related to the skills reported were a number of strategies for effective community development that the workers had learnt along the way. Again, the theme of dealing with external agencies, people and organisations was strong and the group noted the need for having clear boundaries as important. Being a community development worker meant taking on a number of different roles, and it was important to make it clear to people what the role does and does not include.

Some of the group found it useful to understand that other agencies might say they want to be part of the work, but in reality, their input was tokenistic at best. Therefore, it was important to understand the values of some external agencies and be realistic about who it was worth persevering with and who it might be best to move on from. When working with residents there were similar issues regarding perseverance as it was felt that some may have a negative outlook based on their own life experiences. Some of these individuals therefore required dedication, and there was a sense that if an outcome wasn't immediately achieved it was still worth trying to develop it in the right circumstances.

Branding, leafleting and publicity were all seen as a good opportunity to engage with people, but it was noted that it needed to be done in the right way to be most effective. This included not being too formal or including official logos if not necessary to do so. See figure 6 below for the full list of techniques and strategies that the group discussed.

Figure 6: Techniques, strategies and lessons learned (mind map created from the ALS share and learn event)

Assets-based working

There was some discussion around the term 'assets-based' and in general the group were resistant to using too much community development jargon in their work. It was felt that this term in particular could be quite isolating or sound too formal to residents. Equally, there was a sense that some people working in communities claimed to use this approach when in reality they did not – it was felt the term could often be 'mauled and misinterpreted'. Some practitioners preferred the phrase 'strengths-based working' when describing their practice to others.

Sustainability

There was a brief discussion regarding sustainability and the longevity of the projects. The group agreed that building sustainability in from the start was the key to a lasting legacy, as well as managing expectations with residents by being clear that you will not always be there to support them (this latter point being dependent on building empowered, resilient communities who are able to continue the work for themselves).

The ALS format

The attendees reported that there were many positive elements of the ALS format, including:

- The opportunity to share best practice
- Relationship building
- Learning from others
- Being solution focused rather than problem focused
- Reassuring to know others are having similar experiences

However, there were aspects that perhaps needed addressing if this model were to be used in the future, such as the distance that workers were required to travel in order to attend the meetings – many suggested a central location would have been preferable. Another major issue was that it was felt that the ALSs needed a central administrator and/or facilitator in order to maintain the momentum, and it was agreed that this was best done through a third party. As an external organisation, UWE's role was noted as being helpful in this respect. There were also other considerations such as balancing the time required for attending the ALS against conflicting tasks.

Feedback forms

Before attending the share and learn event, members of the ALS group were asked to complete feedback forms in order to think about their responses in advance. Five of the six areas responded, and these are summarised below. A copy of the form used can be found in the Appendix.

Project priorities

We asked the lead worker for each area to indicate whether they had come across the issues listed during the course of their project by stating:

Y = Yes; **N** = No; **IP** = In part

We also asked the workers to give each item a level of importance relative to their particular project. These levels are indicated as follows:

	High importance
	Medium importance
	Low importance

Burning issues	Challenging the agendas of mainstream agencies	Working with inflexible, established community organisations	Supporting community members to take ownership of groups or other activities	Building relationships with NHS agencies and staff	Dealing with austerity and public sector cuts	Knowing where to focus your energy in the time available	Evidencing impact
CINDERFORD	Y	Y	Y	Y	Y	Y	Y
PRIORS PARK	Y	Y	Y	Y	Y	Y	N
COTSWOLDS	IP	IP	Y	Y	Y	IP	Y
FOREST GREEN	IP	Y	Y	Y	N	IP	IP
GLOUCESTER CITY	Y	Y	Y	Y	Y	Y	Y

Techniques and strategies (1)	Set up a project steering group with community representa-tives	Join a local community partnership group, such as a n'hood group	Door knock to consult, make relationships etc.	Run consultation meetings	Leaflet to publicise the project	Activism: e.g. challenging power structures, social injustice	Community asset mapping	Produce community newsletters
CINDERFORD	Y	Y	Y	Y	Y	Y	Y	N
PRIORS PARK	Y	N	Y	N	Y	N	Y	Y
COTSWOLDS	Y	Y	N	Y	Y	Y	Y	N
FOREST GREEN	N	N	Y	N	IP	IP	Y	Y
GLOUCESTER CITY	Y	Y	Y	N	Y	N	Y	N

Techniques and strategies (2)	Facilitate community-based activity groups	Give admin support to groups, meetings etc.	Support community venues at meeting spaces	Apply for funding	Advocate/ lobby for local causes	Use social/ print media to share news and support local engagement	Mentor and buddy potential community leaders	Bridge divisions and/or mediate conflicts	Help local practitioners to do better signposting
CINDERFORD	Y	Y	Y	N	Y	Y	Y	Y	Y
PRIORS PARK	Y	Y	Y	Y	Y	Y	Y	N	Y
COTSWOLDS	Y	Y	?	Y	Y	Y	Y	Y	N
FOREST GREEN	Y	IP	IP	N	Y	Y	N	IP	IP
GLOUCESTER CITY	Y	N	Y	Y	N	N	N	N	N

Perhaps the most notable observation to be made from these responses is that priorities were very different for each area. Although there were clearly some similarities between them, it is difficult to make any generalisations regarding what community development projects see as important.

Reflections on the ALSs

The community workers were also asked to give feedback on the ALS format in the form of free text, including elements that they had enjoyed and things they might wish to change. In summary, these were as follows:

Time constraints

Four of the five respondents noted that time constraints were a big issue with regards to the ALS. The length of the meetings and distance travelled were the biggest problem, making it difficult to prioritise the ALS meetings over other demands on their time (three areas reported this issue, stating that it became increasingly problematic as their projects progressed). Overall it was felt that the meetings themselves could have been shorter and more succinct, particularly as – depending on the location – for some people attending meant giving up an entire day. One respondent commented that they felt the meetings also lost relevance for them as time went on.

ALS format

Two people reported that they liked the ALS format, although one felt it wasn't an ALS in the traditional sense. Another suggested that the ALS might benefit from a more fun or informal approach in future. Two respondents stated how useful the 'burning issue' element of the format was as a way of sharing problems constructively.

Support and reassurance from others

All community workers who responded to the feedback request noted in various forms their appreciation for the opportunity to support each other throughout the project. They noted positive aspects such as the chance to network; learning from others; providing a platform; and sharing each other's journeys.

Understanding the different models

Everyone who completed the form noted the usefulness of understanding the different approaches being implemented in each area, and, although time consuming, some felt that travelling to each other's localities was a valuable part of this process.

Overall rating

The community workers were also asked to rate the meetings on a scale of 1 – 4, where 1 = poor, 2 = fair, 3 = good and 4 = excellent. All five respondents rated the ALSs as good overall.

Staff Community Development Practice Self-Assessment Questionnaire

As a supplement to the ALS reflection process we asked key staff to complete a self-assessment questionnaire and the beginning and towards the end of the programme. Eighteen members of the SLC project staff responded to a baseline questionnaire concerned with their community development practice. Overall, project staff rated their baseline experience, knowledge, competence and confidence in various areas of community development as 'moderate' to 'high'. Only 1-3 people (5.6% – 16.7%), if any, rated themselves as having 'low' experience, knowledge, competence or confidence in individual competencies.

Eight SLC project staff – four community practitioners and four managers – responded to the follow-up ALS evaluation questionnaire, although all six districts were represented. They reported an overall improvement in professional knowledge, competence and confidence across all areas of community development as a result of being involved in the programme (mean range: 2.00 – 2.32, from a possible maximum of 3). With regards to individual competencies of the community development framework, the most significant improvements were reported for the following, despite a large proportion of project staff (50% – 83.4%) rating these as 'high' to 'very high' at baseline:

- Confidence in recognising and addressing power relationships in a community setting (mean = 2.50). Nearly 56% (n=10) of staff rated their baseline confidence in this area as high.
- Competence and confidence in developing and planning project activities, or supporting the community to do so (mean = 2.44). Just over 72% (n=13) of staff rated their baseline competence and confidence as high or very high.
- Knowledge, competence and confidence in conducting an assets-based assessment/mapping of a community (mean = 2.42). Staff rated their baseline knowledge and confidence as high – 66.7% (n=12) and 50% (n=9), respectively.

> *"I really enjoyed this aspect, when I started I had the misperception of thinking only of physical assets, but as time went on I realised that there is far more than the physical." (Oakley Community Health and Wellbeing Coordinator)*

- Competence in involving community members and stakeholders in identifying and agreeing local priorities (mean = 2.38). Sixty-one percent (n=11) of staff rated their baseline competence as high or very high.

> *"This has been a key area to encourage develop the community engagement. Some stakeholders have been difficult to engage with." (Priors Park Community Engager)*
> *"Very quickly I found that I have to be very selective about which community members as some can take a disproportionate amount of time for the amount of input they give." (Oakley Community Health and Wellbeing Coordinator)*

- Knowledge in how to practise a range of roles appropriate to the community work in which they were involved, e.g. facilitation, support, leadership, advocacy (mean = 2.38). This again was rated as high at baseline (61.1%; n=11).
- Knowledge in interacting within and across communities (mean = 2.38). Just over 72% (n=13) of staff rated their baseline competence as high or very high.

> *Despite this significant improvement overall, the Priors Park Community Engager commented that he "would have liked more support and advice on this aspect which is very integral to initial engagement within the community" as well as "more time to develop and train more on" how to use community action as a means to achieve change.*

- Knowledge and competence in critically reflecting and learning from practice (mean = 2.38). Staff rated their baseline knowledge and competence as high or very high – 83.4% (n=15) and 61.1% (n=11), respectively.

Knowledge, competence and confidence in interpreting and applying relevant legislation, e.g. Equalities, Child Protection, Health and Safety had the least/no improvement (mean = 1.58).

ALS Conclusion

In conclusion, the ALS format worked well for the SLC project workers and provided a valuable forum in which to discuss ideas, share problems and reflect back on individual practice. If similar meetings were planned in future, care should be taken to ensure the greatest level of attendance by limiting travel time and giving thought to the subject matter in order to keep them relevant to the programme as it develops. Groups need to plan for fluctuations in interest and attendance. A clear early decision is needed on whether to make the group closed to initial attendees and time limited, or open by invite and without fixed duration. Written terms of reference are useful to define the purpose, scope and operation of the group. Resources need to be found in order to ensure that they were organised and facilitated effectively, with consideration to using a third party. Staff need to be given clear 'permission' and encouragement through funders and managers to take part. Self-assessment of key elements of

practice can be useful at the outset of the ALS process in order to help participants gauge diversity and shared areas of experience, and to adapt the focus of the ALS accordingly.

6.3 Staff time breakdown

The project lead agencies were asked to give estimates of the breakdown of staff time by key activities. These activities broadly fell into categories of:

1. Relationship building work with residents, including informal conversations with residents, door knocking, attending local meetings and events, and pro-active work to contact people from diverse backgrounds.
2. Relationship building with local organisation representatives, including staff in statutory, voluntary and business organisations as well as those in less formal organisations. This also included processes of formally – or informally – mapping a variety of forms of local assets.
3. Setting up opportunities to bring people together to discuss, prioritise, make decisions and become involved in local actions.
4. Active involvement in organising activities, particularly in terms of bridging links with new participants and wider networks, but also direct work to run groups and manage volunteers
5. Advocacy, marketing, communications and fund raising to help support and grow local community activities.
6. Project management including planning, reflection, monitoring and evaluation, review and administration

While the following charts show many similarities in the broad patterns of work, there were some distinct differences. A point of contrast is the extent to which the projects were linked to a community hub. Cinderford, Priors Park and, to a lesser extent Oakley, delivered much of the project work through a community hub. Forest Green, Bourton, and to some extent Kingsholm, were all less centred on community hub-based activities. Forest Green and Kingsholm key points of engagement arose through informal contacts with residents, rather than through local agencies. Bourton's primary interface with the community was through a wide range of existing local groups.

It is also important to note that the allocation of staff time shifted over the course of the project where, the initial stages focused on relationship building and the latter stages focused on consolidation.

Some areas of learning to arise from the analysis of staff time are:

1. Some project delivery agencies found it hard to plan, articulate and report on the breakdown of staff time
2. The fluid use of staff time for some projects made it difficult to give any assessment of 'productivity' or - in other words – to learn from which kinds of actions appear to create the most value for residents and other stakeholders
3. A practical solution is to keep an activity diary, and a log of contacts and actions. Some practitioners were able to use these tools to good effect to document impacts and review the progress of projects.
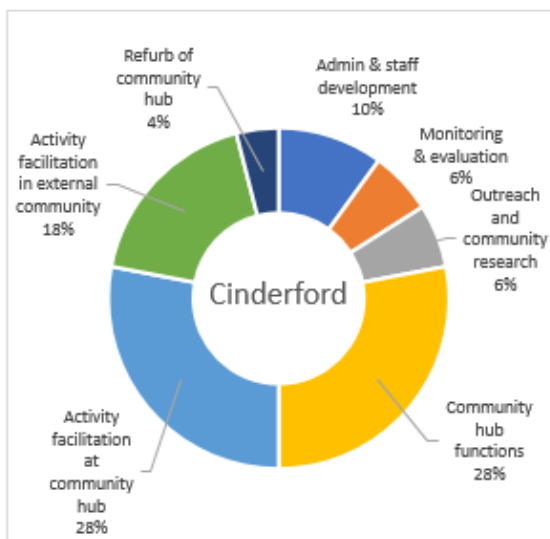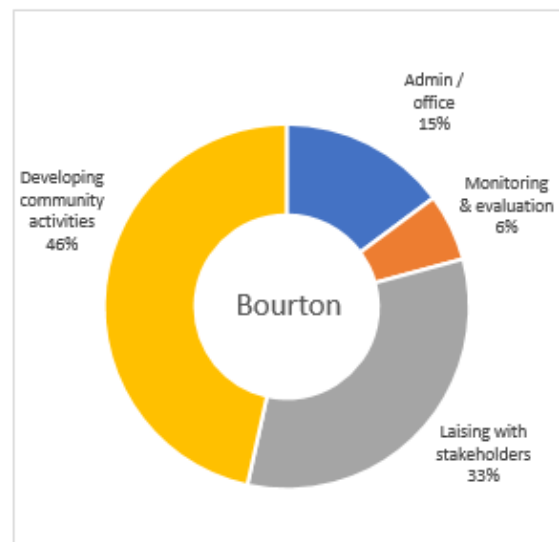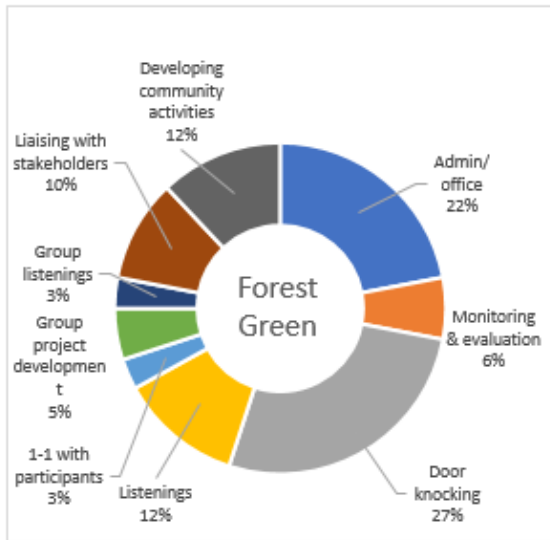
Figure 8: Staff time breakdown by types of activity

7. Discussion

7.1 Main areas of programme strengths and successes

1. The devolved format of the programme gave districts considerable discretion in developing projects. This enabled districts and delivery agencies to build on their fields of expertise, refine the focus of projects and respond to the interests of communities. The programme illustrates the importance of working with local assets – in all their forms – both as a practical route to capitalise on existing opportunities in neighbourhoods and as a route to better integrate new investment.

2. The programme has provided a platform for sharing exemplars and specific techniques for community development, and distinguishing the subtle differences and strengths found in models of 'community building', 'community organising', 'community engaging', and 'community empowerment'. This in turn is helping to provide greater shared understanding of the rationale, opportunities, challenges, and assessment of community development. It is insight that is essential to move forward effective district, county and CCG partnership working with communities.

3. The programme has acted as a basis for promoting local dialogue on the interface between community development and health and wellbeing priorities. It provides a useful basis for understanding how social prescribing work might more effectively link with community development practice.

4. Most projects demonstrate good reach (contact and feedback from with a high proportion of residents), strong inclusion (engagement with diverse groups), proportionality (a focus of effort and resources on groups with high social and health needs), acceptability (positive take up of initiatives), and maintenance (potential sustainability of initiatives).

5. Most projects have leveraged additional funding and agency resources to support the delivery of project activities. Some projects have been able to contribute towards setting up or enhancing community assets. These include 'hard' assets, such as community buildings, and softer forms of assets, such as support for community groups and individual representatives or advocates.

6. The qualitative research provides cases of health, wellbeing and social outcomes for individuals. These benefits are often wide ranging and include general wellbeing, social engagement, health, independence, and employability. Projects have been able to demonstrate that they are working with and helping to support people experiencing high levels of social or health need, or are otherwise disadvantaged. The cases show proof of concept for 'low frequency, high impact' changes, i.e. important benefits, albeit for small numbers of individuals.

7. Project delivery agencies have formed a wide range of new partnerships and networks locally and at county level.

8. The projects have been able to show how they are supporting local residents to engage in volunteering and other forms of social contribution. Examples show where these actions have subsequently led to the creation of new activities. Projects have set up a range of activities in the target neighbourhood areas based on locally defined needs, built in voluntary contributions and, in some cases, are likely to be sustained beyond the course of the programme.

9. Some projects are able to show how activities produce a range of forms of value, in some instances financial, for individual residents, groups, or other parties.

10. The Action Learning Set has been a useful forum for practitioner skills development. The programme has provided opportunity for individual staff to develop both community development and transferable skills. These individuals have in turn been sharing their learning and are supporting capacity for community development 'front-line' practice across the county.

7.2 Main areas of programme challenges and development opportunities

1. The programme preparation period was widely felt to be too slow and uncertain. This was perhaps an inevitable consequence of the novel funding and decision-making format. It illustrates that an important outcome of the programme was to build new dynamics in how community-based programmes are designed and delivered in the county.

2. The two-year funding period for the programme was always going to be a challenge for the implementation and assessment of community development work. In this context, the programme might have defined clearer, and more measureable, short-term goals. The original aspirations to impact on health service usage were unrealistic within the timeframe, which led to a shift towards broader health and wellbeing benefits.

3. The Small Area Profile reports produced by the county Public Health team helped underpin the selection of localities, but have not been widely used as a reference point for project actions. This flags up wider considerations about how local agencies make use of official data, given that there appear to be some disconnects between resource allocations according to area-informed needs and the ability of projects to demonstrate meaningful impacts on these issues.

4. The majority of projects found it difficult to use UWE's participant evaluation questionnaires as a data capture tool to understand participant characteristics and identify project outcomes. A leading issue was the potential of questionnaires to create barriers to building relationships between workers and community members and, in doing so, to hinder the work on the ground. A negative consequence has been that we do not have a general programme wide account of outcomes for participants, which in turn has limited the opportunity to provide a single account of the social value of the programme.

   However, there are a number of positive consequences. The evaluation has been able to align more closely the ethos of the projects and provide a more in-depth account of the processes and learning involved in delivering the programme. For future evaluations in this area, we would continue to recommend that close consideration is given to the potential of questionnaire based assessments of impacts and outcomes for individuals. This is particularly the case where lead agencies need to communicate the potential benefits to stakeholders who are not familiar with community development.

5. The broad goals set for the programme have meant that some project teams have found it difficult to know where to focus efforts. The highly emergent and flexible nature of some projects have been challenging, particularly given the project delivery skills needed to work with this level of complexity. For commissioners, this reflects finding a difficult balance between supporting projects to develop independently, and defining specific parameters as a condition for funding.

   As the wider research shows in Chapter 3, many community development projects successfully demonstrate public accountability through performance measures. However the choice of appropriate metrics depends on mature understanding between funders and deliverers. The long-term strategic health and wellbeing strategy in Gloucestershire provides a good basis for growing this understanding.

6. There have been occasional disjointed communications between the programme steering group and the delivery agencies, which has led to lack of clarity with respect to, for example, strategic priorities and project scope. This may be a downside of devolved decision-making, the relative autonomy of leading actors, and a commitment to taking a bottom-up project format.

7. The small area focus has meant that some projects have made slow progress, given the relatively small target population and limited opportunities for community contacts. The area focus for some of the projects has also been problematic in other ways, especially where residential areas are dislocated from potential community assets.

8. Cuts to local public sector spending alongside other pressures have limited the opportunities or created obstacles for projects to engage with potential partners and local residents. In some cases, financial pressures on services have led to concerns within the community that the projects are intended to fill gaps in mainstream public sector provision. Service pressures on potential partner agencies are reported to have limited their ability to engage with projects.

9. While the programme included a focus on engagement with GP and other primary care services, links with these agencies have often been limited. In some instances, health agencies were apparently unclear about the potential partnership role that the SLC programme might offer. One reason is that it takes time for practitioners to become familiar with new projects. This was clearly evidenced for some projects where successful engagement with NHS agencies only started to pick up eighteen months into the project.

10. Finding agreement about the project's 'niche' has not been straightforward in cases where there are points of cross-over with existing agencies, practitioners, or activities. Whilst this is often inevitable, the short duration of projects has made these relationships a major consideration. In many instances, it is difficult to disentangle the role and contributions of the SLC-supported projects from those of other initiatives. It important to be aware that a strong indicator of a sustainable project is one that successfully leverages additional resources or partnerships – even where this also makes the added value of a funding stream less clear.

11. Those local residents who might most benefit from community activities are often those experiencing restrictions that limit their ability to take part or contribute. This issue places a substantial constraint on what project workers can realistically achieve within the programme timescale. Many of the project benefits will only be realised beyond the programme's funding period, which makes it difficult to understand the investment horizon needed for future planning.

12. An original objective of the programme was to "develop a 'social movement' that promotes personal responsibility in the achievement of health and wellbeing". While all projects demonstrated actions that contribute towards these goals, the term 'social movement' was not generally adopted as an motivating idea –locality teams preferred to work with less abstract and possibly less ambitious ideas of community contributions.

7.3 Strengths and limitations of the evaluation

This evaluation produced an in-depth account of each locality project and documented key developments, contextual issues and perceived outcomes or wider benefits. The evaluation was able to explore the connections between projects in particular through the action learning work. It adapted to the specific circumstances of each project and obtained the perspectives of a wide range of participants and stakeholders.

As discussed, we did not complete the original plan for the questionnaire based study of participant experiences. This placed limits on our ability to evidence the outcomes for individuals and to develop a basis for an assessment of the social value of the programme. There is debate whether these goals were

feasible given the character of the projects and the appropriateness of these forms of data collection and analysis. An opportunity that emerged in hindsight was to have developed a more systematic account of the activities, contacts and social networks to emerging from each of the projects. This would have provided a clearer description of the outputs of the programme, which in turn would have supported clearer judgement of the costs and benefits.

8. Conclusions

8.1 Key concluding points

Within a relatively short period, work through the Strengthening Local Communities programme has demonstrated a wide range of community development approaches for neighbourhood working and is able to draw lessons for policy-making and commissioning decisions. It is important to note that this programme has had an emphasis on testing and learning from new, alternative and diverse approaches. Therefore, in reporting on performance, there are limited opportunities to draw upon common core monitoring and evaluation metrics.

While the SLC programme has been able to test out a number of different models of community development, there is currently insufficient evidence to judge that one model has distinct advantages over others. The programme demonstrates the benefits of being pragmatic and employing the 'full toolbox' of community development techniques to fit local circumstances. Evidence from the SLC programme will be able to hone these techniques for future applications in the county.

While it may not be appropriate to use a highly prescriptive project plan, the SLC time-limited community development projects have clearly benefited from taking an iterative planning and reflection process. A key aspect of this has been to strike the balance between new, exploratory work versus work focused on consolidation and embedding.

While this work can appear simple, SLC projects show the need for strong project and organisational skills alongside a range of 'soft' interpersonal skills. Community development practitioners clearly stand to benefit from professional development, however this is currently a national issue that affects the county's scope for action.

The ALS format worked well for the SLC project workers and provided a valuable forum in which to discuss ideas, share problems and reflect back on individual practice. If similar meetings were planned in future, care should be taken to ensure high attendance by limiting travel time and giving thought to the subject matter in order to keep them relevant to the programme as it develops.
Groups need to plan for fluctuations in interest and attendance. A clear early decision is needed on whether to make the group closed to initial attendees and time limited, or open by invite and without fixed duration. Action Learning Sets benefit from clear reference terms, skilled facilitation, resources, planning, and senior authorisation.

The lead project officer role benefits from being hosted by a well-established agency, with the resources to mitigate staff changes and illness, manage performance, and provide back office support, supervision and professional development.

Despite strong efforts and exemplary work in Gloucestershire, the programme shows the scale of disconnect between much community-centred work and NHS provision. This indicates that long term investments (soft and hard) are needed to test, reflect and accumulate evidence of good practice, and how to aspire to the vision of a 'social movement' for health and wellbeing.

Unlike most professionally led interventions, the focus of community development projects is not solely on prioritising engagement with groups of high-level need or deficits. To promote cohesion and effective use of social assets, the SLC programme shows how community development projects rely on building links with locally active and motivated community members.

The programme adopted a geographical scale of between 1,700 and 8,800 people for the locality projects. This has proved a powerful basis for understanding how to plan and commission small- to medium-scale neighbourhood projects. However, any further iteration of this type of programme would need to considerably refine the goals and scope of work in order to test the scale-ability of these approaches as a public investment.

Like nearly every area in England in recent years, Gloucestershire experiences a public funding gap for community development at the local scale. Many areas have found it feasible to resource staff to coordinate area work for around a 100k population, to provide small community grants, and to selectively fund specific initiatives. However, few local authorities are in a position to resource widespread place-based community development work at the smaller population scale of <20k. More local place-based work in the health, policing and social care sectors are important shifts that Gloucestershire partnerships have been showing how to make use of for community development.

8.2 The coronavirus outbreak and the future of the programme

At the time of this report, every aspect of the third year of the programme is affected by the coronavirus outbreak. It is profoundly impacting on all residents, all project teams and all stakeholders in all localities. Not only is the situation a direct concern for groups at risk to the virus, there are many wider health and social effects for the residents in the SLC project localities. There are immediate implications for people's personal finances as well are consequences for local economies and public funding.

In these circumstances, community action is more important than ever. It is clear that the outbreak and subsequent stay-at-home restrictions have generated an outpouring of community volunteering, mutual aid and neighbour support across the county. Early national evidence indicates that the crisis has brought to the surface a strong, shared public will to contribute more to community life. Much of this directly supports the case for work that has been underway in Gloucestershire, where local government, CCG and the third sector have been investing in community resilience and community-led solutions. Anecdotally, it appears that programme work in the localities has provided a platform for communities to mobilise and act on a wide range of issues.

The SLC Steering Group and delivery teams are well placed to learn from how the localities have responded to the crisis. There is an opportunity to build on the programme evaluation and action learning work in the first two years of the programme. This learning might take place through workshop activities, online survey capture or a similar quite simple process. It is critical to explore the transferability of this learning to other contexts in the county. Therefore, there are grounds for local government, the CCG and leading third sector agencies facilitating this process with a wider network of stakeholders. Time is important here. There are opportunities to build upon current – unprecedented - public interest in community life. In the next twelve months there are opportunities to prepare a community minded response to the new public funding and service landscape that will emerge from the current crisis.

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Appendix 1: Findings from the baseline questionnaire

Participant demographics

Baseline questionnaire data was available for 52 participants from projects in Cheltenham, Gloucester, Stroud and Tewkesbury. The majority of participants were female (73.1%) and aged 31-60 years (53.8%). Most of them were employed (25%), had a long-term sickness or disabled (21.2%), or unemployed (17.3%). About two-thirds (67.3%) of participants were educated at least up to the age of 16 years.

Table 1: SLC participant demographics

Participant demographics	Number (%) of participants
Gender	
Male	14 (26.9)
Female	38 (73.1)
Age range (years)	
18 – 25	6 (11.5)
26 – 30	5 (9.6)
31 – 40	14 (26.9)
41 – 50	7 (13.5)
51 – 60	7 (13.5)
61 – 70	8 (15.4)
>70	5 (9.6)
Employment status	
Employed	13 (25)
Retired	7 (13.5)
Unemployed	9 (17.3)
Long-term sick or disabled	11 (21.2)
Carer, self-employed, or seeking employment	6 (11.5)
Other, or prefer not to say	6 (11.5)
Education level	
Education up to the age of 16 years	12 (23.1)
16+ sixth form education, training or apprenticeship	8 (15.4)
18+ university or college	15 (28.8)
Other	2 (3.8)
Prefer not to say	15 (28.8)

Mental wellbeing

Figure 2 shows the results of self-reported measures of mental wellbeing (SWEMWBS) at the start of the programme. The majority of participants reported positive mental wellbeing, with only 10.6-23.9% reporting less positively on any given measure. The mean score across all measures was 2.31 out of a possible 3, with the desired outcome being a higher score.

Fig 2: Participants' baseline mental wellbeing (n = 47)

Legend: None of the time or rarely | Some of the time | Often or all of the time
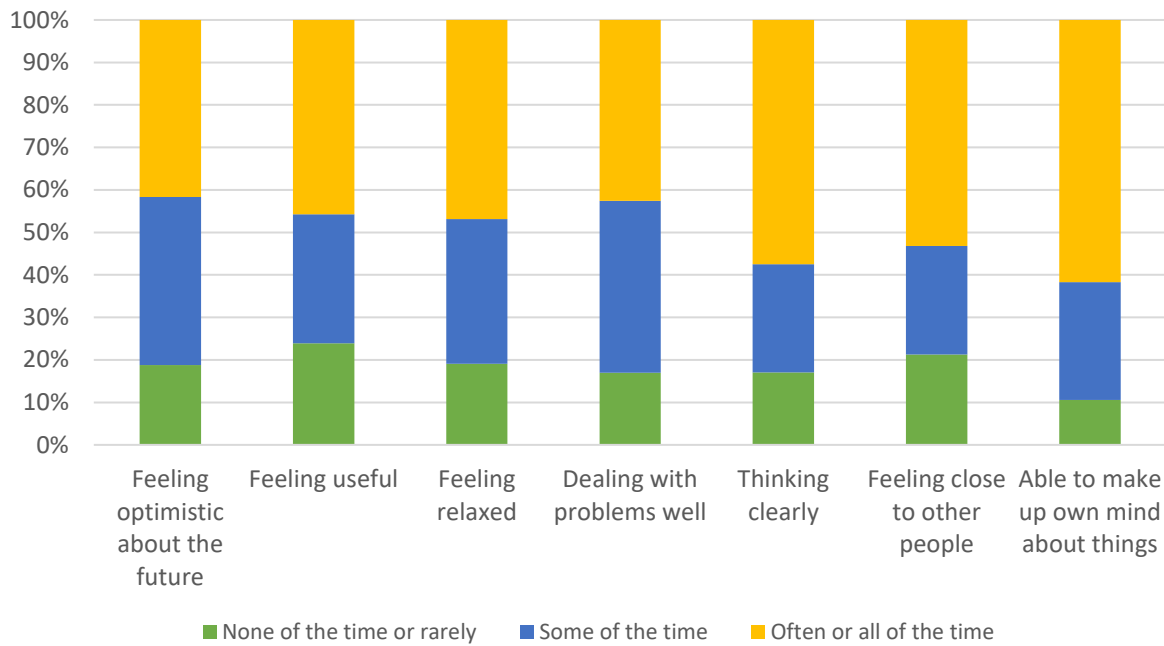
Experiences of community groups and volunteering at the start of SLC

Participants were presented with a selection of community groups, activities and services, and asked if they had attended or used any of them in the last six months. As shown in Figure 3, the most popular groups attended by participants were charity, voluntary or community groups (42%), followed by religious groups or church organisations (26%). Sports clubs, gyms, exercise or dance groups (22%), health and wellbeing groups (20%), and education, arts, music or singing groups (20%) were also popular.

**Fig 3: Percentage (%) participants who attended community groups, activities and services (n = 50)**
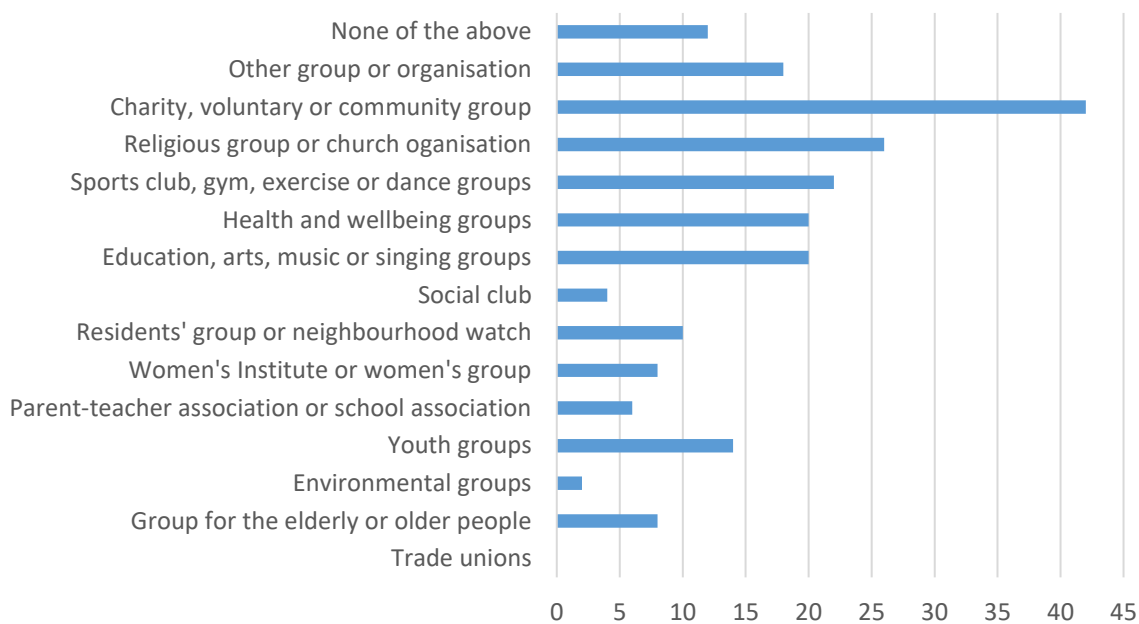
Five participants from the Tewkesbury project mentioned particular activities that they have attended or used, including a community edible garden and allotments, Heart of Priors Park Community Interest

Group, a knitting group, coffee morning at a sheltered housing scheme, and volunteering at Priors Park Neighbourhood Project (PPNP).

Participants were then asked how often they took part in social activities compared to other people their age. Twenty-one (42%) participants reported taking part (much) more than most people their age, while 16 (32%) participants reported taking part (much) less than most people their age. Results are shown in Figure 4.

Fig 4: Participation in social activities compared to other people their age (n = 50)

- Less/much less than most
- About the same
- More/much more than most
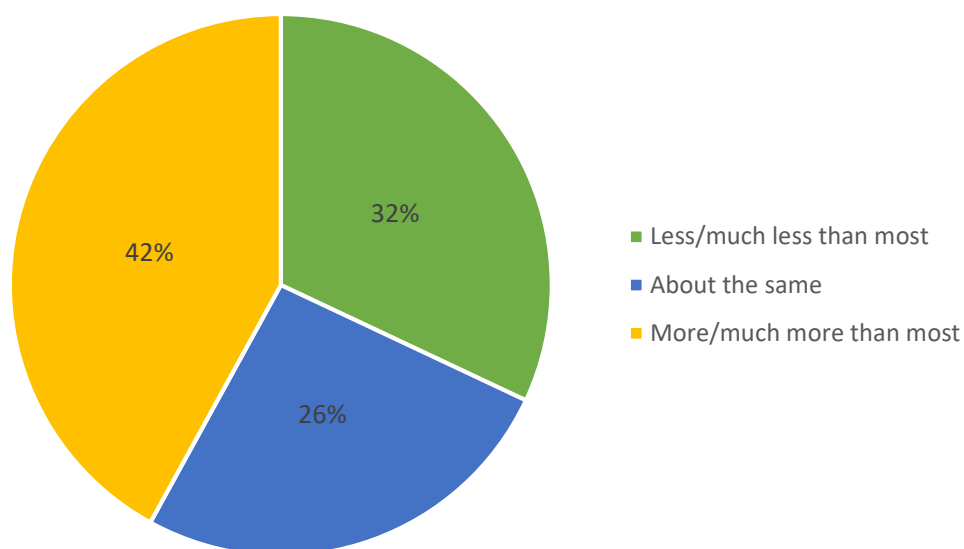
Participants from the Tewkesbury project who had identified as not taking part in social activities, had the opportunity to report their reasons or barriers for not doing so. As shown in Figure 5, the two most common barriers reported were money (26.3%) and time (21.1%).

Fig 5: Reasons/barriers for not participating in social activities (%; n = 19)
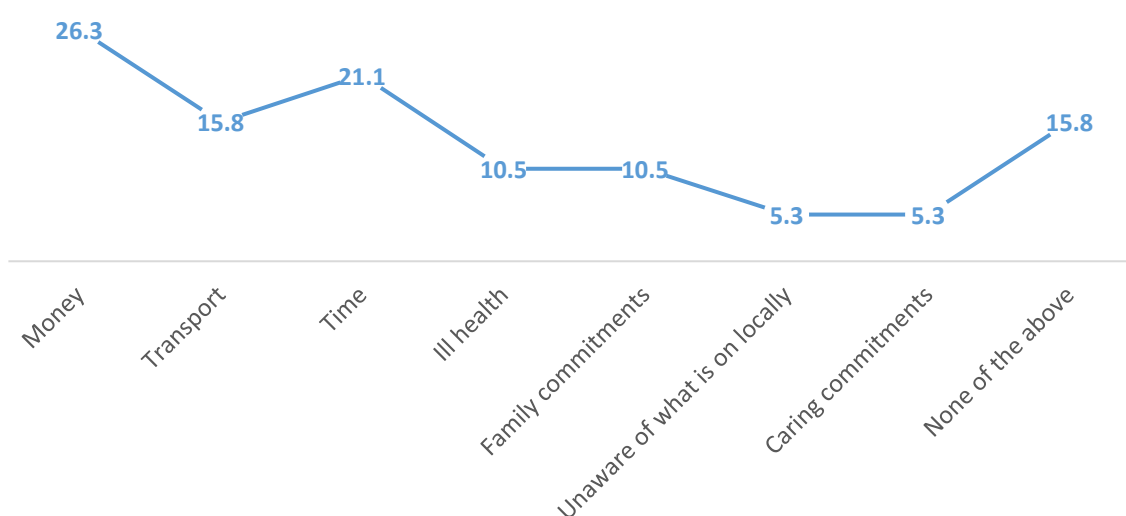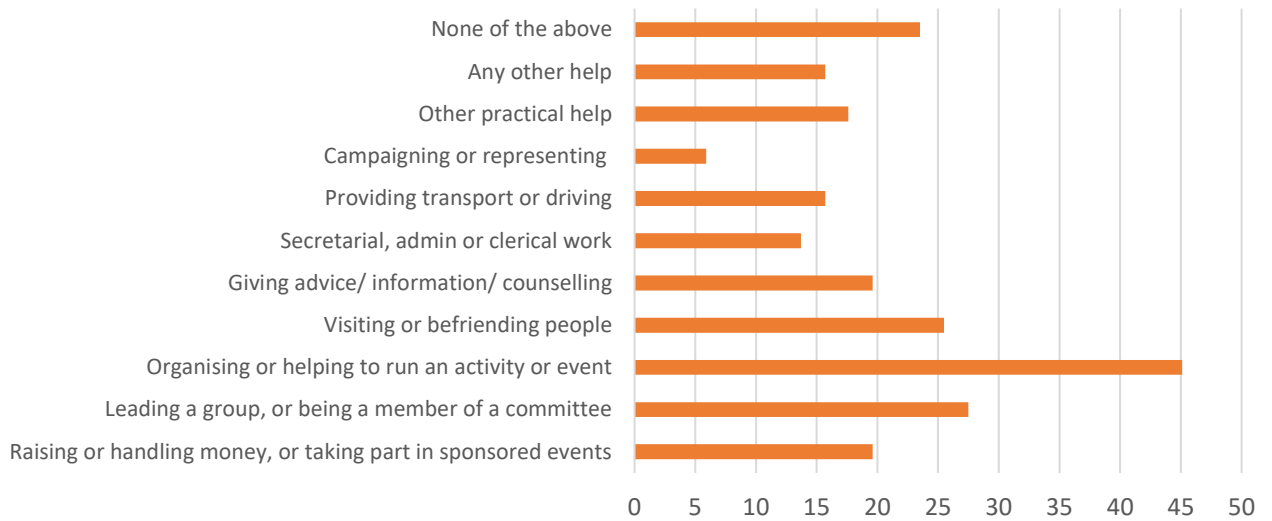

Figure 6 shows the various types of unpaid help given by participants in the last six months. The top three types of unpaid help given were organising or helping to run an activity/event (45.1%), leading a group or being a member of a committee (27.5%), and visiting or befriending people (25.5%).

Fig 6: Percentage (%) participants that have given various forms of unpaid help   (n = 51)

The last question in this section required participants to report any intention to volunteer in the future, even just helping with small things in their community. Over half (54.9%) of participants had a definite intention to volunteer in the future, with another 27.5% who answered maybe.

Fig 7: Intention to volunteer in the future (n = 51)

- Yes
- Maybe
- Don't know
- No
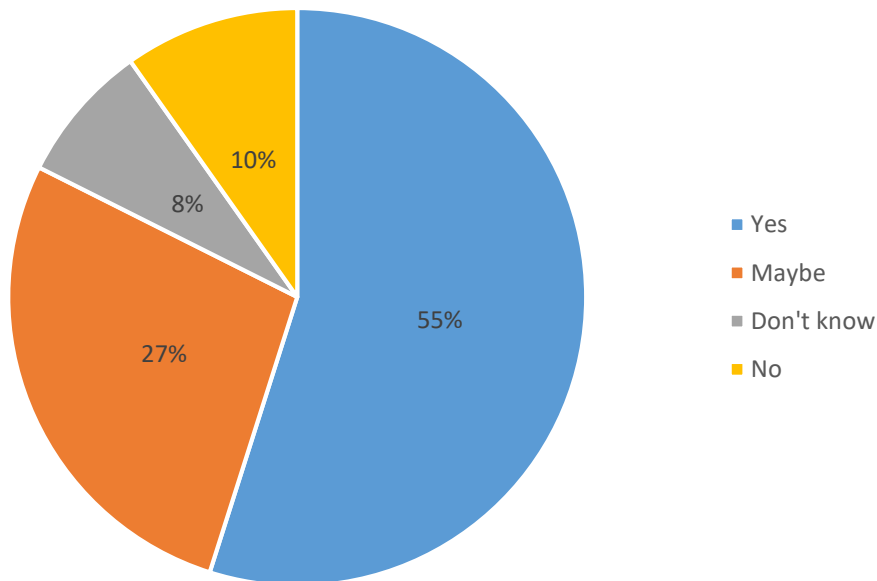
Expectations for their local community

At the end of the questionnaire, participants had the opportunity to tell us, in their own words, what they would like to do or see happen in their local community. The most common theme was that they wanted more activities to be made available for children and teenagers, especially during the school holidays.

"Activity in the school holidays, holiday clubs, day trips." (TB00073)

"More fun days/activities for children. Youth groups for teenagers." (TB00083)

"More activities for the children mainly age 4 – 14 years." (OK00015)

Several participants from the Cheltenham project also wanted more groups related to arts and crafts.

"I have really enjoyed craft and I'd like [this group] to continue." (OK00043)

"Painting groups that actually teach you to paint." (OK00040)

Other notable things that participants wanted to do or see happen in their local community included the following:

"I would like to see more community space provided for free so 'test' groups can come together to see if they're viable or attractive without expensive fees." (OK00039)

"There is a massive gap between setting up services from hospital discharge – lack of knowledge of what's available – there are so many continual changes that it is hard to keep up. I would like to see more 1-1 help available at home for computer support dealing with more computer issues e.g. fraud. Befriending – also sharing or receiving a meal from someone locally, when unable to cook. A local knowledgeable website with all help available from local grant making trusts – recommended therapists for home care / chiropody / aromatherapy / mobile beautician / local soup kitchen / casserole club. More neighbourly caring and sharing, having help turning double mattresses, garden tool sharing, composting sharing..." (OK00030)

"To bring other of my age group together in a relaxed setting, where others can interact and enjoying a hobby and/or pastime." (TK00070)

"In the future, we [at Heart of Priors Park CIC] would like to see more activities for the elderly and people with learning disabilities within the community, improve parking on the estate and more for the teenagers of our estate." (TK00087)

Appendix 2: SLC Action Learning Set Terms of Reference

Terms of Reference.

Background

Practitioners working in localities for the SLC programme bring considerable experience in community development and other relevant fields of practice. There is an opportunity through the programme to bring practitioners together to share their insights.

Action Learning Sets are a well-established approach to support practitioners to develop their advanced skills and find solutions to complex challenges. The ALS format involves peer support over the course of a series of structured meetings.

As an additional benefit, ALSs can provide opportunities for networking and planning. However, this is not their primary purpose: ALSs should not be confused with programme operational meetings, or purely social events. The proposal for the SLC programme is to adapt the framework for ALSs developed by INTRAC.

Aim

The aim of the SLC ALS is to help support and enhance the work of leading practitioners involved in the delivery of SLC. Through the process, it is hoped that the ALS will help refine models of practice, address challenges and lead to better outcomes for communities and other stakeholders. The SLC ALS may also contribute towards community development capacity building for districts and the country. A role for the UWE evaluation will be to help document and assess these benefits.

Key learning outcome for ALS members

Through participation in the SLC ALS, members should expect to enhance their practice-based expertise in community development.

Membership

Members of the SLC ALS are primarily community-facing practitioners.

Other individuals who can be members include those with a mixed managerial and community-facing role, and those with a strong interest in community development practice.

There should at least one representative from each of the six areas.

Attendance

Members should expect to attend all ALS meetings.

Where there are staff changes, project locality leads should make hand-over arrangements to support continuity of representation from localities.

Where there is an unavoidable absence, the member should take steps to learn about key points arising from meeting

Number of meetings

Between April 2018 and December 2019 there will be six ALS meetings (unless the group revise this)

Venues and Presenters

Venues are agreed in advance.

A lead presenter of a 'burning issue' and/or area of best practice will be agreed in advance.

District localities are encouraged to host one ALS meeting in order to rotate.

Facilitation

The first two meetings will be facilitated by UWE. Thereafter, the ALS group will decide on how facilitation will work.

Evaluation and dissemination

It is important to capture the learning that arises from the SLC ALS. UWE, with support from GCC Pubic Health, may be in attendance at the ALS and will put in place arrangements to document and evaluate the SLC ALS.

Key learning to arise from the ALS will be shared through the evaluation and other opportunities to disseminate good practice in the county and more widely.

Relationship with the SLC Steering Group

The SLC ALS is primarily a practitioner based learning group, which is distinct from the remit of the SLS Steering Group. Depending on the locality project model, members of the Steering Group may also be members of the ALS

Other attendees

Members of the ALS may decide to invite other individuals to attend specific ALS meetings. This may be the case where, for example, specialists or community volunteers can provide a contribution to an ALS topic.