Hull Public Health Qualitative Research Project

Final Report to Hull City Council Public Health Team, March 2015

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EXECUTIVE SUMMARY

This report presents the findings of a study carried out between September 2014 and February 2015 in Kingston upon Hull. The central focus of the research was to use qualitative research methods from an assets approach perspective to explore the assets existing in the different communities of Kingston upon Hull, and to reflect on how these assets can be utilised to promote public health in the city. We undertook focus groups with diverse community groups across the city and individual case study interviews with members of these groups. We additionally held two key stakeholder events with professionals and community members to inform the development of the research.

Specific objectives were:

- *To briefly explore, within local community groups, beliefs and attitudes to health and risks, barriers to changing behaviours, and ways to start changing attitudes and overcoming these barriers;*

- *To explore in greater detail, using an asset-based approach, what assets exist in different communities throughout the city, and how these assets can be utilised to improve health and wellbeing;*

- *To explore the following issues related to the asset-based approach: the health promoting environment; people's life-course and stories, including their mental health and their views on what constitutes 'wellbeing'; resilience; integration; and social isolation.*

INTRODUCTION

Kingston upon Hull contains some of the most socially disadvantaged communities in England, with much of the population suffering from poorer health than in many other parts of the country. The Hull 2020 vision, launched in August 2014, brings together nine public service organisations (including the city council) with the aims of (i) bringing all public services together to work as single system by 2020 and (ii) empowering local people to take control of their own health and wellbeing.

Effective community engagement is essential if local government is to achieve public health goals (NICE, 2014). However, a recent Public Health England report (2015) notes that although there is now widespread acceptance of the need to enable individuals and communities to take more control over their health and lives, 'the invaluable contributions and experiences of citizens actively involved in their own communities are rarely considered as part of the evidence base' (page 7).

There has been a recent shift in UK public health policy towards an 'asset approach', balancing the evidence base on health deficits (identifying problems and needs) with an equal focus on health assets (resources for creating health and wellbeing). An asset approach seeks to identify and mobilise the capacity, skills, knowledge, connections and potential in individuals, communities and organisations to create positive health and cultivate resilience.

The aim of this qualitative research was to engage members of diverse community groups across Hull and professional stakeholders in a process of reflective inquiry to identify the assets available in Hull's different communities, exploring beliefs and attitudes about good health and what might make a difference, as well as possibilities for change building on the various assets that exist within the community.

METHOD

Study design

The study design comprised four phases:

Phase 1: Stakeholder workshop

A half day workshop event was held to explore national and local challenges in responding to different public health needs from the perspective of key professional stakeholders and local community groups. Activities undertaken by delegates included reflective group discussion, photo-elicitation and interactive question and answer sessions. Outcomes from this workshop were used to inform the focus for qualitative inquiry in the subsequent phases (2 and 3) of the research.

Phase 2: Focus groups

Focus groups were held with members of 12 diverse community initiatives across the city, focusing on how the activities and processes involved in community group participation facilitated the health and wellbeing of community members.

Phase 3: Individual case study interviews

Case study interviews were held with 13 community members recruited from phase 2. The interviews explored experiences and perceptions relevant to the participants' community assets, health and wellbeing, reflecting with the participant on their connections with individuals and communities, as well as considering what might support them to use assets in their community.

Phase 4: Research dissemination event

A half day research dissemination event was held to reflect on emerging research findings with research participants and professional stakeholders. Delegates participated in an interactive question and answer session and reflective discussion on issues raised.

Research Participants

Table (i) shows details of the community groups who took part in the research and provides a brief description of each group. Focus groups were carried out with each community group and thirteen individuals were purposively recruited after the focus group sessions to take part in the case study interviews.

Table (i): Community groups participating

Community groups	Brief description of group and activities
Hull and District Diabetes Support Group	A volunteer group seeking to raise awareness of and disseminate information about diabetes and its associated health problems in Hull and surrounding areas.
Looking Good Feeling Good in North Hull	Volunteer group running a local weekly exercise class with participants primarily in the 60 plus age category.
Volunteer Doula Service and Breastfeeding Peer Support Project	Volunteer doulas act as birth partners supporting women identified as vulnerable through pregnancy, childbirth and the first six weeks post-natally. Breastfeeding Peer Support workers support local women to initiate and sustain breastfeeding. The service developed as part of the activities of the Goodwin Development Trust (a local social enterprise).
Hull All Nations Alliance (HANA): Eastern European Group	An umbrella organisation made up of fifty diverse community groups and associations to support black, minority, ethnic and migrant (BME) communities in Hull, the East Riding of Yorkshire and North/North East Lincolnshire. The Eastern European Group took part in this research.
The Haven Project	Offers practical and psychological support to refugee and asylum-seeking families, focusing specifically on advocacy, health and parenting issues, and is part of the portfolio of community groups managed by the Goodwin Development Trust.
Green Prosperity	A sustainable living initiative delivered by a number of local charities and social enterprises. The focus group for this study was held with staff and volunteers from the food growing initiative, *Grow It, Eat It, Love It*.
The Social Prescribing Project	Social Prescribing offers one-to-one appointments with trained volunteers for people who come to medical services with social, emotional and/or practical needs, and whose health and wellbeing would benefit from non-clinical services. We interviewed volunteers and staff at the end of a six month pilot scheme.
Local Works	A not-for-profit social enterprise providing alternative education for young people aged 11 to 16 who struggle in mainstream education.

Hull Tenants' Forum	The Forum gives people living in the city an opportunity to work with council services to discuss issues affecting local housing, and to create change and improvement in residential areas.
Bransholme Buddies	Provide a mobile youth club for the young people of Bransholme estate in the north of the city. The initiative was set up by local residents and the group ethos focuses on local residents looking after one another, and through this, fostering a sense of community in the estate.
Carers' Information and Support Service	A commissioned service dedicated to supporting carers provided by City Health Care Partnership Community Interest Company, a social enterprise organisation providing primary care and other health care services. Support includes provision of information, one-to-one appointments, a drop-in service, and home visits where necessary. Also offer training for carers and volunteers, and facilitate the establishment of independent peer support groups in local areas.
Artlink	A community arts organisation working within Hull and East Riding to create greater access to the arts for all in traditionally excluded groups within society. The group who took part in this research had participated in Artlink's contribution to a national project 'Follow the Herring', celebrating the coastal heritage of the UK's east coast and engaging coastal communities in the arts through a variety of arts activities and performances.

Analysis

Verbatim transcripts for all focus group and individual interviews were analysed thematically using Template Analysis. This enabled us to identify key issues relating to the collective resources available to Hull's community groups, focusing on their skills, knowledge, connections, and potential.

FINDINGS

Findings are organised in relation to three main areas: (i) Thinking about assets at a community level; (ii) Thinking about assets at an individual level; (iii) Making the most of assets: collaborative working between communities and others.

Thinking about assets at a community level

- All the community groups had a key central focus – either based on locality or interest in a particular topic. 'Looking after your own' works well in both types of group.
- Study participants commonly said they felt a sense of pride in their local area and the city of Hull – though there were exceptions (especially at the city-wide level)
- Community events can foster this sense of local pride
- Community groups have an intimate knowledge of their local community; this can help them to engage with people in their communities who would be classed as 'hard to reach' by statutory services.
- Community initiatives were seen as increasingly filling the 'gaps' emerging as other (statutory) services become more stretched.
- As autonomous and independent entities, groups described themselves as better able than public sector services to devote the time needed to really understand and respond to the needs and preferences of their community members. Professionals are seen by participants as offering advice; peers are seen as offering choices.
- According to our participants, community groups have significant societal value, offering affordable services to community members at a substantially lower cost than comparable statutory services.
- There is a perceived difficulty in 'putting a real price' on community-based initiatives; their real value could be overlooked because savings are 'hidden', and it can take time for benefits to become apparent.
- Participants in several groups highlighted that Hull was relatively unusual in that in some areas, long-established extended families continued to live in close proximity and were an important source of support to their members.

Thinking about assets at an individual level

- Participants identified numerous mental and physical health benefits from taking part in community groups. These include helping people develop personal coping resources, facilitate resilience, provide peer support and role-modelling in relation to health and well-being.
- Volunteers are an absolutely central asset, with a tremendous range of skills which can benefit the community.
- The motivation to join groups often stems from a desire to pass on personal experiences to others facing similar situations in their own lives.
- The experiences of community members can be drawn on to inform and develop initiatives.
- The recognition of their personal skills and experience as assets on an individual basis makes community participation meaningful for community members.
- Accredited training for volunteers provides recognition for their skills and commitment, and can ensure that benefits from group membership are sustainable.
- Whilst volunteering is personally rewarding, successful groups do not underestimate the associated demands; realistic expectations are key to retaining volunteers' skills.
- Participants criticised the sanctioning of welfare benefits for those who volunteer over a stipulated number of hours, arguing powerfully for the many potential benefits of volunteering for those out of work.

Making the most of assets: collaborative working between communities and others

- In the main, community groups did not collaborate extensively with each other – though there were exceptions.
- External collaborations were much more often with statutory services and professional who work for them.
- Professionals can play an important role supporting community members to develop their own health and wellbeing initiatives, especially in supporting the initial set-up.
- Professionals can provide recognition and validation for community groups, including through conferment of awards and appropriate publicity.
- While community groups benefit from autonomy, they recognise that there may well be official procedures and regulations which they need to follow – professionals sometimes usefully assist with these processes and this is welcomed.

- There was a widespread view that there remains a need to improve the provision of comprehensive local information with regards to priorities and plans at local government and NHS level, and also with regard to events, funding opportunities, other community organisations and initiatives, and training opportunities.
- Some concerns were expressed that local decision-making, especially regarding funding, displays favouritism towards certain established groups.
- Community groups need more assistance with identifying appropriate sources of funding.
- Funding for community initiatives is often time-limited and insecure - successful groups and projects need time to both embed and develop to produce positive and substantive change.

DISCUSSION

Engaging with local communities as a strategy for health improvement is endorsed at both national and local level. The findings from this study demonstrate both the diverse array of valuable assets available in Hull's communities as well as highlighting ways in which these assets can be utilised to promote health and wellbeing in the city. Whilst communities can be defined in different ways by different individuals, there certainly seems to be scope for further developing a sense of pride and belonging at citywide level. Existing community events as well as City of Culture 2017 are excellent opportunities to promote civic pride and to foster a sense of city-wide community. Making sure that such events are fully inclusive and that information is disseminated effectively is important. Recognition through publicity and awards for community members and community initiatives could also serve to draw attention to the city's accomplishments at a wider (regional and national) level as well as clearly demonstrating local community involvement.

The greater time and flexibility available to community groups as well as the stability and continuity of communities may mean they are better placed than statutory services to assist and empower their peers. Community group members have a close knowledge of their own community which can make them particularly well- placed to interact with and assist local people. Peer support and role modelling encourage individuals in effective self-management of their own health. Some community members, including traditionally 'hard to reach' groups may respond better to peer rather than professional assistance. Groups feel a responsibility

to engage with isolated members of their community. In some parts of Hull, large extended families could be engaged with as additional assets to encourage community participation. Future research could valuably identify how these extended family support networks operate and how they might be usefully drawn upon to support and achieve public health goals in the city. Better local intelligence can also assist in the design and implementation of more effective services at local level.

Participants have a strikingly holistic view of public health issues - physical and mental health are seen as inextricably linked and equally important by participants, and participation in community initiatives is seen as providing health benefits in a variety of ways. Volunteering and community participation are personally rewarding and create community. Community members have a tremendous range of skills, and their experience and knowledge of community members can be used to inform and develop initiatives. It is important that volunteers are valued and the personal assets they bring to community centred initiatives appropriately recognised.

Just as an assets approach does not replace investment in improving services or tackling structural causes of inequality, a focus on community centred initiatives and on the empowerment of local communities and individuals should not imply that there is no role for other services. There are important roles for professionals in supporting community members and community initiatives, particularly with regard to setting up initiatives and seeking appropriate funding. There was evident regret expressed at the current lack of support available in this regard and the previously available Community Development Workers who had performed such a role were reflected on very positively. There was widespread support for improved provision of comprehensive, reliable and up to date information with regards to local priorities and plans, events, funding opportunities, other community organisations and initiatives, and training opportunities.

It is evident that there is an exciting range of diverse initiatives that operate in the city, and a wealth of experience and expertise that can be drawn on for the future. Although situated in a national period of economic restraint, with the impending City of Culture 2017 as well as the on-going implementation of the Hull 2020 vision strategy, these are exciting times for Kingston upon Hull. To meet the city's stated objective of galvanizing individuals and communities to take more control over their own health, their own wellbeing and their own

lives, it is essential that both local government and the NHS continue to amass, acknowledge and take on board the invaluable contributions and experiences of actively involved community members.

IMPLICATIONS AND RECOMMENDATIONS

1. Attention needs to shift from professionals to community providing public health solutions with appropriate professional support.
2. Holistic models of public health involving social rather than medical solutions offer an effective way forward in public health improvement.
3. Encouraging and supporting community initiatives is a key part of an effective public health strategy.
4. Community based solutions to public health issues need to involve changing the role of professionals from drivers of change to providers of resources, support and expertise. The initial set up phase of initiatives seems crucial in this regard, and the availability of affordable accessible public venue space is also highlighted in this research.
5. There is significant evidence of skills and experience within communities which could be more active in public health solutions; attention should be placed on further dialogue with communities to develop ways to harness and support these community assets.
6. Community led public health initiatives need to be fully supported by Hull CC and the CCG as collaborative ventures.
7. Shifting the balance to supporting the active involvement of communities in public health improvement needs to involve systemic change involving new governance arrangements across the city.
8. There is an important role for non-statutory agencies in supporting community initiatives. These need to be co-located within individual communities.
9. Switching to a community based approach to public health improvement needs to be matched with community participation in local strategic development at a city level. Attention needs to be focused on how communities are able to play a meaningful role in shaping public health strategies and allocations of resources.
10. Systems should be available to provide accredited training for community members where this is requested.
11. Further work is needed into the role of extended family and kinship networks in providing community based support.

12. Holistic community based solutions to public health improvement require the development of an alternative set of indicators to monitor and evaluate change focusing for example on resilience, levels of individual community involvement and peer support rather than more conventional indicators such as decrease in smoking or healthy eating.

13. New models of public health initiatives require flexibility across communities rather than a one size fits all approach.

14. New public health strategies could usefully build in a 'learning approach' in which evaluation continually informs the on-going development and improvement of community based public health initiatives rather than solely monitoring achievement against pre-defined targets.

15. Our research identifies the following as priorities for future collaboration with community members and community centred-initiatives: (i) support to help groups get established over their first year; (ii) funding that is as flexible and sustainable as possible; (iii) the development of roles within statutory services that are designed to support group development and activity.

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1. INTRODUCTION AND BACKGROUND

This report presents the findings of a study undertaken between September 2014 and February 2015 in the city of Kingston upon Hull. The study was a qualitative research project, comprising focus groups with twelve community groups across the city supplemented by thirteen individual interviews with community group members. The project included two stakeholder meetings – one at the outset of the research to gather a wide range of views on public health issues, and another at the close of the project to feedback and discuss the research findings. Stakeholders included members of the City Council, the local Clinical Commissioning Group and health services, and community groups and services.

In this section, we summarise the background to this study, briefly our theoretical approach and conclude by stating the aims and objectives of the project.

1.1 Background to the study: the movement towards an assets model

There has been a recent shift in UK public health policy towards an 'asset approach' (e.g. Whiting et al., 2012) - balancing the evidence base on health deficits (identifying problems and needs) with an equal focus on health assets (resources for creating health and wellbeing).   In 2010, *The Marmot Review* outlined how the identification of community assets might be used to engage people at a local level in activities which promote health and well-being (Marmot, 2010). Key to the Marmot approach is the need to create conditions for people to take control of their own lives. This has clear implications for the role of local government:

> *"This requires action across the social determinants of health and beyond the reach of the NHS. This places renewed emphasis on the role of local government who along with national government departments, the voluntary and private sector have a key role to play."*
>
> Local Government Association, 2010

An asset approach does not replace investment in improving services or tackling structural causes of inequality. However, it is different from a more familiar deficit approach which tends to focus on the problems, needs and deficiencies in a community. In a deficit approach, problems are identified, and services designed to fill gaps and fix problems which

can lead to communities becoming disempowered and passive recipients of expensive services. An asset approach seeks to identify and to utilise the capacity, skills, knowledge, connections and potential in a community. An asset approach is thus very much in line with the findings of the Marmot Review which concluded that:

"Effective local delivery requires effective participatory decision making at local level. This can only happen by empowering individuals and local communities."

Health assets include resources at both individual and community level, such as the personal skills and experiences of residents within a local area, group activities which encourage wellbeing, and the structural resources which support these individuals and groups (Morgan & Ziglio, 2007). The aim of the assets model is to build a picture of the strengths and resources of the people within a community before designing interventions to improve health and wellbeing, to enable greater sensitivity to the context in which they will operate.

The research commissioned for this report focused on an assets approach, exploring attitudes to health, and the barriers to changing unhealthy behaviours and addressing inequalities. It also sought to provide evidence of the existing skills and capabilities within the diverse communities of Hull which might be utilised to engage the city's residents in the improvement of their own health and wellbeing.

1.2 Aims, objectives and theoretical approach

The overall aim of this research study was to use qualitative research methods to explore the assets which exist in the different communities which make up Kingston upon Hull, and to reflect on how these assets can be utilised to promote public health in the city by breaking down barriers to social integration, health and wellbeing. The research set out to explore the experiences and assets of community groups, investigating this within the context of the group setting and through the stories/life-courses of individual group members. A qualitative, interpretive approach is suited to exploring experiential issues and individual narratives.

In line with the literature on asset-based approaches, this project draws its theoretical position from the concept of 'salutogenesis' (Antonovsky, 1996): the concept of focusing on factors which support health and wellbeing, rather than on factors which cause ill health. Our study drew on principles of appreciative inquiry, a participative approach that values

those involved as experts in their own lives and therefore as key actors in health improvement solutions. Our intention in this work was therefore to engage diverse groups across Hull, including professional stakeholders, in a process of reflective inquiry to identify the assets available in Hull's different communities, exploring beliefs and attitudes about good health and what might make a difference, as well as possibilities for change building on the various assets that exist within the community.

Specific objectives were:

- To briefly explore, within local community groups, beliefs and attitudes to health and risks, barriers to changing behaviours, and ways to start changing attitudes and overcoming these barriers;

- To explore in greater detail, using an asset-based approach, what assets exist in different communities throughout the city, and how these assets can be utilised to improve health and wellbeing;

- To explore the following issues related to the asset-based approach: the health promoting environment; people's life-course and stories, including their mental health and their views on what constitutes 'wellbeing'; resilience; integration; and social isolation.

2. PROJECT DESIGN AND METHODOLOGY

In this section, we describe the research setting for this project, then outline the research methods used in each phase of the project.

2.1 Research setting

Kingston upon Hull is the most densely populated area in the Yorkshire and Humber region, with 256,400 residents at the time of the 2011 census. Hull's percentage of older residents is lower than the national average – approximately 17 per cent of the city's population is aged over 65 (Cooper et al, 2010). The higher proportion of young people is partly made up by students attending the university. The city contains some of the most socially disadvantaged communities in England (Porter et al, 2011), with half of the city's population living in wards falling within the most deprived 20 per cent of residential areas in the UK (Hull City Council, 2013[2]) . Hull contains 23 wards across seven local authority areas (see Table 1). The areas of greatest deprivation are Orchard Park and Greenwood, Bransholme East, Southcoates East and north Myfleet, St Andrews, and parts of Myton and Newington. The least deprived areas are Kings Park, Beverley, parts of University, Bricknell and Pickering, the east side of Holderness, Sutton and Ings, and south side of Drypool.

The majority of the city's population (more than 92 per cent) are White British or Irish. In 2009, the remaining 8 per cent comprised people of black or minority ethnic (BME) origin (Porter et al, 2011), with the largest groups being of African, Polish or Iraqi origin. At the time of the most recent demographic survey, the majority of the BME population lived in West or North Hull (Greene et al, 2008).

A 2009 city-wide survey focusing on social capital (defined as the trust and reciprocity that facilitates effective community relations) suggested that involvement in local organisations is most prevalent among the city's least deprived localities (Cooper et al, 2010). Of the eight areas in Hull, East and North Carr felt that they had the least influence over decisions which affected their local area. Levels of trust were highest in West and East Hull.

2.1.1 Public Health in Hull

Life expectancy in Hull is lower than the national average (Cooper et al, 2010). Hull residents living in the most deprived areas were more likely to rate their health as 'poor', and least likely to have help at hand when they were unwell – social isolation is highest among the long term sick, unemployed and retired. Thirty per cent of the city's residents have a long term health condition (Hull City Council, 2013[1]). Levels of smoking are ten per cent higher than the national average, and in deprived areas, healthy eating and exercise are less prevalent than in more affluent areas, and there are higher rates of mental health problems and chronic health conditions.

The Public Health Business Plan in Kingston upon Hull outlines three life-stages as a focus for health improvement: children and young people (up to the age of 19 years), adults (from age 20 to 64) and older people (65 and over), with an additional focus on workforce health (from 18 to 64 years).

2.1.2 Population for the qualitative study

In choosing community groups for the study, the aim was to recruit across a diverse range of activities, ages, ethnic origins and social circumstances. Two of the participating community groups were based in North Hull, two in East Hull, and the four groups based in West Hull operated city-wide from central premises in the city centre (Myton). Residents across eleven Hull postcode areas took part in the focus groups.

Locality	Area	Ward
North	North Carr	Bransholme East Bransholme West Kings Park
	Northern	Beverley Orchard Park and Greenwood University
East	East	Ings Longhill Sutton
	Park	Holderness Marfleet Southcoates East Southcoates West
	Riverside (East)	Drypool
West	Riverside (West)	Myton Newington St Andrews
	West	Boothferry Derringham Pickering
	Wyke	Avenue Bricknell Newland

Table 1 *Areas and wards of Kingston upon Hull* (Hull City Council, 2013[2]).

2.2 Overall study design

The study design comprised four phases, outlined in Table 2, below.

PHASE	DESCRIPTION
1	Stakeholder workshop: a half-day, city-wide consultation event
2	Focus groups with 12 diverse community initiatives across the city
3	12 case study interviews with individuals from the community initiatives
4	Stakeholder dissemination event: presentation and discussion of findings

Table 2 *The four phases of the research project*

Ethical approvals for the study were granted by the School of Human and Health Sciences Research Ethics Panel at the University of Huddersfield.

2.3 Phase 1: Stakeholder workshop

A half day city wide workshop event was held in the Guildhall, Hull on 24th September 2014 to explore national and local challenges in responding to different public health needs. The event was run as a knowledge café (e.g. Brown, 2001), utilising principles of action inquiry (e.g. Heron, 1997; Percy-Smith, 2011). Issues and questions arising from this workshop were then used to inform the focus for qualitative inquiry in the subsequent phases (2 and 3) of the research.

(i) *Plenary:* Delegates were asked to discuss and feedback answers to the following question: *What are the most important considerations in improving public health outcomes in Hull?*

(ii) *Photo-elicitation session:* The research team used a method known as photo-elicitation to help delegates generate debate and new questions about public health issues. Delegates were provided with approximately 100 photographs of a wide variety of situations, experiences and objects, and each delegate was asked to choose a picture which resonated with the following question: *What might it mean to make health and wellbeing everybody's responsibility?*

Photo-elicitation is based on the premise that photographs are capable of generating multiple meanings, and that each viewer will construct their own meaning in association with a picture (e.g. Barthes, 1964; Harper, 2002). Each small group was provided with a large piece of flipchart paper, and asked to stick their chosen photograph to their group's flipchart paper and annotate it to describe its significance in terms of the question above. Delegates then discussed their photo choices and annotations together, and made further annotations to their flipchart paper as discussions continued. The research team were available to assist and discuss the task with delegates. At the end of the session, each small group was asked to summarise the themes on their poster, and generate a new question which they felt would best address public health priorities in Hull. The photo-elicitation session ended with a plenary session discussing the following three questions:

- What are we learning here?

- What seems really important in improving public health outcomes?

- How do these issues and questions challenge us in our own roles?

(iii) *Question and answer session:* The questions generated from each poster were written on new pieces of flipchart paper and fastened to the walls around the room. An additional ten questions generated by the researchers were also written onto flipchart sheets and fastened to the walls. Delegates were then asked to look at the questions on the walls, write their own answers to each question on a coloured Post-It Note, and stick it to the flipcharts beneath the relevant questions. Post-It Notes were colour coded by profession/background, to enable the research team to separate out different perspectives on the questions.

(iv) *Final plenary:* The research team conducted a reflective discussion on the workshop, with the following questions:

- What might it mean to make health and wellbeing everybody's responsibility in Hull?

- What should we do differently?

- What are you taking away from discussions today?

2.4 Phase 2: Focus groups

Focus groups have been used in a wide variety of qualitative research studies investigating public health and community participation (Wilkinson, 1998). They take the form of an informal, focused group discussion guided by a list of questions or topics given by the researcher. For the purposes of this study, a social-centric approach was taken, where participants are seen as co-constructing or building shared meanings from shared experiences (Belzile and Öberg, 2012).

Questions for the focus group schedule (see Appendix 4) were developed from issues arising at the initial stakeholder meeting (see phase 1 above and Appendix 1) to generate discussion about how the activities and processes involved in community group participation facilitated the health and wellbeing of group members (both those attending the focus groups, and the wider membership of the community groups).

Community groups to participate in phase 2 were identified through discussions with those taking part in phase 1 of the research, and in consultation with the Hull City Council steering team. Group leaders from identified groups were approached by the research team through publicly available contact details (email or telephone) and sent written information about the project for dissemination amongst their members. If willing to participate, a convenient time and venue for the session was arranged. Focus group sessions were facilitated by two members of the research team, and were audio-recorded and transcribed verbatim. All participants in the focus groups gave full informed written consent prior to participation.

2.5 Phase 3: Case study interviews

In addition to the 12 focus groups, 13 semi-structured interviews were undertaken with a purposive sample of members of community groups in Hull. Semi-structured interviews were used to explore the perceptions and opinions of participants. A loose interview schedule was devised (see Appendix 4), considerate of the assets approach and the main research aims of the study. The method allowed for further questions to evolve throughout the interview that could be more attuned to the participant's story or interests and also allowed for probing to gather further information or clarification of points made.

All interviews began with the same question: *How did you become involved with the group?* The interviews were conversational in nature. The interviewer attempted to not dominate, instead listening and guiding the talk where necessary to explore experiences and perceptions relevant to the participant's community assets, health and wellbeing.

The second part of the interview (for 11 of the 13 interviews conducted) involved the concentric circles mapping (CCM) method. This method involves the use of an A2 template, featuring a series of concentric circles.   Firstly, participants were asked to choose an object that they could identify with (the researcher had a box of many objects to choose from). Using objects as metaphors can help us to understand participants and how they relate to the world. The object choosing further facilitated rapport and participant ease. Following their choice of object, participants were briefly asked to reason their choice (when participants think about why they have chosen the given object, a journey of self-discovery can also unfold).

Participants were then asked to place themselves in the centre circle (the object) and to put items that they deemed most important for their health and well-being in the rings closest to them and the lesser important things on the outer rings. Post it notes were available for participants to use and if they saw fit, they drew arrows to indicate relationships or connections. Participants talked through their decision making processes, hierarchically placing their post its on rings closer or further away from themselves. Throughout the CCM exercise, participants freely returned to their object choice rationales; as their maps developed, their needs and assets related strongly to their objects/metaphor identities. After the maps were completed, if not discussed in the map building, participants were asked to look at their maps and to consider (i) what they noticed about their connections with individuals and communities and (ii) what would support them to use the assets in their community better.

We deliberately sought diversity across the city ensuring good representation of group membership across communities. Community group members were given a letter of invitation and information sheet following the focus group discussions. Following consent, the interviews were conducted, audio-recorded and transcribed verbatim. Interviews were conducted at the home or community group addresses of participants or at community venues in Hull. Each participant was given a pseudonym to protect their confidentiality and anonymity.

2.6 Phase 4: Stakeholder dissemination event

A half day research dissemination event was held at The Octagon, Hull on 5th February 2015. All those professionals attending the first stakeholder workshop in September 2014 were invited, as well as all community members who had taken part in the research.

The event was structured in three parts:

1. *Presentation* by the research team on preliminary findings from the project (slides available at http://eprints.hud.ac.uk/23328/)

2. *Question and answer session:* Questions emerging from the research findings were written on to pieces of flipchart paper and fastened to the walls around the room. Delegates were asked to look at the questions on the walls, write their own answers to each question on Post-It Notes, and stick each note to the flipcharts beneath the relevant questions.

3. *Feedback session*: The research team conducted a reflective discussion with attendees based on the research team presentation and responses generated in the question and answer session.

3. DATA ANALYSIS

Template Analysis (TA) (King, 2012; Brooks et al, 2015) is a method developed by members of the research team for the thematic analysis of qualitative research data. TA has been widely used in a variety of applied settings (e.g. Brooks et al., 2015). TA uses an iterative approach – in this project, this allowed for the identification of new themes over the course of the work, ensuring that the study could be adaptive in relation to emerging issues. Our analysis concentrated on issues and concerns that emerged throughout the research in dialogue with participants, identifying the collective resources available to Hull's communities and focusing on the skills, knowledge, connections, and potential in these communities.

Initial coding was undertaken on two focus group transcripts to identify emerging themes. An initial coding template was constructed on the basis of themes emerging from these groups and drawing on the known content of other completed focus groups. Having identified emerging themes from two transcripts, we additionally used available literature on the asset-based approach to define three broad *a priori* themes. In TA, *a priori* themes are themes defined as potentially useful in advance of coding – they may be chosen on the basis of, for example, applied concerns or existing literature. *A priori* codes do not have a special status and are equally as subject to redefinition, revision or deletion as any other themes in the analysis process.

Our *a priori* themes were based on Morgan and Ziglio's (2007) asset-based model of health and development which distinguishes between assets at the *individual* level, the *community* level and the *organisational* or *institutional* level. Assets at the individual level include social competence; resistance skills; commitment to learning; positive values; self-esteem; a sense of purpose. Assets at the community level include family and friendship (supportive) networks; intergenerational solidarity; community cohesion; affinity groups (mutual aid); religious tolerance. Assets at the organisational level include environmental resources; employment security; voluntary service opportunities; safe housing; political democracy and participation opportunities; social justice and equity.

The final project template can be found in the appendices to this report (Appendix 5).

4. STAKEHOLDER EVENTS

Invitations to the stakeholder workshop (Phase 1) were formulated in consultation with the HCC steering team. Table 2 shows a breakdown of the groups and numbers who were invited, and the numbers in attendance at the workshop.

Stakeholder group	Invites sent	Attendees
Hull City Council	27	17
Health services/Clinical Commissioning Group	17	5
Community groups	29	8
TOTALS	73	30

Table 3 *Preliminary stakeholder workshop invite and attendance numbers*

Stakeholder group	Invites sent	Attendees
Hull City Council	27	11
Health services/Clinical Commissioning Group	17	2
Community groups	12 (to groups)	22
TOTALS	56	35

Table 4 *Dissemination event invite and attendance numbers*

Summary results documents from both events can be found in the appendices to this report (Appendix 1 and Appendix 2).

5. QUALITATIVE RESEARCH WITH COMMUNITY MEMBERS: PARTICIPANT DETAILS

The twelve focus groups (Phase 2) were undertaken with a purposive sample of community organisations operating in Hull, and the thirteen case study interviews (Phase 3) were drawn from members of these groups.

To ensure the representation of a broad range of communities living in the city, diversity was deliberately sought in terms of gender, age group, ethnicity, group location, the physical capabilities of members and the nature of group activities. Figure 1 shows the geographical spread of groups who participated in the research across the city.

Figure 1: *Project recruitment: geographical spread*
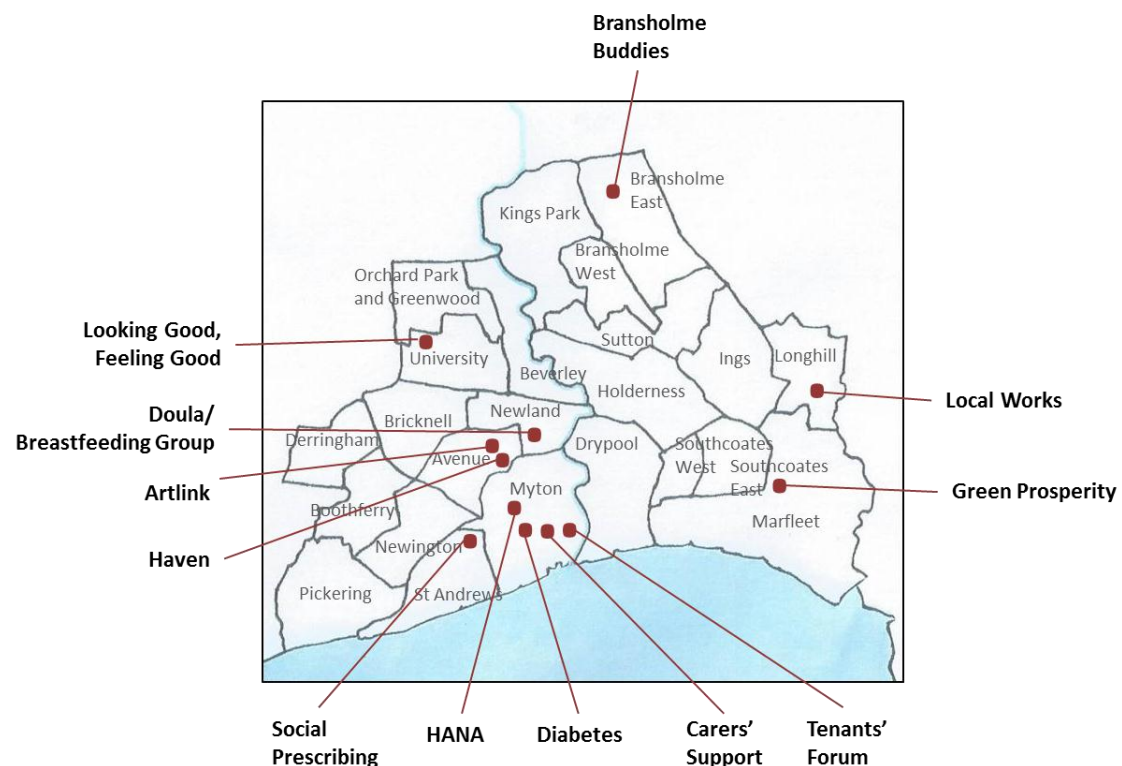
5.1 Community groups

Groups were drawn from staff and volunteers from the following twelve community projects. Tables 5 and 6 below summarise participant details for the focus groups and individual interviews.

1. Hull and District Diabetes Support Group

The Diabetes Support Group was formed in 2002 by a group of volunteers whose aim was to disseminate information about diabetes and its associated health problems in Hull and surrounding areas. The group ethos centres around raising awareness to prevent potential health problems, and care and support which extends beyond the person with diabetes to their families and friends. Initial funding was provided by Hull City Council and the NHS, and subsequently the group has relied on fund raising activities and the CCG Community Initiative Fund. The group usually has about thirty members on its books, mainly over 50 years of age, and would actively like to engage with younger people and with ethnic minorities. Its activities include free monthly meetings with specialist speakers at a venue in central Hull, awareness-raising days at supermarkets and pharmacies, and social events for group members.

2. Looking Good, Feeling Good in North Hull

Looking Good, Feeling Good meet every Thursday evening in North Hull for a mix of seated and standing exercise. The group began in 2006 as a twelve-week course based around health topics such as weight management, exercise, Tai Chi and stopping smoking. At the end of the twelve weeks, the members decided that they wished to continue with the sessions, and began paying subscriptions and fund raising so that the group could continue to engage a trainer for exercise classes. They were aided in this transition by a Community Development Worker. About twenty people currently attend regularly, most of whom are retired, with a few new members joining each year. The group also engage in social events such as meals out, bingo, bowling and cinema trips outside of their Thursday meeting. Funding from the Yorkshire and Humber arm of the NHS's Altogether Better Initiative has provided training for several group members to become Community Health Champions – the remit of Health Champions is to engage the wider community in initiatives to improve health and wellbeing.

3. Volunteer Doula Service and Breastfeeding Peer Support Project
(Goodwin Development Trust)

A doula is a birth partner who supports women through pregnancy, childbirth and the first six weeks with a new baby. Breastfeeding Peer Support workers support local women to initiate and sustain breastfeeding. Volunteers for both services are lay helpers, and do not require a background as a health professional. The Volunteer Doula Service began in September 2005 when the government's Sure Start programme identified a gap in care provision for pregnant women living in difficult circumstances in Hull. The service developed as part of the activities of the Goodwin Development Trust – a social enterprise which now employs 200 local people and 140 volunteers, working with public, private and third-sector organisations to improve quality of life for Hull residents. The doula service has trained 219 volunteer doulas and 127 breastfeeding peer support workers in its lifetime – the training is comprehensive, and has received accreditation with Certa, formerly known as the Open College Network (Yorkshire and Humber Region). The group currently has 48 doulas and 38 breastfeeding support workers on its books, and has two intakes a year for volunteers, many of whom go on to train as midwives. It is currently funded by Hull's Clinical Commissioning Group. In 2009 the Department of Health awarded the Goodwin Centre £270,000 to create the same service in eight other parts of the UK.

4. Hull All Nations Alliance (HANA): Eastern European Group

HANA is a registered charity formed in 2002 to support the integration of black, minority, ethnic and migrant (BME) communities, to promote their welfare and rights, and to bring communities together in Hull, the East Riding of Yorkshire and North/North East Lincolnshire. HANA is an umbrella organisation which supports fifty diverse community groups and associations. Funding has been received from the NHS, the Rank Foundation, the Police and Crime Commissioner, and from charitable donations. The focus group for the research project was held with members of HANA's Eastern European groups, and included Hungarian and Polish participants. The Eastern European Project currently have between 15 and 20 volunteers, some of whom work at the HANA offices, others who are based at home but can be called on for help and advice. Every Tuesday HANA holds a drop in session to offer help with financial and benefit issues, housing matters, access to health services, translation needs, domestic abuse, and to assist in dealing with cultural issues which affect relations with the police. They also signpost to and receive referrals from other support groups and services. As an umbrella organisation, HANA holds two large annual community events – a Football World Cup and an International Fashion Show showcasing national

dress of participating community groups. Smaller events, run mainly for children, include Saturday schools, arts and crafts sessions, puppet shows and seasonal celebrations.

5. The Haven Project

The Haven Project, based in West Hull, offers practical and psychological support to refugee and asylum-seeking families, focusing specifically on advocacy, health and parenting issues. It began in 2003 as part of a national initiative, with local funding from Hull City Council and the National Health Service. Hull subsequently became a dispersal city for asylum seekers through the National Asylum Support Service, and the project has continued. It is part of the portfolio of community groups managed by the Goodwin Development Trust (see *Volunteer Doula Service*, above). The Haven Project now employs seven part-time members of staff – a project manager, an administrator, a cultural integration worker, a youth worker assistant, two psychotherapists and a counsellor – who are working with about thirty families at any one time. Haven also takes on volunteers who cover a range of roles, from interpreting through to group support. It is hoped that in future, roles will expand to include befrienders and increase the number of therapists. Referrals come from a variety of routes, including self-referral, GPs, specialist therapy and trauma services, social services and the health service. The project is currently funded by grants from the Lottery, the Tudor Trust, Comic Relief (funding for the Safe Spaces project, a joint initiative with ARKH – Asylum Seekers and Refugees of Kingston-upon-Hull), and the Brems Trust (funding for interpreters). The project is in the process of applying to become an NHS provider of psychological support for refugees and asylum seekers from October 2015.

6. Green Prosperity

Green Prosperity is a sustainable living initiative which focuses on environmental enterprise, waste reduction, saving people money on electricity, energy and food bills and improving their quality of life. The project began in April 2013 as a result of a successful bid to the Big Lottery, becoming one of 12 schemes nationwide to be funded by the Communities Living Sustainably Strand. It is based in East Hull, in the Longhill and Southcoates East wards, and is delivered by the charities and social enterprises Environment & Management Solutions, Probe Ltd, and the Preston Road Neighbourhood Development Company in liaison with East Hull Community Farm, Hull College and Hull Warm Zone (which provides grants for energy efficient housing). Green Prosperity operates a range of projects, and the focus group for

this research project was held with staff and volunteers from the food growing initiative, *Grow It, Eat It, Love It*. This group currently has about twenty regular volunteers who work at the East Hull Community Farm and on other local gardening initiatives. Volunteers act as mentors with young families and other members of the community such as students and people recently released from prison, in training activities based around food growing, art and community enterprise. The team run a food growing session every Wednesday, involving activities such as seed sowing, building planters and raised beds, and cooking; further activities planned for 2015 include a scheme to develop fruit and vegetable plots in residential gardens, a bee-keeping group, and family activity days. Ongoing funding is drawn from the Big Lottery, and the group are currently looking at matched funding opportunities from local councils and businesses.

7. The Social Prescribing Project

Social Prescribing (also known as community prescribing) offers one-to-one appointments for people who come to medical services with social, emotional and/or practical needs, and whose health and wellbeing would benefit from non-clinical services. People who do not require medical interventions are referred to other community resources geared towards improving physical or mental health. The idea for taking up community prescribing in Hull arose in 2013 from the Building Health Partnerships project – an association of voluntary organisations formed to look at new ways of delivering health services. The Social Prescribing Project began in February 2014 under the management of North Bank Forum (a private company and registered charity convened to inform and support voluntary community groups). It started as a six-month pilot scheme, and has now been extended on a month-by-month rolling contract with its funder, the local Clinical Commissioning Group, possibly until March 2015, with the hope that it will then go out to tender. The project currently takes referrals from three participating GP practices in Hull. During the initial stages of the pilot, the project was staffed by two Partnership Coordinators, but is currently being managed by one coordinator on limited hours who supervises three volunteer social prescribers. Volunteers came to the project with existing training from schemes such as Sure Start, Purple House and Hull CCG, and all have considerable life experience. Volunteers meet face-to-face with clients to gain an understanding of their current medical issues, and how social prescribing may be helpful. They then refer on to other community resources to tackle specific problems.

8. Local Works

Local Works is a not-for-profit social enterprise started by an individual with broad experience in employment/training and youth work in May 2011. It provides alternative education for young people aged 11 to 16 who struggle in mainstream education – most of the young people who attend have been excluded from school, and many are in care. The group is based at permanent premises with sports facilities in east Hull. The project was initially privately funded by the group's Director, and has subsequently received support from local housing initiatives, the Police and Crime Commissioner, the Local Authority, and national funding pots such as Sported UK and Sport Relief. Local Works also works with larger partners across the City. Referrals are taken from schools via the Local Authority and through private arrangements with local Academies. Young people attending Local Works are involved in sports training and classroom-style education tailored to their learning style – all attendees work towards a qualification focused on developing personal, social and employability skills (for example, a BTEC or ASDAN qualification). The group now employs three permanent members of staff, two of whom previously worked as volunteers, and a volunteer teacher.

9. Tenants' Forum

Hull Tenants' Forum was established in November 2004 to give people living in the city an opportunity to work with council services to discuss issues affecting local housing, and to create change and improvement in residential areas. The forum aims to be inclusive and involves a diverse range of groups – for example, minority groups such as BME communities, and groups with shared experience of physical disabilities and learning difficulties. The forum's activities cover four major areas: performance monitoring, quality checking in the form of mystery shopping, estate walks to identify local environmental issues, and a consultancy board. Performance monitoring is based around housing maintenance, estate management, customer feedback and antisocial behaviour issues. 'Mystery shoppers' pose as customers to test the quality and accuracy of customer services and neighbourhood offices, and estate walks are undertaken to highlight issues such as overgrown gardens, litter, graffiti or noise nuisance. A Housing Opinion Panel acts as a consulting board on housing issues. The forum currently has 513 volunteers, and meets once a month with council members.

10. Bransholme Buddies

In 2005, the level of anti-social behaviour on the Bransholme estate in north Hull inspired two local residents to set up a mobile youth club using an ex-police van. The provision of club activities for young people had the effect of reducing crime levels on the estate. Since its inception, Bransholme Buddies has taken on and trained local volunteers, many of whom have gone on to take paid positions in a similar area of work. The Buddies now operates from a large articulated lorry, and runs four groups – a club for young residents, a group for elderly residents, a gym, and a group of community caretakers. It employs paid members of staff as well as volunteer workers, and the clubs now cater for around 40 youngsters. The group ethos focuses around local residents looking after one another, and through this, fostering a sense of community in the estate. Running costs are supported by Hull City Council and the NHS and the project is also looking towards local companies and private investors to expand its activities.

11. The Carers' Information and Support Service

The Carers Information & Support Service (CISS) takes a hub-and- spoke approach to supporting adult Carers in Hull. The service is commissioned by Hull City Council and Hull Clinical Commissioning Group and sits within City Health Care Partnership Community Interest Company, a social enterprise organisation providing primary care and other health care services. The service employs Carer Support Workers, Outreach Development Workers and Volunteer Coordinator with a service manager and administration support. The carer support takes place, where possible, in the neighbourhood where the carer lives, and support includes advice and information, signposting and referral to other agencies, accessing Carer Respite Breaks, Direct Payment for Carers and the confidential Carers Assessment of Needs and resulting Carer Support Plan. The service accepts referrals from any number of other services, but most often self-referral is the route into the service.

The group provide one-to-one appointments, a drop-in service, and home visits where necessary. They offer training for carers and volunteers, and facilitate the establishment of independent peer support groups in local areas. Four times a year, the Centre takes an information bus to public venues such as supermarkets to publicise the service. They also initiate a range of social activities, including coffee mornings, veterans weekends, speaker presentations and quizzes. Over the last two years, the service has developed its outreach activities to encourage socially excluded groups such as BME communities and homeless people to access its services. Outreach also focuses on 'hidden' carers, such as those who

have been bereaved, those who are liaising with residential care, and parent carers, and is developing its expertise in helping carers for people with dementia.

12. Artlink

Established in 1982, Artlink is a registered charity and community arts organisation working within Hull and East Riding. Since 1992, the organisation has redefined itself as an arts access agency, which aims to create greater access to the arts for all in traditionally excluded groups within society. The organisation has a comprehensive history of developing and delivering a wide range of successful high quality art projects in consultation with the community, and projects enabling community development and involvement are the main focus of their activities. Projects include work with hospitals, care homes, youth offending teams, and various Hull estates (e.g. in 1998, Artlink launched the HU6 Project, based on a review and consultation with the local community - the project continued for 7 ½ years, working across the North Hull Quadrant and Orchard Park Estates; in 2000, Lottery funding was obtained to support the Have A Go! Project, based on the previous HU6 Project - this programme extended out to the HU9 Estate communities and established an education initiative, the Cartwheels Training Course - both have continued beyond the initial 3-year Lottery funding having successfully attracted support from other funders).   Artlink works in partnership with various charities, statutory services and arts organisations. The group who took part in this research had participated in Artlink's contribution to a national project 'Follow the Herring', celebrating the coastal heritage of the UK's east coast and engaging coastal communities in the arts through a variety of arts activities and performances.

Group	Number of participants	Ethnic Origin	Male/ Female	Age range
Artlink	5	White British	5F	40–67
Bransholme Buddies	6	White British	3M 3F	28–68
Carers	8	White British	8F	29–73
Diabetes	5	White British	2M 3F	Over 60
Doulas/ Breastfeeding	7	1 Mixed race 1 Romanian 5 White British	7F	30–46
Green Prosperity	11	White British	7M 4F	32–66
HANA	6	2 Polish 4 Hungarian	6F	20 - 50
Haven	4	1 Black African 1 Iraqi 2 White British	3F 1M	27–63
Local Works	4	White British	3M 1F	22–43
Looking Good, Feeling Good	8	White British	1M 7F	Over 65
Social Prescribing	4	White British	1M 3F	37–57
Tenants' Forum	9	8 White British 1 Black African	5M 4F	24–67
TOTAL	77	66 White British (86%) 11 BME (14%)	54F 23M	

Table 5 *Participant details for the focus groups*

5.2 Case study interviews

Table 6 provides details of those community members who were interviewed

Group	Number of participants	Ethnic Origin	Male/ Female	Age group	Pseudonym
Artlink	1	White British	F	60's	Margaret
Diabetes	1	White British	M	60's	Peter
Doulas/ Breastfeeding	1	Mixed race	F	40's	Sarah
Green Prosperity	1	White British	F	50's	Theresa
HANA	3	1 Czech Republican 1 Hungarian 1 Latin American	3F	30 – 40's	Eva, Sofia & Wanda
Haven	2	2 Black African	1F 1M	30's	Jemima & Tim
Local Works	1	White British	M	40's	Daniel
Looking Good, Feeling Good	1	White British	M	60's	Brian
Social Prescribing	1	White British	F	50's	Lynda
Tenants' Forum	1	1 White British	M	60's	David
TOTAL	13	7 White British (54%) 6 BME (46%)	8F 5M		

Table 6 *Participant details for the individual interviews*

6. QUALITATIVE RESEARCH WITH COMMUNITY MEMBERS: FINDINGS

As described in section 3 (Data Analysis), we used Template Analysis to analyse the qualitative interview data obtained from our focus group and case-study interview participants. Using Morgan and Ziglio's (2007) asset-based model of health and development, we grouped initial themes identified in the interview data under the three headings of individual, community and organisational assets. Further consideration of the groupings and analysis of the themes under each category heading led to some reorganisation of thematic categories. Our final top-level thematic category headings are shown in figure 2 (the full project template can be found in Appendix 5):

Figure 2: *Top level thematic categories*

1. The role of the wider societal context and issues

2. The role for outside professionals, statutory services and agencies

3. Relationships with other local communities and groups

4. Assets identified in relation to own local community

5. Assets identified as deriving from the group

6. Personal/ individual assets and benefits

The first section of the results reflects on assets at a community level, including what it means to be a community member of Kingston upon Hull and the expertise of Hull's communities (intimate knowledge of particular communities, advantages of community centred initiatives over other services and their societal value; common features of successful community groups). In the second section, we move on to consider assets at an individual level (individual health benefits, skills and experience, volunteering, social interaction and personal development). In the final section, we address how others can work with the assets identified to make the most of them.

6. 1 Thinking about assets at a community level

6.1.1 Identifying as a community member in Kingston upon Hull

<u>Reputations and reality</u>

In terms of the city's reputation, overall participants felt that Hull was often overlooked on a national level, but that the city was on a clear upward trajectory. Whilst participants did often talk about the city being neglected, misunderstood and isolated from a national perspective, they interestingly also talked about the opportunities this offered the city to potentially make its own rules and develop its own path.

Extract from focus group: Green Prosperity

Respondent A: Hull has always been classed as a down and out trodden, out the way, backstreet community from the rest of the country. In fact, Hull is a dead end town. People go through it and not stop at it. All this money they're giving to Hull at the moment for these projects, it's not going to make any difference. The bridge didn't make any difference. Nothing makes a difference. The only difference it'll make is when London's flooded because of the weather we're getting and they bring the Houses of Parliament to the Humber.

Respondent B: I'm an outsider that moved here twelve years, thirteen years ago and I've seen vast changes and I think it's very, it's become very progressive. I think it getting City of Culture status is really amazing and I've actually watched it change and I've lived on East Hull and well that's quite a deprived area and I've seen massive changes.

Respondent C: Yeah and I think it's for the better.

Respondent D: I'll second that, I've been here nearly twelve years and I was really terrified to come to Hull to be perfectly honest because I was going to go onto an inner-city council estate and I was really quite scared, because you hear things don't you, and Hull had got a terrible reputation, and I mean I even, I was even in Scotland and I went into this, this bookshop and there was this book and it said the worst places to live in the world and it was bottom.

Respondent B: Crappest city.

Respondent D: Yeah and all that and so I was, I was like, oh my goodness.

Respondent A: It still is, where are people getting it's a fantastic city is wrong. We're all unemployed, we're getting nothing off the government. Where do you get its getting better and better?

Respondent C: It is getting better but its only getting better because we're doing it… it starts off very small, but soon it just starts to mushroom and I can see what we're doing, doing the same thing and it will mushroom. I love Hull, I think that Hull is a very closely guarded secret and all this propaganda is exactly that, to keep everybody out.

As we have already noted, some of our groups were locality based whilst others were focused on a particular issue. This choice followed our reflection on the recruitment strategy for this research after our initial key stakeholder event. At this event, several participants had expressed the opinion that thinking about the city in terms of areas was not necessarily meaningful (that very local - even individual street level - might actually be more relevant when thinking about communities). We asked all participants to reflect on their perceptions of Hull's different localities and there was general consensus that there does exist some divide between different areas of the city (some participants referred to a North-East-West split, whereas others focused on an East-West divide), and there was a unanimously acknowledged difference between the city and its immediate surroundings.

Extract from focus group: Artlink

You need a passport to go over the river into East Hull, it is territorial!

Extract from focus group: Local Works

Respondent A: Yeah, we all know East Hull, West Hull, North Hull, don't we?

Respondent B: The kids definitely do!

Respondent C: I'd say West Hull is a bit more cultured, i'nt it than this side of East Hull. North Hull, I don't know what to say about North Hull, I think North Hull is probably the most rundown side of, part of Hull, would you say?

Respondent A: Yeah, I mean what generally happens is that if you go on East, you live East, if you're born West, you live West and that's generally what happens and you know, families tend to, tend to sort of stick together, you know, especially in the East… you could even break that down further to the estates, some of the estates don't really congregate with people, somebody from the Grange would look a bit oooh, with somebody from the Prescott Road estate, you know. They're into, into estates.

Respondent C: Yeah, I'd say it's more estates than a bigger divide thing.

Respondent B: When I grew up on Longhill, there was tension between estates and stuff like that when I was growing up.

Respondent C: We still have arguments now, between our kids, kids from Bransholme argue with kids off Beverley Road

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Extract from focus group: Bransholme Buddies

Respondent A: We've always focused on what we want to do on the estate, not what anybody else wants to do, we don't worry about anybody else in Hull, it's about what we want on our estate…. it's the image of Bransholme, especially North, where we live, they say they're all thugs, they're all on the dole, they're all druggies and it i'nt like that at all, it's lovely, it's a lovely place.

Respondent B: Bransholme is one of the safest places in Hull to live and that's from the police

Respondent A: And that's got a lot to do with the Buddies.

Respondent C: It's because of what we do.

Extract from focus group: Carers Information and Support Service

Respondent A: Lots of long term conditions in East Hull.

Respondent B: Yeah, on the estates and things, there is, yeah…

Respondent C: Hull, its split by the river and there are people that live in East Hull that won't go into West Hull

Respondent A: Yeah and I think there's, yeah, there's not a lot of ethnic minorities in East Hull, there's not at all, it is completely split down the middle. You know, there is, there's not a lot at all really, no.

Extract from focus group: Doula and Breastfeeding Peer Support Group

In the north and the east of the city, we get a lot of families where they have a lot of external family support for them and they live quite close too, I think that's quite a Hull thing, people do live very close to each other and this is one of the reasons we don't get so many referrals from the other areas, the outer areas of the city, because they very much support their own … they've got extended family more, whereas people in the west, quite often, as *(another respondent)* says, they've come from other countries or they're not living near family. It's much more diverse type of people live in the west.

Extract from interviews: Daniel

Some of the barriers and some of the issues people have in the East are completely different to the West. You only have to look at people in the East, for instance, the Preston Road estate, I worked on there for ten years and what you find is, a young person has the mother and father down the same street, granny will live opposite, uncle lives on the corner, they don't necessarily go anywhere else apart from the little goldfish bowl that they live in. They have got every need that they want on the doorstep and sometimes that creates barriers in itself because when you produce things on people's doorsteps, the expectation is always there.

Extract from interviews: Theresa

There is a divide between east and west Hull, the people are quite different… it's like
'never the twain shall meet'

Feeling part of the city's community – community events

Several groups talked about the importance of community events they ran in terms of facilitating community cohesion. Participants noted that such events not only bring the community together but can also offer a good opportunities for others who wish to connect with community members (perhaps to ascertain their views) to make contact.

Extract from focus group: Bransholme Buddies

We do a beach day in the summer holidays, where we fetch a beach, they drop eighty tonne of sand and we build a beach and you wouldn't believe, before we've even finished it, people are coming up with their kids to play on it, buckets and spades, and we haven't finished. You know, but it also allows other community groups to get involved as well and show what they do. On North Bransholme, we have a company called Riverside Housing Association, that's took the estate over. They get involved, if they want to do any monitoring or talk to people, they can use that… its them events that bring the communities together and you know, it's the fluffy things that are sometimes the most important things.

Extract from focus group: Hull All Nations Alliance

HANA has two big main events, one is the, err, World Football Cup, where all the different community, this year we had thirty two different community groups, thirty two different nationalities, yeah, at the football team and it was a wonderful event, everybody was playing football, it was very good. The other main event is the fashion show, where again the different nationalities, we dress up in our nationality, folklore and then there's a catwalk, like a fashion show, but the groups dressing up, children and the other ones and it was great fun and the small events like, err, you know, just like Saturday School kind of sessions, art and craft or we had puppet show or now we're going to have Santa Claus. Just, you know, just community cohesion.

Hull's Freedom Festival, a citywide event started in 2007 with funding from the City Council, the National Lottery and the Arts Council was talked about in glowing terms by a number of our groups as an excellent opportunity to showcase local talent and feel part of the city. It was striking that a number of our participants reflected eloquently and in some detail on the history of the city, and Freedom Festival certainly incorporates this historical sensibility - this could potentially be usefully drawn on in other city events. Participants who felt they had been able to act as ambassadors for the city in some way welcomed this role, seeing it as a

means of publicising not just their work on their own initiative and locality, but also the city more widely.

Extract from focus group: Artlink

[As a city] we are very reflective and we're very proud of the history and I think more should be made of both its industrial history, not just the fishing, but a lot of manufacturing. There's a lot of things that have come out of Hull, that were created here, Rank, kind of like opening up of the cinema experience, back to the Revolutionary days, you know, Guy Fawkes and the pottery coming from here. So it's something that needs to be recognised as a whole … Freedom Festival does inspire in Hull, it inspires a lot of the younger people, the much younger people as well, which is really lovely to see.

Extract from focus group: Looking Good Feeling Good in North Hull

We were excellent ambassadors for the city, weren't we, and I think that's the important thing and for our community as well because I think everybody was watching it in HU6, wasn't they … we were excellent ambassadors, all of us… and I suppose thing that I look on very fondly is the Altogether Better initiative, which was a Yorkshire project which allowed us all to do some training and be community health champions and the involvement and engagement with that, both within the city and then going on to Huddersfield and then going on to Sheffield and again, it's nice to go on a bit of an adventure. But it's nice to be also be an ambassador again, following the way of the ambassador for our community.

City of Culture

The city's 2017 City of Culture status was referred to frequently, often as a very positive step towards more outside awareness and recognition of the city. City of Culture was also talked about in relation to increased local pride in the city. Nonetheless, many participants expressed some unease with regards to the venture, especially in relation to the level of local involvement. A number of participants felt that there had been insufficient specific information provided, and several talked about their concern that the 'culture' on show would be brought in from elsewhere, merely using the city as a venue and with little involvement on the part of (or lasting legacy for) the city's residents:

Extract from focus group: Local Works

What I've found is people from Hull, since we've won the City of Culture, are a bit more proud to actually be, be from Hull, bit of a nicer atmosphere around the city centre and stuff as well now. So it's sort of like the nicer things have been brought in and we're sort of proud to show them off a bit more, so that's what I've found anyway. The main thing is put Hull on the map and I think Hull is a really deprived city and, as you well know, and we tend to miss out on funding pots and I think the City of Culture will attract funding into this area.

Extract from focus group: Tenants' Forum

Respondent A: It's *[City of Culture]* all ludicrous. I've been to lots and lots of presentations where we have been given presentations by very patronising people who have come in from outside and have been telling us how they're going to make our city so wonderful and how we should be thankful and how we should grovel at their feet.
Respondent B: What have we seen started? Nothing…. this is coming, this is coming, this is coming, we're not telling you what's going to happen yet, but you know, you know, we're still organising it, but we don't know what's going to happen yet, but it's coming, it's coming, it's coming and it's like 'Oh for god's sake, just tell us what's coming', you know. That's kind of like the attitude isn't it.
Respondent C: Isn't the answer a huge cock-up? *[laughter]*
Respondent B: It's almost like there's too much planning, right and you know, I think really, for Hull people to feel confident in it, there needs to be some drip feeding of 'Right, this is going to happen, this is going to happen, this is going to happen', to build that, you know, momentum. So I think at the moment, it's all being held back and we're hearing, you know, 'Yeah, it's going to happen in 2017' and we keep getting told that, but we know nothing about it. So I think, you know, they do need to start drip feeding information out.

Extract from focus group: Artlink

Respondent A: Well I hope it pulls Hull together in a combined citizenship. But I'm afraid pessimistically, I think it will be a monetary exercise and it will be business orientated. I think it'll be on that level more than it will be on the community level to pull people together. I think it will all be done above our heads, if I'm honest and I think that's a great shame.

Respondent B: I think there is the feeling that it is going to be a bit above our heads. It's going to be culture parachuted in, not Hull culture, not community.

Respondent C: And there's a lot of whispers about it, you know, they're sorting it, they're doing it, they're sorting it. No detail. And then they will expect six months before the actual year starts for everything to be made within six months

Respondent A: Typically of Hull

Extract from interviews: Sarah

I think it'll be a great opportunity for Hull… I think there's a lot to offer, but whether or not they'll direct the funds to the right places and get everybody involved that they could get involved… Hull is not on the map… its seen as the worst unemployment… Hull people are proud people… proud, stubborn, stuck in their ways… but they are warm people, giving people… It would be nice for that side of things to be recognised

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Extract from interviews: Peter

I think it's a fantastic set up, seriously I do. But and there is a big but… there are so many people at the top who don't connect with people at the bottom of the trough… we would benefit as a group if we were acknowledged, recognised, by these higher echelons and in return, other people would benefit… It's just mostly on art and for me, the city of culture is the people, it is the people… Hull is a fantastic city, we don't always appreciate where we are… we don't appreciate what we've got… but it's the people that make it, not, not higher echelon departments.

6.1.2 Communities as experts

<u>Close knowledge of community and community members</u>

In the previous section, we suggested that community can be meaningfully defined in different ways by different individuals. This was also evident in participants' discussions with regards to who they identified as making up their community group. Those taking part in community-centred initiatives are expert by virtue of their personal experience – they know the history of communities and are part of that history and that community themselves.

Extract from interviews: Daniel

The thing is, I live in the local area as well and I've lived in the local area all my life, we're one of these families to tell you the truth, we had a good upbringing, we lived in a two bedroom council house and I've got four brothers… my dad worked for a big local company for twenty five years and then got to my age and walked out of his job and never back into a job, he came out of work at a time when it was Maggie's Millions, sort of 1980, three million unemployed and he found it hard to get back into work… so I was growing up with my dad unemployed, my mam scratting around for cash… so we always look back and think thank god they managed, I haven't a clue how they managed … I didn't enjoy school when I was at school and I was probably one of these students that are here now… there was nothing for me, it was kind of, play on the street corners… you always saw me at registration time, my attendance was about 96%, although I was there about 20% of the time… I couldn't sit in a classroom situation and that's what these students, a lot of them, can't do, with that in mind I started up, started to work with some schools.

As we have already noted, some of the groups who took part in our research were neighbourhood or locality based, whilst others were issue based.

Extract from focus group: Tenants' Forum

A community is self-defining, in many ways, you know, a community is what you think it is individually. You know, I do consider myself as part of my estate. There are others there who think I'm just me and my family sort of thing. It's a self-defining issue, it's depending on what you, your particular interests and values are, what you define your community to be.

This ability to define their own terms of interest was a noted advantage of community initiatives in comparison to other services according to our participants. In contrast to the more narrow demographic groups that statutory services were perceived as needing to

delineate, our groups preferred to allow their community members or target audience to self-identify and self-define, and then tended to make every effort to work with and include any and all of those who wanted to take part in their activities.   However, the importance of really knowing and understanding communities – and not assuming that somebody is the best or appropriate leader or spokesperson for that community merely because they define themselves as such - was also raised.

Extract from focus group: Haven Project

We're trusted with communities of those individuals in the city, that we rely on and often people from those communities will tell somebody in this project something about what's going on in the community, something I alluded to earlier about people who have got previous roles in their country that have come and then imposed those roles on the community here, we wouldn't know that if we weren't trusted … we have been in a situation where we had somebody insisting that he would be the best thing we'd ever had … and something about him… just made me feel there's something not right here and as this transpired over the last two years, that person has got himself into a position of power in the community in a whole range of ways,… this particular guy that I'm thinking about, has such a background of influence and power, that he would have used that, I'm quite sure, and would not have been interpreted correctly and people would have been given information outside the room about don't speak about that or I'll tell them this or whatever. So from that perspective, we also have to be very culturally aware of our different communities to know that that is a possibility… I do warn other agencies that we work with if I feel that someone hasn't got a totally positive role in that community. I would never disclose who told me, if someone's told me, but I just make people aware, as I did do with, we have a situation where we wanted to use a group of people for something recently and I realised again it was this individual, it turns out, there are other people, got involved and we actually didn't use that group. Now that sounds really bad, but when I actually started talking to people, they had been having problems with that group and they didn't have, they weren't using them either, but nobody had said anything and you know, because they didn't quite know, to be fair to other organisations, I think quite a lot was going on, but it was all getting a bit uncomfortable and it wasn't really working the way it used to and when I said well actually my experience of the person that you've just mentioned is that I wouldn't use them in a month of Sundays because of their background, ah, right, it all falls into place.

The groups identified their in-depth and first-hand knowledge of their own communities as a key factor in their successful engagement with community members and something unique to community initiatives:

Extract from focus group: Bransholme Buddies

What we do up here could be done city wide and the council would save money and, no disrespect to professional people, the success is because they live here and they do it. Our ethos is people who live on the estate are looking after their own, it's always been people on the estate that we've employed. They're known as neighbours and friends, not just Buddies and it works. If you got someone from some agency who comes in and has got all the degrees going, a lovely, lovely girl but she has no idea how they live on here, no idea that parents who are on low pay won't have their tea because the kids will, you know, and things like that. We know that, so we can support them parents as well as the kids and things like that and it's no disrespect to professional people, but I've seen it

Extract from focus group: Local Works

It's about keeping it small, keeping it focused. … My knowledge is East *(Hull).* Some of the things that we do in the East wouldn't work in the West for various reasons, because it's different cultures, you're working with a completely different group of people

It should also be noted that groups' first-hand knowledge of their particular communities and the individuals making up those communities was often noted as vitally important in ensuring both participation in and the success of group activities, as well as allowing them to include community members who might otherwise fall into 'hard to reach' groups. For example:

Extract from focus group: Haven Project

We had a brilliant trip to York last year, last summer, but you can't just say let's have forty people on this coach. You've got to say ok, we need to know the people, we need to know what they're able to do and that isn't physically able to do, so much, its more would they actually cope with forty other people on the trip. It might seem like a brilliant idea, let's put all these people together and have a wonderful time and then you look round and six people are thinking oh wow, I can't do this. So I think that has to underpin, the building the relationship, which takes time, has to underpin everything that we do. But we do look at ways of bringing people together, but it only can be on a, it sounds very management orientated, but it can only be done on a managed basis, on a basis t that means that you're aware of each individual within that situation … yeah, so it's very important to us, that kind of knowing people really well, before you get them involved in any group activity really.

Extract from focus group: Bransholme Buddies

Respondent A: The kids that don't mingle with friends outside, they come on there and they mingle, like you've learnt, one kid in particular, I've seen him come on loads because, he's not from this country is he, yeah, he's isolated and I've seen him making loads of new friends.

Respondent B: I see what you mean, yeah, there's some kids who find it hard to, who haven't got a social life outside the unit and they know that the unit is a place where they're not going to get picked on and you know for being different or whatever, because, you know, the staff is there to make sure that that doesn't happen. So it gives them a chance to interact without, without the worry of being bullied kind of thing.

Strategies for engaging with 'hard to reach' members of the community include a proactive approach to involving people – for example, taking the time to bring people to events to enable them to take part, rather than simply putting out an invitation. Haven has particular experience in this area – the group also tackles isolation directly through a befriending initiative.

Extracts from focus group: Haven Project

…the women who were invited, who were in the main anyway, were people that [*group member*] and others had assessed as being incredibly isolated, and language was the last problem in a way. The greatest problem was that they perhaps weren't going out very much. It didn't apply to everybody who came, but for some people and I know the discussions in the office were very much 'Look, let's invite this lady, I'll even bring her because this is going to be her only opportunity that she actually will accept to come out for a whole range of reasons', again which may be cultural or may be mental health based, for all we know. But the point was it was just giving that opportunity and something…very practical, which meant that language wasn't the thing we'd worry about if we needed to and just let's give it a go and see what happens.

The importance of stability and continuity in terms of community and community initiatives was also mentioned in relation to this point (professionals and statutory services were seen as more changeable). If an individual is accepted and welcomed as part of a community, there is no exclusion mechanism in the way there might be for other services. It can take time to build up this relationship of respect and trust – time which may not be available to other services. We go on to explore this further in the following section.

Extract from focus group: Bransholme Buddies

There'll always be some kind of way for them to get back in, you know, we'll never say right, we're never working with you again… we show respect, a lot of people don't show the kids respect. Now we see them round shops and look at them idiots, but they're not really, once you get to know them, they are really nice kids. But for me, I've always been, you treat people how you get tre't yourself. So if people do treat kids nasty, they're going to bite back aren't they. But it does take a lot of work, but we get there in the end.

Extract from focus group: Tenants' Forum

When there was somebody who's causing, you know, who's disruptive in the community, right, if they were going there and causing disruption there, they would they were then excluded, right, and that would then actually, you know, you may exclude one child, but then he's got several mates who kind of think 'Oh yeah, I'm not going to go either', right. So it can have a knock-on effect, right. So sometimes exclusions can be a negative impact, it's like, you know, there has to be a built-in way back in to this and not that loss, because you know, if you do exclude somebody, you effectively lose contact with them in a community group and it's trying to resolve those issues without the, you know, actually going to that ultimate exclusion factor and sometimes that can be the trick, you know, is saying 'We've got an issue there, but, you know, we can resolve this internally'.

<u>Advantages over other services – time, flexibility, ethos</u>

Several participants talked at length about the differences between the services they were able to provide to community members compared to the services offered by statutory agencies, explicating how and why they felt community initiatives were important in relation to public health.

Extract from interviews: Sofia

At the moment we have three projects, one is delivering race and equality with community development workers and we are getting referrals from mental health because we can deal with the problem with people from the same culture and languages… Eastern European project, I have around twenty volunteers and we speak all the languages, my project was primary set up with Humberside police to understand differences and to encourage reporting of hate crime and antisocial behaviour, to understand differences with police, but now we are working with everyone because sometimes it's easier for us working with people from grass roots and we also then help with the pressure for police.

Groups felt that an important advantage was their ability to offer a far more individualised and personalised 'service' matched to the needs and preferences of individual community members.

Extract from interview: Sarah

There are different backgrounds, there are many interpretations of vulnerable aren't they. Vulnerable could just be isolated…

Participants reported that they found such services more responsive to their needs.

'**Extract from interview: Jemima**

The emotional support is immense, trying to access things like through a GP takes a while and with their help it is almost readily available… I remember it was July when we contacted them and within a week or two we were meeting, they really really are responsive.

Often, as small community projects, they were able to develop meaningful personal relationships with individuals over time:

Extract from focus group: Hull All Nations Alliance

Sometimes it's much easier to talk about your problems with a face who you know and for example the interpretation services, they cannot always provide the same interpreter for that one person. So you tell your problem to somebody, you explain it and then next time you go to somebody else because you've been referred and then you have to tell again everything and then again and again and again. When you have that one person with you through your pregnancy, for example, yeah, when we go on an appointment, we save time because I already know how was her first scan, what her date of birth, where does she live and things like that.

A further advantage of community projects and groups in relation to other services was seen as being the time made available to those accessing the 'service'.   Participants felt that statutory services were often rather constrained in terms of the time they had available, whereas community and volunteer projects and groups were less tied to specific schedules and were able to devote whatever time was needed rather than whatever time was available or programmed. This was raised most often in relation to health services:

Extract from focus group: Haven Project

Being able to access the mental health services run by the NHS is quite difficult, not because they're not wanted, but because getting the point across to your GP who then is able to explain to somebody else why you're in a bad place, is quite difficult and it can take months, it doesn't take one ten minute, five minute appointment. So a lot of our work is around that area of enabling people to have a safe place to come and be relaxed and talk in their own time, not to a prescribed number of sessions, amount of time.

Extract from focus group: Diabetes Support Group

It is amazing when we get different speakers, people will come up and say I never knew that and there's two elderly sisters who come, one of them says "I've learnt more coming here than I've ever from the doctors", because you know yourself, when you go to your doctor, you get two to three minutes. When we get these professionals coming in, they give us a full hour plus.

> **Extract from focus group: Doula and breastfeeding peer support groups**
>
> With health professionals I always felt really rushed. If you go to a group, you're there for two hours or longer because people stay after, and you can speak to a variety of different people. I was expecting an answer from the professionals, my midwife, my health visitor, and they couldn't give me an answer. Obviously that's in their training as well, but I spoke to the peer supporters and other mums in the group - that's a really important bit, not just the peer supporters, it's the other mums that go - and just chatting to different people, you kind of get different perspectives on it rather than just the trained answer kind of thing. So that's what I found really helpful, just speaking to other mums and knowing I wasn't alone because if you're one on one with your health visitor or midwife, sometimes you feel really alone, that you're the only one to have problems, and you go out there and speak to other people and go 'Oh thank god, I'm not the only one'.

> **Extract from interview: Peter**
>
> We did a talk at a sheltered housing, a lady there had lost her husband six weeks previous, when we finished the lady came up and said 'I'd like to thank you very much, I've learnt so much, diabetes was one of the things affecting my husband before he died… no one took the time to tell me about it and it feels better'. You can't buy that sort of thing.

Flexibility was also highlighted as an advantage of community led initiatives. Community groups who participated in this research felt that they were better able to be responsive to the needs of their communities because they were, as smaller initiatives, more autonomous and independent than statutory services. Participants perceived larger services and organisations as being obliged to take a 'one size fits all' approach, with a particular ethos. The criteria attached to more formalised services was also often felt to be increasingly stringent. Community centred approaches were reported as allowing more flexibility in terms of who they worked with and ethos (how they worked with them). Sometimes this enabled groups to fill in 'gaps' emerging as other (statutory) services became increasingly stretched and less flexible with regards to their remit (and see the following section for more on the value to society offered by community-centred or led initiatives).

Extract from focus group: Social Prescribing

Mental health services, particularly, whether it be social services or the NHS, has become so refined about what bands they'll deal with… mental health services, up until about fifteen years ago, used to be a sponge that would just kind of pick people up and say 'Well we'll look after you, we don't really know what's wrong with you, but we'll look after you', and now they're ditching all those people or not accepting referrals… As a project I would hope that this doesn't become too kind of corporate and doesn't become something that loses its personality, gets lost in form filling and targets … I really feel very strongly that a lot of people have been left behind and seeing the kind of people who get referred to me, it's genuinely sort of heart-warming and depressing at the same time that there's an awful lot of lost souls out there and they really do need just someone to metaphorically put an arm round them and say 'Look, it's ok, I'm here and I'm willing to listen and let's hope we can come up with something at the end of it'. It's that gut feeling, isn't it. For me, I found it quite liberating because I'm not confined by what the NHS expects. I don't necessarily have to - somebody says something, so I've got to do this assessment or I've got to do this, otherwise I'm in trouble. The NHS is all about limiting the risks to self. Social prescribing is about limiting the risk to the individual and working creatively. It's a very very different approach. It's just opened my mind to a different way of working, after working in the NHS for nearly twenty years. It's like this kind of frees you from the shackles… I mean I found myself in, when I was in practice, occasionally thinking 'Well I hope this person doesn't tell me a), b) and c) because I know that we can't offer them anything'. Whereas with this, they can tell me whatever and I will try and work, using the life skills that are absolutely intrinsic in this approach, to creatively paint a picture for them and say 'I think this is what you want to consider'.

Extract from focus group: Bransholme Buddies

Buddies are flexible, nobody else in the city does, if there's a problem in an area, antisocial behaviour, nine out of ten times, they ask us to go there and we'll go there and we'll try to sort it out, whether it's on foot or whether it's with a unit… five nights a week we go to a different area on the estate and that's the difference between us and the static youth club. Static youth club expect kids to come to them. We don't, we've always gone to the kids and that's why it's successful.

The ethos of community-centred initiatives and groups differs importantly from that of statutory agencies according to our participants. Whereas professionals were described as *giving advice*, community groups made up of peers were described instead as offering community members *choices.* Participants suggested that giving ownership in this way improved the likelihood of change being sustainable:

Extract from focus group: Doula and breastfeeding peer support groups

Respondent A: One of the things they do, the main thing with a Doula in breastfeeding, they don't give advice about anything, we don't advise breastfeeding, we don't give advice about anything. We give the information to women to make informed choices about things, things that they haven't thought of, you know. Like with the breastfeeding, do they realise that a baby gets every antibody and you know, that, you know, things like that they may not even know. So obviously we're passionate about it, but we don't advise anybody about anything and we're not medical at all, so.

Respondent B: A Doula is really to respect the mum at all times, whatever they decide.

Extract from focus group: Social Prescribing

Respondent: They're responsible for it, as well, you can help them so much, but its kind of like right, well we're signposting you to this, but you're going to have to do it, so it kind of gives them some control as well over what they're doing and what they're feeling.

Interviewer: Yeah, so you're not taking over, yeah.

Respondent: Well you can't because if you take over and you do for the person, then it doesn't have sustainability. If you do with, on a partnership basis, they're more likely to buy into it. You can hold their hand, metaphorically speaking, to help them to do it, but it has to have sustainability. Otherwise its revolving door stuff again, you know, you're sending them out, you foster a dependency and then like the NHS is deciding now, it can't maintain that dependency, so it ditches people and social prescribing isn't about that.

Extract from interview: Peter

When I went to my first group meeting, the members were very comfortable with life and I thought 'Well this is just brilliant, I've got to change my mind-set'… we have had people in the group that have been diabetic for forty years and will say 'I've never known anything like this'.

Extract from interview: Lynda

It's about empowering them to do something for themselves as well… you can't do everything and it's about showing them you are helping and they are able to help themselves… if you can empower someone to help themselves to a better way of life, I think that's brilliant… that's my enjoyment, that's what I get out of it

Local Works has developed their own ethos for working with young people which they describe as differing from conventional youth worker training in direct response to the needs of those they look after. For example, a focus on building skills in physical education provides a common point of reference between the volunteers and the young people they help, and a role modelling approach is more appropriate to the aims of the group than more psychological styles of intervention used elsewhere in youth work. A level of confidence in adopting this approach emerges from the considerable experience of the group leader in this area, and a knowledge and understanding in staff and volunteers of the local context in the area where they work.

Community-centred initiatives may also be able to adopt innovative and less formal ways to address community issues:

Flexibility was also raised in relation to group remit and funding issues (see section 6.3.3 below for more on funding). As community-centred initiatives, even when our groups had stipulations placed upon them by funding bodies, they were often able to work out ways to be flexible around their inclusion criteria or remit, or to flexibly juggle funding from different sources to allow them greater scope for maximising participation:

Extract from focus group: Artlink

We had funding from various places, Customs House came up with the play and then the City Arts Unit were involved, and the old people's service, health service money which is also council. There was that funding for the work with the Dementia groups and part funded Fish Fridays and I managed to juggle money from different sides for this group because I was really keen that people interested in crafts could come along without being tied to a service. It seemed like a real shame if people could only be part of the project if they were in receipt of care services.

Extract from focus group: Haven Project

We'll never be funded for all the other work we do via a statutory service unless and until - and this isn't likely to happen - that gets recognised as being part of the package so we will always probably be looking for other funding to enable us to do that wider work.

Extract from focus group: Local Works

Respondent A: We've got one kid at the minute, this is his third year. Normally they'd stay a term, that's the normal rules. But what we don't want to do is close the door on these young people, because if we close the door, where else is it going to open? There's lots of organisations that won't take these young people, in some organisations, you'd be out the door and you'd never come back again, a lot of organisations like ours are quick to say that's it, you're gone.
Respondent B: Yeah, *(a student)* came in the other day and he was like "I got kicked out of *(XXX)*" and I was like "Why?" and he was like "I pushed someone". I thought bloody hell, if we kicked people out for pushing people, we wouldn't have no students!

Extract from focus group: Doula and breastfeeding peer support groups

Respondent A: There are a lot of mums that don't fit in that criteria that really need a Doula and a lot of mums that you speak to who have had experiences that have affected them, that you know, could have really benefited and it is a shame that it is only offered to a certain minority.

Respondent B: And that's because of, that's logistics because there aren't enough of us to do. We've already increased the amount of referrals we need to have to keep that fund, you know, to have that funding, so we're stretched, stretched, stretched to capacity, so all the opinion of everybody that works here is that everybody who wants a Doula should have a Doula and we do sneak some in as well. I mean if there is a woman that's had a, given the most mildest anxiety.

Interviewer: So you try not to turn anyone away who…

Respondent B: We very rarely turn, we, I don't know whether we've ever turned anybody away because usually they do come with something that we can tweak! And we need the referrals, we need the figures as well, that's the sad thing as well.

Extract from focus group: Green Prosperity

Respondent A: Because we're independent, we're not stuck with rigid rules that we've got to comply with. We can have this idea and it can go, or that idea and it can go. We can try different things.

Respondent B: Yeah, that's well explained, we have parameters, obviously we've got outcomes that the Lottery have not imposed on us, but we've agreed with the Lottery that in order for us to accept this funding, we've got to achieve certain things through the project. But so long as we work within those parameters, we have quite a lot of flexibility. So the mentoring we just talked about - at the beginning of the project, it wasn't even thought of. Some of the volunteers are so well qualified to do what they do, so we're aware of their skills now and we can then build on that, we'll change the project and we'll go off and do this because we've got this resource to tap into. So it is the flexibility that is the big advantage I think of being a lottery project.

Extract from focus group: Bransholme Buddies

Respondent A: We really should only be working up to nineteen year olds unless they've got some kind of special needs, but…

Respondent B: When you watch and listen to them, it is that's their social life, going on the unit and being part of.

Respondent C: So they would struggle without us quite a lot.

Respondent A: Yeah, so obviously we make an exception for certain kids who are, you know, really need that extra help. We've got quite a few, well we've maybe got maybe six or seven who are over the nineteen year old bracket who we've allowed to stay on because they've got some kind of, erm….

Respondent C: They need your support, don't they.

Extract from interview: David

There are funding issues and often it is about being inventive with what you put together to get the funding or continued funding. For example we got funding for a computer group on the estate, to extend that we then managed to get funding to publish a newsletter, produced by the computer group, and so I'm now thinking about how we can keep that group going further, what could they do or work with that would mean we can access another pot of funds.

<u>Value to society of community initiatives</u>

Participants identified a number of ways in which community groups such as theirs were of societal value and worth. They reflected on ways in which groups represented real monetary value in terms of both savings to statutory services, and also the value for money or savings the groups offered to participants themselves. The community groups were well aware of the personal financial constraints faced by many members of their local communities, and the groups provided services that were affordable for members and often at a substantially lower cost than other alternatives.

Extract from interviews: Theresa

It brings people together, one lady brings her children. She's a foster parent and she wants to educate them on where do vegetables come from rather than just a supermarket, it's a fun affordable activity for them.

In the following quote, taken from the Green Prosperity focus group, participants reflect on both the cost of alternative services and the health and well-being benefits of group participation:

Extract from focus group: Green Prosperity

Respondent A: He has memory problems, he would have been usually going to a day centre which would cost him sixty pound, but finding these community groups which, there is a lot out there in Hull, we've found that this is absolutely fantastic. You're getting tired out by the end of the day, aren't you, and he's looking forward to coming back every week, you know.

Respondent B: And he's been a benefit to us as well.

Respondent C: In a nutshell, we're not sat in the pubs all day, we're not sat in front of the television vegetating. We're out in the community helping other people and helping to educate them.

Participants highlighted that services offered by community groups were often, in their opinion, able to operate at a substantially lower cost than comparable statutory services. However, many participants discussed their concerns that savings offered by groups and indeed their real value could be overlooked because savings were 'hidden'.

Participants believed that the perceived hidden nature of potential savings could mean their true worth was overlooked and the groups undervalued. Sometimes this was attributed to the fact that work instigated at community level could take some time before effects and benefits of that work could be seen. For example, the following quote from the Bransholme Buddies group draws attention to the importance of recognising that sufficient time may be needed to see impact – but also suggests that allowing such timescales can produce truly positive and substantive change at bedrock level in communities:

Extract from focus group: Bransholme Buddies

In the last few years, we've seen a real significant drop in vandalism, theft, and what we think it is, is the work that started ten years ago on six and seven year olds. We're benefiting now, because them sixteen and seventeen year olds are not getting into bother now, they're working with us, they come on the unit.

Extract from interviews: Daniel

It's good to see students coming, coming back to us, that have been with us, our very first student came back to us on a moped, he's at a training provider, he's attending and he's doing well and he's got himself on a moped and this time he's fully insured and he's got a licence and he's independent and he's done things. I mean this is a kid that had zero percent attendance. His mother didn't know what to do with him, at complete despair, he was our very first student, a very difficult one, and a very complex case…

The problem of 'putting a real price' on the activities of community groups was also raised in relation to potential future savings in terms of public health. Participants suggested that, by

taking part in such community activities, they were less likely to be a cost to, and burden on, services both now and in the future:

Extract from focus group: Artlink

If you're going to ring fence money for Dementia Groups, well we could in ten years' time be a Dementia Group, but because we've taken part in something like this, we are probably extending the time before we actually – you know, groups like this, and involvement like that, is enormously helpful for general health.

Extract from focus group: Looking Good, Feeling Good in North Hull

Respondent A: If it wasn't for this I know you'd be sat at home

Respondent B: I would be

Respondent A: We all would, and it's how do you put a price on that in terms of public health

Respondent C: And where else can you go for £2 on a night out?

<u>Common features of successful community groups</u>

All the groups we spoke to were well-established and had successfully made it past the 12-month barrier – as we discuss more in section 6.3.3 on funding, some groups suggest that it takes a full year to bond and establish some of the processes that glue a group together, hence losing funding at this crucial moment can be very detrimental.

All our groups described themselves as close knit – whilst all were founded on some core 'issue' (either locality based or issue based) which remained of meaningful importance to the whole group, members evidently got on well together and often spent considerable time interacting outside of the group itself. Whilst remaining focused on their 'founding principle', groups described themselves as responsive to the needs and preferences of members, and often developed and changed over time.

Extract from interviews: Lynda

The GP refers a patient over, I class them as my client, I will have a chat with the client and firm up ways for help with the issues they have got, they rarely just have one, through chatting you find there are a few things and you have ways to help with those things… some come through with money troubles… bereavement… confidence… many many issues…

Extract from interviews: Jemima

At the moment, the group goes beyond our expectations, even the motor scooter, we were like WOW, they just took the initiative… asylum seekers as we are, we are not entitled to any of those disability things, so when they offered that we were 'wow' so be it, that's the best thing the group has ever done.

Extract from interviews: Sarah

If we come across something, then they might run a course on it or do their best to sort of bring it into discussion and bring in relevant professionals to talk about it.

Extract from interviews: Theresa

Some children made a little bug hotel because there was one lady there, she's quite artistic and she brings her artistic side to it.

Participants described the community initiatives with which they were involved as inclusive:

> **Extract from interview: Sofia**
>
> Everyone is welcome, we have every month headway, monthly activities and they like to be here… because we support all groups, we have an open door policy, never a no.

Nonetheless, groups recognised that despite their (self-perceived) inclusiveness, their group was not necessarily for everyone. The groups we spoke to were either restricted to a specific locality they knew well (e.g. Bransholme Buddies), restricted to a specific group of people/population (e.g. in terms of ethnic origin –HANA; age -Looking Good) or bound by interest in a particular issue (e.g. Green Prosperity, Diabetes Support Group).   However, looking after your own seems to work well in all these types of community. Knowing your area and knowing your people allows trust and encourages bonding, and may be something to capitalise on. Whilst some groups saw this as a limitation which could be in tension with desired expansion, it may be better to be specific with your population and to recognise that it can be acceptable and even beneficial to have such boundaries.

> **Extract from focus group: Looking Good, Feeling Good in North Hull**
>
> **Respondent A:** We try to be as inclusive as we can be … we've all grown old together. We don't only attend this place, we attend three other nights, four nights a week we meet up, which is excellent in terms of health, engagement and looking after each other.
> **Respondent B:** And it's company, you know, when you're on your own and it's company.
> **Respondent A:** The downside to us is because of our closeness, sometimes other people or younger people don't particularly want to come along. So I think that there needs to be other initiatives

Nonetheless, there are social benefits to mixing groups who may not otherwise come together in the community (for example the young with the elderly) – recognition of the importance of facilitating contact between different people within the community (across generations or ethnicities) is seen as a key to integration by many groups.

Extract from interviews: Wanda

I used to be mainly with just an English community and it's great to be with people from other communities, and from my own background, great for the support opportunities, to be useful, to enjoy good food.

Extract from interviews: Eva

It's good to interact, make new friendships, new cultures… for example I am part of a community but we interact with other groups, we dance, we can use body language to communicate… we party, food, communicate.

Some groups did not feel that these activities are valued or well supported by statutory organisations, feeling that their interests are served by separating groups by demographic boundaries.

Extract from focus group: Artlink

Groups like this and involvement like that, is enormously helpful for general health, general psychology. Stopping young people from taking soup to the elderly is bloody ridiculous because you are, you're making these young people socially aware that these old farts that they're going to see were real people. There's a whole series of balanced benefits on both sides. Even if the cocky lad goes in and says 'Well here's your soup missus', the chances are the second visit, his curiosity or her determination or her need or something is going to spark some interaction, that, any interaction is only going to be positive for both sides of that. So limiting funding to a specific narrow demographic is, is illogical. Unfortunately with councils now being so business like…

Extract from focus group: Hull and District Diabetes Support Group

One of the problems that we have encountered is looking at the black and ethnic minorities. We have been known to solely use different venues with them, spent lots and lots of hours with them, taking, doing promotions and everything else and they just don't want to be involved and I don't understand why, because everything we do is for free, we don't charge anybody for coming into what we are now, but that is one thing, you know, we have a problem, you know, because there are quite a few black and ethnic minority groups that don't even interact with each other apparently, which is wrong and you know, from the Hull City Council's possibly, that may be something they need to look at addressing.

> **Extract from focus group: Green Prosperity**
>
> **Respondent A:** I think it's a diverse group and different backgrounds.
>
> **Respondent B:** We're a very happy band of souls, we are.

Whilst describing themselves as inclusive and democratic, groups nonetheless have some kind of hierarchy. Someone is in charge - either someone charismatic in wholly volunteer groups (e.g. Looking Good, Diabetes Support Group) or a staff facilitator in groups where a targeted service is offered.

> **Extract from interview: Margaret**
>
> *[The group]* have brought a lot of people together and the leader is just brilliant, I can't say enough about her and how good she is.

> **Extract from focus group: Looking Good, Feeling Good in North Hull**
>
> **Respondent A:** We had a vote on it, didn't we.
>
> **Respondent B:** We did, we elected the officers.
>
> **Respondent A:** People raised their hands who they wanted to do these things and *(Dennis)* was elected for Secretary and I was elected for Chairman and we've done that ever since.
>
> **Respondent B:** And we, there's no one individual that makes a decision, is there, because when we've [R: no, no], on a Thursday night [R: we sit around here and usually] [R: we discuss everything, we discuss everything round this table before we go and do exercises].
>
> **Interviewer:** How do you manage it if there's a disagreement?
>
> **Respondent C:** Well you can speak up can't you, speak up for yourself, don't you.

> **Extract from focus group: Haven Project**
>
> Well for me, its invaluable, we have two refugees and an asylum seeker on the advisory group, which although we're part of Goodwin and we manage, we report to their trustees, we have an advisory group which HAVEN have always had, which Goodwin agreed could carry on.

Extract from interview: Daniel

[Looking at chosen object in CCM activity] What's interesting is that I've got sort of, in the middle I've picked Lego bricks… it's like the foundation… and almost looking at it now its supporting and everything around me is supporting me too to do my role… rebuilding is key, when you get the get the knock backs you need to build back up… I want to see people in that predicament my dad was in… to succeed, or at least have the chance to succeed… and that goes down to the core roots of what I feel is a proper social enterprise not for profit organisation… people have the heart and passion in it not just on it… you've got to live and breathe it

Extract from interview: Sofia

I always go on and on about my reputation, we often have parties and I'm always there but I never drink, I keep my counsel because people ask for help or say things in those occasions and so I still need to be there for them. The job is like my life, I need to be there for them and I am happy with that.

Targeted service type initiatives noticeably felt strongly that paid employees were a necessity.

Extract from focus group: Green Prosperity

Respondent A: I think you always have to have somebody employed to oversee the whole thing.
Respondent B: Yeah, definitely.
Respondent A: Because I think you can't just have volunteers because volunteers come and go don't they?
Respondent B: That's right.
Respondent C: You have to have a leader, because everybody has to turn to the leader.
Respondent A: And you've got to have that pay, the paid post, don't you think?

Extract from focus group: Carers' Information and Support Service

And this can be your fear because I mean initially that was a professional involvement, who helped them get sustainable and then the funding went, so it stopped and so you do think well yeah, it is, it does need that, it needs a professional because if you look at our lottery project, its got more targets than the actual core contract and there's only two of us and I'm full time and the other two are part time, so effectively, yeah, its two members of staff and for us to be kind of like leading on these peer support groups as well as all the other targets that we have, you are spread very very thinly. So to offer that dedication sometimes that a peer support group needs to get up and running, it can be, yeah it can be challenging, can be challenging, so if there's dedicated roles, you know, that are made available to do that.

Where targeted services are offered (doulas, carer support, youth education), in some groups, the hierarchy can be climbed. There are opportunities for good volunteers to move up or even move on to paid work in a similar role.

Extract from focus group: Haven Project

If a new person comes along and says I'd like to be an interpreter… there is a training mechanism … we generally ask people to volunteer for a period of time. So it might be three months, it might be six months, whatever it might be, because we need them to understand the commitment that's needed to do these sort of things….I've got some plans around enabling [them] to go on and get properly accredited training to be able to take that skill on if they want to because I think it's just something that's so valuable

Extract from focus group: Bransholme Buddies

Respondent A: Our ethos is that people are employed on Bransholme, we want them employed on Bransholme because we feel the success of it is people who live on the estate are looking after their own and we've done that right through, community caretakers and everything, its always been people on the estate that we've employed. Volunteered, trained them, and then employment, that's what we've done …
Respondent B: I did start as a volunteer, gradually trained up and then I was a paid employee then. That was a big thing for me because I had been on social, up to then, I was on income support, needed to get back into work and that was my foot in the door sort of thing.

The two quotes above from youth initiatives are good examples of the role-modelling that community groups can facilitate - teams can role model one another, and community members can role model volunteers.

Teams are managed by someone they trust – either an organisation (e.g. the Goodwin Development Trust for the Doula and breastfeeding peer support groups and the Haven project) or a trusted individual (e.g. Local Works). They are small teams who work and interact face-to face and who offer support – both formal and informal – to each other.

Whilst these are community-centred initiatives, groups take the good elements of professionalism (e.g. respecting confidentiality of clients, keeping workers secure and their involvement within boundaries, expect certain standards of engagement) and use them:

Groups have an ethos of social responsibility and the more targeted service groups included reported the need to audit and demonstrate their social outcomes (e.g. gaining credibility target-reaching – being responsible for evidencing social outcomes). Groups see themselves as having credibility and recognition through their results, shown in such things as the satisfaction of clients, the return of clients to pay back as volunteers, developing into a sustainable enterprise, being sought out to educate others, gaining publicity or attention, and growing in size. Recognition of credibility helps groups negotiate and progress; they respond well when treated as credible by outside agencies (and see section 6.3.4 for more on work with outside professionals and agencies).

6.2 Thinking about assets at an individual level

From an asset-based perspective, the capacity of a community to support and encourage wellbeing emerges from the individual skills, knowledge and connections which exist at grass roots level. Resources within individuals that motivate their participation in health promoting activities include life skills that tap in to community needs, the drive towards social interaction, and the willingness to offer time and commitment in return for a sense of fulfilment.

For example, personal knowledge of life stages which are shared across all members of a community, such as child rearing, illness or bereavement, provide resources for others in the community who are at the entry points of the same experiences. The promotion of social contact in group situations by providing the right environment for interaction, or by bringing different sections of the community together in a way which works for all parties, builds inclusive networks based on reciprocity – the benefits are felt by all, rather than given by one party and received by another. Where activities are asset-focused and generative rather than pejorative (for example, where they are based around participation in healthy activities such as food growing rather than on stopping unhealthy behaviours), the choice to volunteer for community activities can translate into sustained motivation to participate. Receiving benefits at an individual level, such as training for future employment, in return for commitment, ensures that volunteering is experienced as beneficial and worthwhile.

This section of the report explores these issues, beginning with a broad focus on the individual health benefits of involvement in community groups. Further thematic categories focus on members' skills and experience, social benefits and the benefits of volunteering.

6.2.1 Individual physical and mental health benefits

Physical and mental health are seen as inextricably linked by the groups, not only through the benefits to wellbeing of social interaction and perceptions of support, but also through the sense of psychological change promoted by group membership. Not only are physical and mental health recognised as being interlinked, they are also perceived as equally important. Groups focused around tasks rather than specific health concerns (such as the food growing group, Green Prosperity) place mental health high on their agenda. Individuals taking part in these activities credit their involvement with mental health benefits:

Extract from interview: David

My partner does suffer from mental health problems, this can mean at times it is difficult to attend meetings and be proactive. However, in her periods of wellness it is beneficial for my own mental health to be working on projects and have involvement with this group. It is good that it is something I do and attend apart from my partner, it is something I engage with, I have asked her if she wants to be involved but it isn't really something of interest to her, it is for me and I believe it benefits my own mental health having the stimulation and conversation with others. I am always thinking about what we are working on, need to be working on, what we can bid for, how we can promote ourselves… it's quite a lot of involvements at times but I enjoy it.

For others, such as the Social Prescribing service, the very ethos of the group is based on a holistic approach, taking into account the complex interaction of mind, body and social circumstances.

Extract from focus group: Social Prescribing

…if you think that a doctor only has ten minutes, and you've got an hour to put a picture together. So rather than it just being one issue, you put a jigsaw together and the find out other areas that maybe are underlying and could be helped with.

There is a sense from all of the community groups that health and wellbeing emerge from an attitude of mind which can be influenced by group membership. Health problems are often put into perspective through talking to other group members, and these interactions provide new psychological resources for coping. Psychological attitudes towards maintaining health are recognised as an important precursor to wellbeing.

> **Extract from interview: Lynda**
>
> Keeping myself going is important for my health… physically and mentally doing my volunteer work… my health is never going to get any better, so for me my main thing is being able to be mentally alert, mentally there, knowing what is going on, taking everything in, keeping going… and helping keeps me going… without my voluntary work I don't know what I would be like, I think I would get depressed… I can't go all over now because of the ill health and the breathing, my voluntary work keeps me going and without that and the passion I have for it, because I want to do it, isn't just keeping me going, I enjoy it so much.

The social aspects of groups allow members to act as role models for self-management through sharing health advice. This empowers new members by educating them about their condition:

> **Extract from focus group: Hull and District Diabetes Support Group**
>
> When I was first diagnosed, my GP just says to me we can't cure it but we can control it, that was it, he didn't tell me anything else at all. So everything I've learnt, I've actually learnt from coming to this group.

For others, the sense of psychological challenge provided by group membership, and by the motivation to take part in the group activity, is clearly linked to physical wellbeing:

> **Extract from focus group: Tenants' Forum**
>
> You asked us a question a few minutes ago, what did we think in terms of health was the outcome of participating…I find that it does my individual health some good. I think I'm achieving something, I'm doing something.

Some group members acknowledge psychological barriers to taking part, and the motivation to push themselves to participate in group activities results in the realisation that their capabilities are greater than they anticipated:

Extract from focus group: Artlink

Respondent A: It got me back out again. I mean it's not that I don't want to meet people, its not that I don't want to go out, its just the sheer effort of getting here, two buses, when there's not many things locally.

Respondent B: You had a purpose to go out. Now for me at the moment, that isn't a big issue, but for some people, it may be and you said health wise, that she came here because it was worth coming.

Respondent A: I actually felt like I was having to push myself to get out and it was just the fatigue that stopped me from getting out and about and then I took, I went on to do the… knitted picture, I went onto do that, so that's another day a week, and that got me more active and finding that I could do more than I thought I could do and felt up to doing.

Respondent B: … So there's health beneficial, but there's also socially beneficial isn't there.

Respondent C: I think there were people that came as well who were quite anxious about things, weren't they, turned up, but then by coming along and doing something, it reduces that anxiety and it gives people something that they can do….

Extract from focus group: Carers' Information and Support Service

I'm waiting for another course of spinal surgery, so every day my pain is getting worse, but I know that if I got a phone call and they said can you come and run a course tomorrow, I would do it at a shot because whilst I'm doing that course, I'm helping the group. I'm helping myself and even though I feel crap, it's still rewarding, so - language! You know, it's still rewarding, it's still getting me out of the house. I might have to crawl and get in the car, but you know, it's good, because otherwise I'd just be sat at home and you know, not helping anybody by doing that.

Extract from interview: Lynda

It's more than a role because I do suffer from depression and I am on medication, but it doesn't mean I'm not well enough to be able to help anyone else.

Extract from interview: Margaret

I used to be in Hulls Olympic swimming team, I was very sporty when I was young. My mobility now is not like it was, I have my health problems, but being able to be involved in projects keeps me going. You should see my dining room table sometimes, I fill it with what I work on. We come together to do work and I can continue at home, it keeps me active, gives me an interest… we have come to the end of a project now and I'm concerned, worrying hoping something else is planned because I like to keep going with things.

For the Social Prescribing group, the link between mind and body is explicit, and the main focus of their work. They see this as a novel approach, and as providing something which moves beyond the support available from statutory services:

Extract from focus group: Social Prescribing

Quite a lot of it is loneliness as well, there's a lot of people out there and like you say, things, issues that have been going on for years that have been treated, like you say, by the medical, or tablets, antidepressants and actually its kind of, kind of need something else and its just kind of linking the pieces to find out what is causing certain things.

The physical health benefits of group membership include, but do not rely on, the specific provision of physical activity. Groups based around exercise provided direct physical benefits, but these often work well when they sit alongside other agendas such as education or social support:

Extract from focus group: Bransholme Buddies

We've got a little mini gym and they take that out, so they can, you know, they do two hours a week at school. We can make sure that they can do five hours a week of exercise because they might have twenty minutes on the bike, in the gym, they might do twenty minutes on the Wii and that or they might go play football and that's all, we know what they've done, you know. So that can go, look public health here, this is what they're doing, more sport. So we do try and keep up with what the government want, you know, what's being put out there. You do healthy lifestyles don't you, with the food and things like that for them. It's not just about a place for them to go, for the kids, which, but it is one of the main things, is a place for them to go where they're safe and warm and they can, and talk to people. But it's about education, and it's about giving them something so they can learn.

Extract from focus group: Looking Good Feeling Good in North Hull

It started as a twelve week [exercise] course, done by the City Council, I meant the NHS, and at the end of the twelve weeks, we had the option to either carry it on or leave it… I think we all recognised the benefits that that twelve weeks had given us…I think that was the crucial thing that swung it for us, was that we, that twelve weeks impacted on our lives, didn't it? And we didn't want to lose that...

Aside from the provision of exercise as a focus for group activities, the simple act of leaving the house and being in the company of others, taking part in an activity not usually associated with exercise, is beneficial for members with mobility issues:

Extract from focus group: Artlink

A lot of it is about getting out and meeting people and also because you've got mobility issues, if you were just at home, your mobility would reduce because you'd just be sat in the same place, apart from occasionally walking to the kitchen to get a cup of tea. But when you're taking part in workshops, you've got to get there and then you move around the room and you've got to reach for things.

As we discussed in section 6.1.2 above, there is a sense from the focus group data that current health provision leaves a gap in services particularly with regards to mental health extreme - that middle ground non-extreme mental health issues are often not catered for. We have noted that participants emphasised that taking part in community centred initiatives was as an effective way to combat potential social isolation and promote psychological well-being. Our participants suggested that their groups and activities could be seen as intervening to prevent distress or isolation in a way which promotes wellbeing through fostering a positive outlook and protective effect at times of stress.

Extract from focus group: Green Prosperity

I had to leave work and I also had to deal with the fact that I was diagnosed as being bipolar and I have to deal with all of that and part of me becoming well and getting back to work, I needed to build my confidence and competence. So I volunteered myself…. It has been fantastic for me, health wise, mental health wise. It's helped me to be able to relax down, become myself again, stop the isolation, because when you have a mental health problem, you withdraw. Although I'm a very sort of people person, I didn't want to talk to people, and I knew if I wanted to go back out to work, I would have to crack that and this project has done exactly that. I'm ready to go back to work now and want to go back to work and feel that I am competent to go back to work. But if you'd have asked me that six months ago, I'd have told you no…. the way that everybody has been, where it's non-discriminatory, everybody accepts everybody on an equal level. I've been treated exactly the same as everybody else and it's been really wonderful … we're just from different walks of life and we just take care of one another and, you know, if someone's doing a job and they can see its taking a bit more effort, just jump on and just help finish the job. So I mean it's been really, really, mental health wise, very beneficial for me. I'm ready to go back to work now.

Extract from focus group: Doula and Breastfeeding Peer Support Group

From the point of view of, you know, a service there, having a baby is the most important thing in life, isn't it, because you're bringing life into, into the world. I think for a woman, it's the most important thing that they'll ever do and if they have a bad experience at birth, that can affect them and their families and everybody around them forever because a lot of women have post-traumatic stress disorder from birth, you know, from a bad experience. So to have somebody there to give a positive experience is just fantastic, I think.

6.2.2 Community members' skills and experience

A key focus of the community groups is their recognition of the range of skills available within their locality. The motivation to join groups often stems from the motivation to pass on personal experiences to others as a way of empowering them as they face similar situations in their own lives. Groups actively seek people who understand particular facets of community and life experience, and whose identity as a potential peer can present an approachable point of contact for new people wishing to consult or join the group.

> **Extract from focus group: Doula and Breastfeeding Peer Support Group**
>
> I've got seven children now, so I've got a big family, I've got quite a bit of experience with labour and birth and quite a lot of views on it and so I thought well maybe my experiences might be able to help other mums and women within the community.

> **Extract from focus group: Carers' Information and Support Service**
>
> The first day, we'll sit there with the group of people who you know, are sitting there, they don't know whether they want to be there. Well once they've realised that I'm not a professional, I'm living with a long term health condition, exactly the same as everybody else in that group, the attitude just changes, you know, because they know that they're not, you know, I'm not going to stand there and lecture them. Its, you know, it's purely self-management and I'm just passing on my experience.

> **Extract from focus group: Haven Project**
>
> We have refugee, two refugees, and an asylum seeker on the advisory group…that consists of a number of people, but the key people are, for us, are asylum seekers and refugees and people who have come through the systems or come to England as a new person to keep us on track in understanding cultural implications, some of the stuff that comes as a result of having come to England via the routes that they have.

> **Extract from focus group: Social Prescribing**
>
> It's scary, it's really frightening, some of the things that people don't disclose are very frightening because you know, you can see that they're just desperate for someone to say 'I know there's a problem and would you like to discuss it?' and it is all about having that life experience, if you like. You can't do it unless you've lived a bit of life, you know, and had some experience of dealing with adversity, I suppose, in some degree. I wouldn't recommend anybody did social prescribing without having some kind of life skills about them, you know.

Extract from interview: Lynda

Being involved as a member of the community is valuable, I personally think its brilliant, because when I was younger there was nothing or nobody around for me when I had my problems and this is what got me into volunteering in the first place… they know if you have taken it out of a textbook or they know if you have been through something without telling them… you know their feelings and that skill helps a lot and nine out of ten want that help.

Extract from interview: Jemima

One of the guys that works there was a refugee, so a lot of the times, a perspective from him helps, especially people from his own country, they then can feel more comfortable.

Groups based around specific tasks attract volunteers with existing knowledge, and recognise that this can be capitalised on. Accepting people's skills as valuable contributions to group activities is vital to genuine involvement, and the visible recognition of personal assets on an individual basis makes participation meaningful.

Extract from focus group: Artlink

The skill set in this room is vast. It's far more than you might look at four older ladies and think, you know, but actually the skill set is vast.

Extract from focus group: Green Prosperity

With your skill share as well, you suddenly find out everyone's got different skills outside of the gardening that they can actually incorporate into it, which is good isn't it, like my art…and [*name*]'s knowledge of syrups and foraging.

Extract from interview: Sofia
It's important for me to empower others that are living the situations I have lived… there is a new intelligence to help people to have a better life so I want to share that.

Extract from interviews: David

We can and have accessed a lot of training over the years, we operate very professionally and if you judged only the appearance of some of our members you may question ability, but you will be surprised just how able and efficient our members are, from all walks of life and backgrounds.

Volunteers bring skills to the group, and being given a chance to exercise skills builds individual confidence and expands group activities. Finding opportunities for groups to pass on skills and experience to others also bolsters group identity and has the potential to engage other parts of the community. The experience of community members can be drawn on to inform and develop initiatives:

Extract from focus group: Green Prosperity

Respondent A: Some people needed to know how to make the best of the produce that we're producing. So it's all very well, we take it home as volunteers, but what do you do with some of the things that are left … I wanted to use my sort of catering skills to be able to do that and I've been able to do that twice now, with a volunteer, so that was really good, I enjoyed that and it built my confidence up as well doing it.

Respondent B: …We're not only volunteers at the garden, we've also been asked if we would like to be mentors, so that we can take our knowledge that we've learnt and take it out into the wider community, identified people, yes, but that will then, if that goes well, because that in itself is a project, if that goes well, then it will go wider and the idea is to educate people to grow their own, that growing your own is best because you know where its coming from and you know, and its, to take it, to just go out.

Extract from focus group: Bransholme Buddies

It's like what they said before about not inventing the wheel when its already been invented, you know. My community caretakers, I used to do that in the seventies, we used to get YTS volunteers, go to old people's houses in winter, decorate them all, in summer do all the gardens and when the councillors asked me about how to do it, I already knew how to do it because I've already been there and done it.

Personal experience can also be interpreted as a lens which brings problems into focus and enables intuitive support. Experiencing difficulties in life is recognised as a positive quality by groups who offer support to others.

Extract from focus group: Carers' Information and Support Service

Respondent A: [Volunteering] builds confidence doesn't it and all that knowledge they've got, they don't realise how much knowledge they've actually got, that they can bring out, you know, and help other people…

Respondent B:… they just feel as if they've had the stuffing kicked out of them, and "I'm only good for this", and it's like, but that's a good thing, look at the positives, look how you fought to get this, how you've done this, how you've done that, look how determined you are. But it is, like you said, building somebody up from the bottom again.

<u>Personal development and training</u>

Secure links with outside agencies allow some community groups to offer the endorsement of skills through recognised training. For many of the groups we talked to, this proves a successful way to retain volunteers. Training takes the work of the volunteer seriously, rather than treating individuals as a source of free labour, and serves to consolidate their confidence and improve their skills. It 'pays back' to the volunteer, in the way that many volunteers are paying back by working for groups which have personal meaning for them – volunteering becomes a reciprocal transaction which increases trust. Training can increase people's abilities to engage with others in the community, improving the potential for expanding group activities and membership. Often, training opportunities are available for volunteers and community members as part of the group's activities:

Extract from focus group: Hull All Nations Alliance

I organise training. Whatever is available could be relevant, then I will try to get the person here and then I email it out to the volunteers and the community leaders and then anybody can attend these training courses.

Extract from focus group: Tenants' Forum

Interviewer: What is the Housing Academy?
Respondent A: It's basically training in, err, all the aspects of the Housing Department and how housing services are delivered.
Interviewer: Right, so you've gone through that?
Respondent A: I think we all have, yeah.
Respondent B: Yeah in perhaps fourteen sessions to deliver the theoretical side of the first two or three weeks of training, for a housing officer. We've all been through that, so we all have a knowledge of the history of housing law, homelessness law, err …
Respondent A: How lettings work and so on.

> **Extract from focus group: Doula and Breastfeeding Peer Support Group**
>
> **Respondent A:** Yeah, we have training…
>
> **Respondent B:** And we do other training as well
>
> **Respondent A:** Yeah, we have evening training sessions as well, theoretically I suppose once a month, but it doesn't actually work out in reality to that. But we'll maybe have an alcohol team come in or we've had a female GM, you know, the FGM team, people, refugee council, they come in and then we bring the Doulas, we bring the Doulas, we invite all the Doulas, they come to training as much as they can.
>
> **Respondent C:** Domestic abuse, there's all sorts of different training we've had.

Participants also talked about the value they attached to training as part of their participation in groups:

> **Extract from interviews: Sarah**
>
> They run a lot of courses, I mean like there is one about female genital mutilation they are holding, they will hold courses on various things, relevant to the women we might be seeing… I've been impressed with how thorough the doula course is, it's a proper course, it is level three, it gives you credits towards university and several of the ladies are hoping to become midwives … Education is quite essential to my wellbeing actually.

Investment in personal development also ensures that benefits to group membership are sustainable if the volunteer leaves the group – for some groups, this is an implicit acknowledgement of the difficulties of maintaining funding.

> **Extract from focus group: Green Prosperity**
>
> **Respondent A:** Someone contributes thirty hours of their time as a volunteer, we'll pay them to do a horticultural qualification because obviously we'll be looking at the future as well, like this project is not going to be around forever. We'd hope that we'll get more funding, but if we don't, we want to try and help these people to get into work or you know…
>
> **Respondent B:** And you've just funded a health and hygiene course as well, haven't you, we've just all done that, that wanted to do it. So it's just on-going.

Provision of training for community members and groups is a theme we return to when considering how outside professionals and services can best work with and support community centred initiatives (see section 6.3.4 below).

6.2.3 Social interaction benefits

Motivation to take part in community group activities builds as members become involved in group activities, and participants in this study cited the meaningfulness of contact with other people as a key property of this motivation. For some individuals, social contact was as or more important than the group activity (see also *Common features of successful community groups* above).

Group members see visible signs of wellbeing in others as a result of social interaction and group activities. For some, connections are made between their own experiences and those of other people, and the meaningfulness of these connections can be powerful. This can empower volunteers to bring about positive change in others.

Extract from focus group: Hull All Nations Alliance

I like to help to the people, I am, when we finish these things, I feel that I'm happy, because I could help the other people really and because I know how they feel because they are not speak English, like me when I came to here, I didn't speak anything, yeah.

Extract from focus group: Social Prescribing

Respondent: It's about giving back what I've been through in the past, life experiences, it's about giving something back and I was a qualified interior designer, designing what have you and it was like 'This is not what I want to do' and it's about helping people, making a difference to people's lives, when you can do. This isn't the only voluntary I do, but it's about making a difference to people where you can help people that need help and sometimes they haven't got anybody else, so…
Interviewer: So that sort of meaningful, yeah, doing something meaningful.
Respondent: It really does, it really, its very heart-warming to unpick the story with the person and you can just see little light bulbs being switched on or this kind of little cloud gets lifted, you know, and you can actually see that, in the course of that hour, happening for some people.

Increasing others' wellbeing has a mirroring effect in individual group members, who report an increase in their own feelings of wellbeing as a result. This comes through gaining respect from others in your own community who matter to you, through the sharing of interests, and through the knowledge that they are making a contribution to their community.

Extract from focus group: Bransholme Buddies

I was one of the young kids who got into a bit of bother when I was younger. So it's quite nice now to work with the kids because I grew up with their brothers, uncles, dads, so it's quite nice to see it from how they see it as well. So that's, it's quite good actually, in, they've employed me now for I think about six years, so it's, it's been quite nice putting my input into helping the kids grow and we do have a lot of respect off them, don't we.

The importance of combating social isolation in relation to public health issues is widely accepted. A number of our groups involved participants who, without the group and its associated activities, could be at high risk of social isolation.

Extract from interview: Lynda

I struggle to make friends, close friends, following the death of my best friend, we went through so much together struggling both as single parents, she died at forty four and she had had a rough life… this *[taking part in community initiative]* keeps me going, keeps me alive… it challenges myself.

Integration with the local community does not only come through engagement with skills-led tasks – groups working with minority populations are also working towards breaking down language barriers. Even in this situation, however, activity-based meetings could promote social interaction.

Extract from focus group: Haven Project

We had a group, a relaxation group, some months ago, with people from all walks of life and I found it so interesting that people like that could come together and actually get on in a session where naturally or usually you couldn't because of the language barrier … someone you wouldn't normally talk to in a bus, you know, you're sitting next to and you know and massaging their hands or something , I thought that was a fantastic idea…I've made friends with a Polish lady, someone from, I'm not sure whether she's from Pakistan, that I, you know, I got to know a bit and that wouldn't normally happen because people tend to cling to what they're comfortable with and where they can communicate with, but it was possible here. So I think people, even with, you know, trying to stay in their shells because they don't know, you know, they don't feel comfortable, maybe they're in like such a foreign place, so to speak, I think they kind of get to open up and you know, getting to know people and kind of exercising those social skills.

The groups also counter isolation by finding triggers for enjoyment which draw people into social interaction. Successful groups feel a responsibility to engage with isolated members of the community, and are proactive in their outreach activities.

Extract from focus group: Carers Information and Support Service

There's an elderly population who we have to sort of, like…we have to entice them in, [*name*], don't we? We have to put breadcrumbs down and hope that they come in.

Extract from focus group: Artlink

They were like taster sessions, which was, so in actual fact, you quite cleverly were able to capture the interests of some people who thought 'Oh I've always wanted to do' whatever it was. So they may have only come to one, but I think once they'd come to maybe the first or the second, the community, the chat, because everybody was really relaxed and friendly and daft and it was fun …[*the group members*] made it so.., welcoming, that's the word, it was welcoming.

The flexibility to respond to people's differing circumstances by taking group activities to them is a key aspect of engagement – small scale engagement can work alongside larger

events to involve new community members in group activities. Where physical contact is difficult, groups can consciously build in social support through other means – befriending can take more than one form: for the Carers' group, social support for those who cannot leave home can be provided by telephone.

Extract from focus group: Carers Information and Support Service

I've had like lots of elderly carers and probably they can't get out as well as the cared for, but they can always volunteer for us because they can offer telephone support, so they don't even have to leave their home to be able to do that and I was speaking to a lady the other day. Her husband had been taken into residential care and she spends every single day down there at the residential home and her daughter cares for her and on a night time, she's so lonely, and I've said, you know, maybe some volunteering, you know, ringing somebody else, another carer in a similar situation and it's like a befriending, it works both ways for them really, you know, because you can be a befriender and also be part of the service of the befriending service as well.

Social events outside of group meetings can facilitate a sense of cohesion among group members: in large groups who meet for activities rather than explicitly to provide support, social events outside of group meetings can facilitate a sense of cohesion among group members – socialising becomes an implicit method of support.

Extract from focus group: Looking Good Feeling Good in North Hull

There's not only that, you see, when you're in a group like this and you're all friends, you know, say you're ill, you're never on your own because there's always one of us there to help. So you're never on your own and there's no need to be lonely, no need at all.

6.2.4 Volunteering

Our data suggest that it is individuals acting as volunteers who emerge as the most important community asset. Regarding volunteering, there are a number of points in relation to the current national context that were raised by several of our participants which should be acknowledged. This research has been carried out during an 'age of austerity' - a variety of measures aimed at reducing budget deficits have been implemented by the UK government since 2010, with a significant impact at local government level (for example, in Kingston upon Hull, the "Hull 2020" programme, launched in August 2014, aims to have all public services working together as a single system to reduce waste and inefficiency by 2020).   Participants unanimously recognised this particular national context as having a significant impact on community groups and initiatives in the local area. A significant number of participants expressed concerns about the origins of expressed support at national level for community groups or initiatives and the role of volunteers:

Extract from focus group: Artlink

Cameron's idea that there should be this whole army of volunteers out in society, doing many of the jobs that have formerly been paid jobs, I actually see some sense to that. I don't think you should take the jobs from the people who have had those jobs, but certainly for initiatives like this, I would volunteer my time. I don't want, you know, a name on a plaque or, or pounds in my pocket, to come in and enable anybody, I don't care what nationality, colour, creed or whether they've got ten legs or one, I would gladly volunteer my time to help somebody benefit in whatever way. So I actually think there are an awful lot of people within the whole of our society that would do that. They get bloody minded when the powers that be say well you can only have, you know, you can't expect them to all provide those things.

Extract from focus group: Tenants' Forum

Respondent A: The 'Big Society' that Cameron always wanted, you know, we were doing it for years before that and you know, he just thought 'Oh there's, you know, there's a way of cutting costs here and getting them to do all this work'. Well we were doing it anyway. Unfortunately for David Cameron, the problem he had was that he kind of thought that he could turn us into doing all this additional work and he could then just cut all these services and pile it onto us and of course there just wasn't the resources there to do it. We were already struggling to find resources because when, you know, if we want to do anything often it's chasing funding and funding pots are getting less and less and less.
Respondent B: And I think as well, some of the stuff around the kind of messages around sort of, you know, exercise and health and healthy eating and things, you can only really think about if you're not living on the breadline. But it's very difficult to sort of think about those, those bigger issues, when you're struggling to keep warm enough.

As the above quotes illustrate, there was some scepticism about the political motives behind the promotion of volunteering and community initiatives, but for our participants this never got in the way of their overall positive views towards community participation and responsibility. However, for those who are not already members of successful community groups, cynicism about the role of community groups may be more of a barrier.

Another point raised by very many participants in relation to the direct impact of current national welfare reforms on community initiatives was the occurrence of benefit sanctions, specifically in relation to volunteering. A number of participants argued that volunteering was excellent preparation for paid employment, particularly for those who had not been in employment for some time.

Extract from focus group: Bransholme Buddies

Respondent A: At the end of the day, we can volunteer all we like, but if they were volunteers, they would only be allowed to do probably between six and ten hours a week volunteering.

Respondent B: Even though we're paid workers, we still put in voluntary hours.

Respondent A: But if you was on the dole, you wouldn't be able to put the hours as volunteers, because they won't allow to because you've got to be looking for work, you know. So it would never work, running it on volunteers.

Extract from interview: Lynda

You might get a client with drink or drug problems, who better than someone who has sorted out themselves to go to a group and talk about the problem… having that skill and to them they may never think of that, but I have one guy that does have a problem and I referred him on, he's getting the treatment and we have talked about him doing voluntary work and how that will then help him with employment… so whatever help you give it progresses them and they might at some point also feel they want to give back.

> **Extract from focus group: Carers' Information and Support Service**
>
> **Respondent A:** As far as I'm aware, it's sixteen hours and they have to let the job centre know because they can get their money stopped … a lot of the voluntary services aren't aware of that as well. I know because we work with another organisation a lot, which is a service that helps people get back into work and they've had a lot of problems around that. They've gone and volunteered and they've had their money stopped. So now they're aware and letting them know they're aware and sort of working with the job centres as well to make them aware that they are only allowed to work sixteen hours.
>
> **Respondent B:** Because ironically that's where a lot of the referrals are coming from… They are asking people to go and do lots of volunteering, and it's for things that they've got no interest in, , and if you want to volunteer, you might as well do something that you've got an interest in.
>
> **Respondent C:** It's very short sighted because volunteering, by being a volunteer, you can gain a lot. I wouldn't have come here if I hadn't have come and met you, you know, the other week, would I, so it's, so it opens doors. I think the job, it's not the job centre, it's the government that make these stupid rules, but its short sighted because actually by being a volunteer and building your confidence and you can get skills don't you, even if it's just telephone skills or letter writing, whatever it might be, you develop skills that you can then take into employment. So actually that person at the end of a period of volunteering, even if they were doing thirty hours a week volunteering, then they, I would think, are more likely to be employed than somebody that hadn't done anything.

The importance of volunteers to the groups included in this study was unanimously well-recognised:

> **Extract from focus group: Social Prescribing**
>
> We've been so privileged with the volunteers that we've got. I know *[name]* and I are just absolutely amazed and blown away by, you know, their dedication and devotion and just, you know, the fact that they do behave in a professional manner and they all are very very different people, but they all come with a lot of life experience, a lot of insight and a lot of understanding and that's been invaluable and we just wouldn't have got the outcomes that we have had.

Volunteering requires time and commitment. Successful community groups do not underestimate the demands of volunteering, and recognise that life makes demands outside

of the volunteering role and that this may sometimes cause tensions for volunteers. Groups which acknowledge the pressures of volunteering have to balance this against the need to provide a stable presence within the community that they serve. All group members are aware of the demands placed on volunteers, and this awareness was evident and reinforced in group discussions. Successful groups do not take their volunteers for granted – value is accorded to their commitment as well as to their skills.

Extract from focus group: Doula and Breastfeeding Peer Support Group

Retention of Doulas is always quite an issue because they go on to do so many other things and it is a massive commitment. If you think when a Doula, you know, a volunteer, if they're supporting a mum through birth, they have to be on call twenty four hours a day, seven days a week, two weeks before her due date and two weeks after. It's a massive commitment.

Extract from focus group: Local Works

Going back to being a volunteer, the key part, where I was concerned, of being a volunteer, is that you're committed at a certain time, so that you've got some stability, like [*volunteer name*] comes into us on a Monday and yet the students know that [*volunteer name*]'s coming in and if [she] didn't come in next week, they'd be asking why, you know. They sometimes, they'll blame themselves – don't they?

Our participants recognised the competing demands on volunteers' time. Individuals who create community initiatives often sacrifice a great deal of time and energy to the founding of community groups. Members who are very active often take on multiple roles and this in itself can provide valuable experience and knowledge.

Extract from interview: Lynda

I've been doing volunteering work for twenty years at different places and I have worked as a support worker in mental health, I've worked with domestic violence, advocacy, going to courts, social service meetings… when I saw this opportunity I thought it would be very interesting and because I'm also a volunteer information worker, I know a lot of places in Hull I can refer clients on to.

This taking on of multiple roles was particularly evident in the Tenants' Forum:

Extracts from focus group: Tenants' Forum

Extract 1

Respondent A: I'm Chair of Repairs, err, sorry, I'm lying, I'm Chair on Social Behaviour and Estate Management. I'm Chair of Efficiency. I'm Vice-Chair of Repairs. I'm Vice

Respondent B: Homes Panel, not Repairs, Homes Panel!

Respondent A: If I want to call it Repairs, I'll call it Repairs! And I'm Vice-Chair of Civilities. Also…

Respondent C: Member of the Forum

Respondent A: I'm on the Scrutiny Panel, a member of the Forum *(phone rings)*

Respondent B: And that's your phone!

Respondent A: You've made me forget what else now! I'm also TQC. Oh yes, at the moment, I'm the Vice-Chair of it, but *(phone rings)*, I wish, it's every bloody time!

Extract 2

Right, now my long list. I do the MSL Benchmarking, which is multi-storey living, where we check on the cleaning services and caretaker services. Do estate walks, do void visits, tenant quality champions. I'm Chair of the Homes Panel. I do the Disability and Housing Group as well as the Learning Disability Group. Erm, what else…. Home Standards Inspections, which is the, what we call the voids. Oh and Vice-Chair of the Forum.

Where the pressure to maintain multiple voluntary roles becomes too great, group members can be lost; this can also occur when a core group of volunteers is stretched to fill multiple roles. Having realistic expectations of volunteers is key to retaining their skills and experience.

Extract from focus group: Social Prescribing

The biggest barrier for us was that our steering group restricted us to only using their volunteers and that … the CCG are part of the steering group, it's the voluntary sector. Erm, and we can understand that it was because, you know, they invest a lot of time in their own volunteers and they do do a lot of training and I guess their perception was that we would be getting a service, you know, a skill set. Erm, the problem being that they already volunteered for their organisations and they were studying and they were caring and you know, they had childcare needs or there were just so many issues.

Despite these recognised pressures which may come with volunteering, community members acting in a voluntary capacity were nonetheless extremely enthusiastic about the benefits of volunteering at both a personal and a wider level. Volunteering and participating in initiatives could act to create community according to some participants:

Extract from focus group: Green Prosperity

I had two ladies that were single parents with children right by where I live and I was able to take more *[of the produce grown by the group]* so that I could actually distribute it out. So even though they're not part of the centre, they've actually benefited and it's also helped our relationship as neighbours and again, some of the stuff that I gave them, it was like 'Oh what do you do with this?' and I was able to go in their home and teach them what they, you know, how to eat it and the children really enjoyed it. They enjoyed the fact that it had just come, because I sort of, you know, I was in the kitchen, so I was teaching the mum how to do this thing, but I was also talking to the children and telling the children about the garden and telling them about, you know, how things grow and everything and its just education, you're just educating people all the time.

Extract from focus group: Looking Good Feeling Good in North Hull

But having something like this, or a group like this, that can go out and cascade information out, I think is priceless, because, sorry, I don't want to hog this, but it's the multiplier effect, isn't it. *[name]* will go home and talk to her daughter, you'll go home and talk to your granddaughter or your grandson, won't you, about things that you've heard and that's the important thing, that's the unmeasured engagements.

Extract from focus group: Bransholme Buddies

They're working, coming on the… the unit and helping, volunteering and being part of our society on the estate and that's what we was about, you know, and that, just looking after each other.

Participants emphasised the personal rewards of volunteering:

Extract from focus group: Carers' Information and Support Service

The volunteering side, it's so rewarding, you know. I mean it's, I mean I have a spine injury, so I can't work full time because I never know what I'm going to be like. But by doing the volunteering, it helps me because I'm getting out, so I mean as far as I'm concerned, everybody should do some form of volunteering because it helps your own health condition and you're helping somebody else and you know, and it's a domino effect and hopefully they'll then start volunteering and helping somebody and you know, there's no, I always think there's no need for people to be living with no care and support. We're all human beings, we've all got the same problems, issues in life.

Extract from focus group: Local Works

Respondent A: I think if you put yourself into a classroom at a primary school, compared to what we've got here, it's definitely more rewarding, our classroom, and it's also a bit more challenging.
Respondent B: It's good seeing like a kid come in the door, who's like a right tearaway and then leave here like a really good kid and its really rewarding.

Extract from interview: Sarah

I do feel the need to do something that contributes something.

Building in a positive contribution to volunteer's lives in the form of experience and training for paid work can be a way of balancing the noted tensions arising from the commitment expected of volunteers.

Extract from focus group: Bransholme Buddies

Respondent A: They've gone into youth work, haven't they.

Respondent B; :Oh yes, yeah, they've both, there's another youth club on the estate and they've, I think one of them volunteers and one of them has maybe got like six hours or something. But it's a start, you know, it's something to put on their CV

Respondent A: That's where we started

Respondent B: Yeah, you know. So basically, yeah, they're in the cycle that a lot of people have worked for the Buddies have gone through by volunteering and getting experience and then working up to a, hopefully to get a job, so.

Respondent C: :Well the one that has got his six hours was actually classed as unemployable not long back by the Job Centre. They actually put him as unemployable and tried getting him to go on the sick. But obviously he's got out and got himself a few hours, so its, you'd think he was on a million pound an hour, when he talks about it, he's quite happy.

Extract from focus group: Social Prescribing

We've been particularly lucky with our volunteers. We would have loved more, but we understand if, if you're volunteering for one organisation, its very difficult to commit to another and they all have other stuff in their lives that, you know, a lot of them were working, a lot of them were studying, and some of them, some of our volunteers actually dropped off because they'd got full time employment. So they sort of withdrew from the voluntary sector as volunteers and actually became members of staff.

Extract from focus group: Carers' Information and Support Service

It looks good on the CV as well, if you've been caring for years and years and years and you've done, you think well what am I doing, you know. I know like being a carer is like a full time roll anyhow and that should be actually included on that CV. But to say that you've been involved with City Health Care Partnership because you've been volunteering, it looks really good, it's a big organisation, you know, and you've been employed, even if you're only a volunteer, you've got that experience, you've got that knowledge to take with you as well, so its really good CV building on there as well.

Extract from focus group: Doula and Breastfeeding Peer Support Group

I work for the Doula Project. I've been working for them for about four and half years now, as a locality worker. But prior to that, I was actually a volunteer Doula myself. So this, being a volunteer, I was a volunteer for about eighteen months and that actually led, led onto a job, which is, you know, sort of fulfilled the perfect job I could want to do really. I just work part time, so that's why I came to be here and I became a Doula because I just thought it was what a fantastic opportunity to support women. I've always had a passion for young women and helping them with, you know, with childbirth, labour, breastfeeding. They're all my favourite sort of subjects and I like talking to people. So it seemed a really good volunteering opportunity.

6.3 Making the most of assets: Collaborative working between communities and others

6.3.1 Working with others: Other community groups

Whilst some groups described themselves as operating fairly independently, there were several examples described where groups collaborated and worked with other community initiatives. Other local initiatives that were not recruited to the present project but that were positively name checked in focus groups included Hull CVS, Timebank, Inspire Communities, Volcom, Transition Hull, Scrap Store, North Bank Forum and Together Housing. Sometimes examples of interactions were of larger organisations or groups providing peer support for smaller groups. Others gave examples of their signposting to other groups.

Extract from focus group: Tenants' Forum

The Tenant and Resident group I am part of assist smaller less formal groups who would otherwise be unable to obtain funding because of the requirement to have a bank account and constitution by acting as an umbrella group for them and administering their funds.

Extract from focus group: Haven Project

In one of the dips, *(the group leader)* happened to meet the Chief Exec of Goodwin at a meeting, explained her situation. He thought the Project was worth saving and said "I think we've got an office in a building, you can use it for nothing and we'll see if we can get some funding" and so they moved to there and Goodwin supported the Project for a year out of their own reserves, while members of the senior team made the bids to the Lottery, the Brown's Trust, the Tudor Trust, hoping that one of them would come off and then they all came off.

Extract from focus group: Hull All Nations Alliance

I just met yesterday somebody from the Doula project on the training course and we agreed that we're going to sit down sometime next week because they do have a lot of Eastern European families and they didn't know where to send them when they need help, so we're going to work in partnership… There is another little charity called Inspiring Communities *(sic – Inspire Communities)* and we have a good relationship with the manager of it and he is the one who we go, if somebody need a CV to be done, we take that person to him and then he will help and we translate and he also just turned out that I just saw him, he can give out food parcels. So from now on, if we have, because we do have a lot of families, so we can take them to him

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> **Extracts from interview: Jemima**
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> They link in with a lot of groups, like one is called Open Doors, it's a charity that supports people, you know whether they need food, clothing… things like food banking, which happens every Thursday actually, I know they are involved with that group so people going there are mostly refugees and asylum seekers and if they go they have trust in this group

There was also one example of a group (Looking Good Feeling Good) helping to set up other similar groups in different parts of the city – there would seem perhaps to be scope to further develop this sort of peer support for initiative set ups.

> **Extract from focus group: Looking Good Feeling Good in North Hull**
>
> Yeah and then as we said earlier, *[name]* from the Good Heartbeats, you know, we supported them for the twelve weeks. We even went there one night and supported them, you know, as a group we went there and so we gave them the confidence and the reassurance what you can do, but we didn't have no, no council officers or no NHS people who came along, it was us that, they learnt by example I suppose really, of us, which maybe the councillors should look at that if they can't, if they can't fund it, engage with us or and you know, taking that route.

> **Extract from interview: David**
>
> We do offer to act as an umbrella organisation for other smaller groups. To set up there needs to be a formal organisational structure, for example and there needs to be a back account and so forth. This can make it very difficult for groups starting out and so we offer that support and with it advice on how to develop and work with the community, if we can.

Collaborating with other local initiatives was not always straightforward. There was some uneasiness reported around engaging with other groups or individuals when they were felt to be 'using' a group or unfairly taking credit for their work.

Extract from focus group: Hull and District Diabetes Support Group

This one chap came along and he was really enthusiastic initially, but all he wanted to do was use us to get his funding … apparently he'd been to other groups to get them to do work for him … I said to him I've been to you four times, I'm not going to come again because he wanted it just purely for black and I said, you know, we cannot be promoting segregation, we can't promote that, you know. If I was to say right, there's only whites coming into here, there would be an uproar *[Respondent B: You'd be locked up],* I'd get locked up. But he wanted it just purely for the blacks and when I said that I wouldn't do it, for segregation, he wasn't happy about it and I found that sad.

Overall though, groups did not in the main report that they collaborated extensively with other community initiatives – their focus on working with others tended rather to be very much more on working with outside professionals and services. We would suggest that this is an area that merits further consideration as there is potential scope to develop effective peer support and learning through increased collaboration between groups and initiatives. Admittedly, it was beyond the remit of this particular project to look at groups in the city who very specifically set out to act as umbrella organisations (although they do exist; for example North Bank Forum). Future work could usefully include such organisations as well as looking at how best to encourage groups to work together and how schemes encouraging peer support and learning for initiative set ups and beyond could be developed – or if they feel that working in isolation is preferable, to examine why that might be.

6.3.2 Working with others: venues

The importance of an accessible and local venue which met the needs of particular groups was highlighted by a number of participants. Some of the groups we spoke to have their own venues but for those who did not, room hire was an issue raised repeatedly.

Extract from focus group: Haven Project

We moved here in preference to anywhere else … we were looking at trying to make this a hub where refugees and asylum seekers could come for other services. So after we moved in, we managed to work with AR to move in too. So they're in the office next door. So that's fabulous for us because one, we have somewhere we can refer people to, they also refer people to us. It means the building is used, it gets known amongst the refugee and asylum seeker populations, so everybody knows where it is. Literally around us, both in the streets you were driven up, but also the streets going that way, there are quite, most of the refugee and asylum seekers in the city live in this area. They do live in other areas as well, but a good percentage live in, so it's again, its central to people's needs and its accessible.

Several groups mentioned how, with the increasing trend for schools to move to 'academy' status, the costs of room hire had increased substantially.

Extract from interviews: Brian

Academies, that's a whole new thing on the horizon… I find it quite offensive to see a company registration on school letter headed notepaper… we have been brought up with schools being a community, heart of a community, then suddenly… the school here now is a locked entity, whereas before the kids could go and play football on a night time, it's all locked, they are not allowed in the playground… these new academies are not independent they are group, they are not community aware… I got a letter from a woman in Doncaster from the academy about the rent, well what does she know about our community?

Several groups additionally reported that they had had problems with sudden rent increases with regards to venues.

Extract from interviews: Peter

Last year they put it up to £500, but now the management are saying they want £750…we have to look at the pros and cons but it's safe, clean, central and close to a bus stop.

The provision of rooms and venues for the use of community initiatives at stable and subsidised costs is an area in which there may be scope to usefully support community groups.

Extract from focus group: Tenants' Forum

With my particular TARA *[Tenants and Residents Association],* we have a very close association with the *(Bransholme)* Arts and Enterprises, and they are under real threat at the moment because they use part of a school, and the school have basically put the costs up of the, you know, the rents for the, you know, the area they use, which may well drive them out. So it may, we may completely lose them.

Extract from focus group: Looking Good, Feeling Good in North Hull

Churches, we're very lucky in the fact that they only charge us ten pounds an hour. If I was to go to an academy, you're talking about twenty five pounds an hour. It's not for everybody's settings, but it meets our needs and it's local to where we live, isn't it, as well. Keeping it local is an important thing as well… things really need to be available locally.

Extract from focus group: Hull and District Diabetes Support Group

Our first meeting was at the Quaker's House on Percy Street. They closed their place down and then we went to *another* area which has a reputation which is not conducive with most things and we found that our group was dwindling down. In fact we went to one meeting and there was two of us and one speaker and so, you know, we then approached the Carers' Centre… We then went into the Prospect Street Carers' Centre. Then the City Healthcare Partnership took over and without notifying us, the staff told us a week before that we were out. Then we went around very quickly to the Central Library and got us into there for eleven pounds a session, which was in a café area, which isn't the very best, but it was somewhere for us to go. We were there for three months and when we went to sort of book into, up for the following year, we were told 'Oh we made a mistake, it's not eleven pounds, its seventy seven pounds'. So … when we finished there, we had to go charging round

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However, merely providing a space is not enough – not only does it have to be accessible, it also needs to be acceptable to those participating:

Extract from focus group: Local Works

A lot of these community organisations and, no offence, are set up in churches and church halls and community halls and everything else. These kids don't want to be in those kind of organisations. Last time I went to church was the last death we had in our family … The venue has got to be as nice and engaging for them.

6.3.3 Working with others: funders and funding

Issues relating to funding permeate many of our thematic categories, but problems related to obtaining funding which were specifically attributed to the current economic climate and period of austerity were mentioned by every community group involved in the research. Three key topics were raised by participants: the lack of stability in relation to funding, restrictions applied to funding and time issues.

Lack of stability in relation to funding was a concern for groups. Often, groups did not have a regular source of income. It was emphasised that having a regular or longer term source of money would be useful in enabling groups to plan their activities. Longer term income would also free up considerable time for groups to focus on their raison d'etre (the time consuming nature of chasing funding was also stressed by participants). Wider national policies, as well as the forthcoming (May 2015) general election, were perceived as generating an atmosphere of uncertainty and there was a fear expressed that there was increasingly less money available for community groups and voluntary initiatives, despite the value for money participants felt such groups and initiatives provided.

Extract from focus group: Social Prescribing

Yes and I think with the pot being even smaller, I think people are becoming either more possessive of what they have got or more ruthless in getting whatever is available and that's certainly something I've noticed, that's coming across … a lot of it is the voluntary sector doesn't have the capacity it used to have and that goes right back to that you know, we've got restricted funds. There's less money coming into the voluntary sector and they're having to pull back on what they can, you know, what they can offer and what they can do.

Extract from focus group: Bransholme Buddies

Respondent A: One for me and for everybody else is stability, because we never know what's round the corner and you're always worrying, you know, what, you know .. like now, till I actually get confirmation that we've got the funding for the next year, I'm thinking 'Oh, they're a bit slow doing this', you know, and you start panicking. We've got, well hopefully we've got the next, from April, we got funding, the funding is supposed to be for three years, but they've give us two years, but they won't commit to the third because they don't know what the government or what the council, who will be in, in three years' time. So we know, hopefully, nobody's come back and hit us with owt yet, that in April, we'll have another year, but…
Respondent B: They run year to year, don't you really.
Respondent C: We run on a shoestring and we run from year to year. You're always wondering what's round the corner.
Respondent B: It's just hand to mouth all the time i'nt it
Respondent C: And we've, we, you see with the government taking so much money off Hull, I mean they're going to take another twenty five million off us this year, it's looking doubtful that we can, the first thing that goes out the window is youth, you know, because they're going to look after the elderly, they're going to look after the vulnerable and sick, you know. The youth, well, there's nowt wrong with them, they'll just have to find summat to do. So that's where we're going to come up against it

This lack of stability in relation to funding could have potentially ruinous consequences for small community led initiatives.

Extract from interview: Margaret

In thirty years… I have seen a lot of groups go by the wayside. It's getting the funds and the people to carry things on. Like my luncheon club, we have a good turnout but those who run it are struggling a bit and so cant these last few weeks put a lunch on. Well they said we could meet for a coffee, it isn't the same and a lot won't make the trip and it's a distance for some just for a coffee and a chat whereas they will a meal… and being with others is something to look forward to, breaks the day or week up.

The following quote, taken from the Haven Project, exemplifies how the very existence of such groups, and certainly the continued participation of those involved, can be threatened by financial insecurity:

> **Extract from focus group: Haven Project**
>
> The project stood on its own for ten years plus, but always worked on the basis of hand to mouth really and the original people who worked here worked many months at a time not being paid and not getting any funding. They just kept the project going because they believed in it. It literally was hand and mouth and not much funding most of the time and in fact it led to an issue with the admin support, that at one point when the money disappeared completely and he had a mortgage to pay, he got another job that was part time and then when the money came in, he just wasn't available to work here any more hours because he was already committed to this other post.

Sometimes groups reported that pots of money available one year were no longer available the following year, and there was frustration expressed with regards to a perceived lack of information disseminated in this respect. For example, the Healthier Hull Community Fund, launched in July 2013 by Hull's Clinical Commissioning Group, was set up to give local people the chance to come up with innovative ideas to improve the health of their local community, and for the wider community to decide which projects would receive funding. The voting process involved around 250 members of the public voting live, and 500 people accessing the on-line voting facility for the citywide projects.

> **Extract from focus group: Looking Good, Feeling Good in North Hull**
>
> **Respondent A:** That meeting when we got every vote didn't we, for funding, didn't we.
> **Respondent B:** Oh yes, with the NHS wasn't it.
> **Respondent C:** We got a 100% vote from the audience
> **Respondent A:** We were the only group to actually get 100%, the Clinical Commissioning Group it was a community fund, but it was the community that voted on it, so you went up and spoke didn't you, six people….we spoke with conviction, we were local, we weren't being parachuted in, I think that's the important thing to note.
> **Respondent D:** And you didn't ask for too much, did you, you didn't go over.
> **Respondent A:** No, we wanted, we wanted really, we could have gone for five thousand pound, we just wanted one thousand seven hundred and fifty pounds, to the last penny, wasn't it, and we got awarded it

Approximately £360,000 in funding was awarded to 79 projects across the city. The scheme (which did not run in 2014) was enthusiastically discussed by a number of our groups, but

regret was conveyed by several participants with regards to a perceived lack of information in relation to future funds or follow up plans.

> **Extract from focus group: Hull and District Diabetes Support Group**
>
> We were very fortunate with the CCG last year but it's not clear what's happening this year, it's all short term. We work with people and then in three months' time it's somebody else doing it and you lose track, it changes its name or changes into something else. What would help would be regular money, if we had regular money coming in and we knew what we were getting.

However, this fund was not universally popular. It was felt by some that the scheme lacked both focus and sustainability.

> **Extract from focus group: Local Works**
>
> They had four hundred thousand pounds, I think they had about a hundred organisations in Hull that delivered. They all got about an average of four thousand pound. It was too scattered. There was no real sort of focus on it. Now they would have been better off to say give forty thousand pound to, to you know, to ten organisations across the city, geographically spread, who had a real impact and a real good track record … there was no real impact, is what I'm trying to get to, no real impact. It should have been more strategically thought out.

A perceived increased ruthlessness and competition for limited funding was noted at local as well as national level. There was some disquiet expressed with regards to perceived 'favouritism' towards some groups in relation to funding allocation at local level – some felt that local decision making was not always entirely inclusive and transparent.

Extract from focus group: Tenants' Forum

Yeah, I'm conscious in many ways though of, you know, being on Bransholme, we had, you know, a community group on Bransholme, that actually oversaw, you know, other community groups and that drew in funding and then distributed it, right. But that led to, erm, you know, erm, you know, erm, I'm trying to think of the right word here, but people who, you know, got, erm, you know, into power and then became very, erm, cliquey and that then led to certain cliques having access to funding and distributing funding and getting involved in things and then others kind of think 'Oh, you know, they're controlling it all now' and falling away, so you know, that's exactly why I think it's going to be mixed, because there will be people, you know, this sort of event does that, it tends to galvanise certain groups, brings people together, but then also disrupts some of what's already in existence.

Extract from focus group: Local Works

There's a lot of competitiveness with organisations like ourselves. Everybody thinks they're the best at everything, as you probably would do, you know. There's set organisations that are around, that have been around for some time and have got a lot of credibility and you know, you can pick them on sort of two hands and there's a lot of new organisations that are set up for different reasons, behind the banner of not for profits, social enterprises and community organisations, you know. So it's a very political place is Hull… There's organisations in the city that are well known and quite large that are community organisations and they're very good at writing funding bids and they're very good at drawing money down from the Hull City Council. But what they do with it is a different matter. They're not very good at delivering. But they tend to get the money all the time. I don't know if it's the Council, that its very safe to award these organisations these pots of money or whether or not it's a political thing and I'm not.. you get a bigger organisation that's got a million pounds sat in the bank account… the MD's on eighty, ninety thousand pound a year. To me that's not a not for profit organisation. That is, that is a company in its own right. If you've got somebody working in a not for profit social enterprise, on eighty, ninety thousand pound a year, it's not right, you know and that happens across the city….There's a big political factor in Hull. If you're not in with the right people, you're not in, you don't tend to get funding, irrelevant of procurement systems and everything else. If you're not in bed with the right people at the right time, you don't get any funding and that still happens now.

Extract from interview: Daniel

It's frustrating for organisations like us, we live on a shoe string and then you get organisations who are just awarded the money.

Another issue raised was the restrictions applied to some sources of funding. This could be problematic both in terms of applying for certain sources of funding (smaller groups may not fit the required criteria) and in terms of restrictions placed on groups by their funders. The latter kind of restriction is exemplified in the following quotes:

Extract from focus group: Bransholme Buddies

Respondent A: We was working with the elderly, the Buddies were, we was doing shopping, going for medication, when the snow, when it was real thick snow, these lot was going out with soup and a roll for the elderly, real good. That were stopped because we was using the Buddies and it was youth money and they stopped us doing that, or we wouldn't have got our funding….
I mean we have got two ladies who look after the elderly now, called Bransholme Buddies, they look after the elderly for us, you know, I got the funding for that as well, so I aren't going to stop looking after them. We just do it differently now.
Respondent B: But it was either, that, if we didn't separate them, they wouldn't give us the money, you know.

Extract from interview: Daniel

I mean we had ridiculous situations, where a funding line was drawn through somebody's house, if you live in the front garden you're in, if you live in the back garden you're out.

Smaller groups reported they found themselves ineligible for many sources of funding because they did not meet the criteria for charitable status:

Extract from focus group: Hull and District Diabetes Support Group

There is a thing that's called Hull 4 Funding and it's run by the Council, Hull City Council and they put down lots of different places that are funding… But you just look at them, you see what their criteria is, because quite a lot of them, you have to be a registered charity. We can't be a registered charity because you have to have a turnover, not just one year, but every year with a minimum of five thousand pounds.

Participants also emphasised the need for community initiatives to be allowed sufficient time, and for funding to reflect the fact that successful groups and projects need time to both embed and develop. Often policy initiatives and changes were not felt to support this:

Extract from focus group: Tenants' Forum

Funding is so often only pump priming, and it's follow-up funding that is often the bigger issue.

Extract from focus group: Looking Good, Feeling Good in North Hull

It's like everything else, it comes and goes too quickly, you know, and then without perhaps giving due consideration to the continuation or the longer term commitment that they want them to give and but they can't give them the support to do.

Extract from focus group: Local Works

Small organisations like ourselves need larger pots of money over longer periods of time. Then you're going to see the impact. What happens is, and I'll give you a typical example, is with the CCG Community Fund. It was smaller pots of money over smaller periods of time, we're talking weeks, we're talking a couple of months, some of these organisations, you know, six to eight weeks. What impact can you make in six to eight weeks on somebody's health, there's not a great deal of impact that you can make over that length of time.

Extract from focus group: Social Prescribing

The voluntary sector for years and years will have worked on a year on year basis… you need to have at least a three or four year plan, because otherwise what you're doing is you're getting people in post and after, you know, if you're only there for a couple of years, you know, come sort of a year and a bit, you're starting to look round to see what else is going on because you know, at the end of the day, we all need to survive, we all need to earn a living.

This was also raised as a concern in terms of engaging community members with such groups or initiatives – lack of permanence can potentially lead to a lack of faith in and a wariness of engaging with such initiatives.

Extract from focus group: Carers' Group

We had a lot of dementia support set up that was very short term and we were like 'It's out there, it's out there' and we were giving leaflets out, encouraging people to go to the groups and we were just starting get it going and the funding was gone and for a lot of our carers, it leaves them feeling in a worse position than when they started because they've got something, they've enjoyed it, it opens up a whole new world to them and then it's gone and I mean their confidence is even lower than when it was to start off with and you lose a little bit of their trust, because you've said to them 'This is here, I think it would be really good, why don't you go and try it?' and they go for two weeks and then they're told you can't come anymore. So that is a problem with the short term funding, is that people can't plan.

How to achieve sustainability and longevity in the face of time-limited or insecure funding was an issue faced by most of our groups.

> **Extract from focus group: Green Prosperity**
>
> You've hit the nail on the head though, you know, when you said about continuous funding as opposed to one off, because like we know we have the funding for what we're doing till I think it's either February or March '16. So we've got a year and in that year they've got to try and find some other funding. Now either they've got to try and find some other funding and hopefully, you know, then we sort of creep on for the next year, right, or they don't get it. If they don't get it, what happens to that fantastic piece of land that people have really put their heart and soul in, what can we do then? Would there be some way of being able to run it autonomously? You know and if so, how would we, you know, how would you, because obviously it's a volunteer thing, so you're going to get an influx and an out flux of volunteers. It'll be pretty transient, but, you know, it's a case of you'd have to have a massive commitment to make maybe a committee of people.

There are then some difficult tensions apparent with regards to funding issues. On the one hand, participants talk about the need to fund proven and established projects and allowing sufficient time for progress to occur. On the other, they also mention the need to avoid funds always going to the 'same old faces' and the importance of funding the new and innovative. In the next section we go on to consider what our participants saw as the best role for outside professionals, statutory services and agencies in supporting communities to develop and utilise their own strengths and assets, including assisting projects and initiatives to become sustainable and even self-supporting in the long term.

6.3.4 Working with others: outside professionals and services

Although our participants were overwhelmingly positive about community participation in the development of and involvement in running of initiatives, there were several ways in which they suggested that professionals and/ or services could play important facilitative and supportive roles. The most frequently cited point in this respect was the potential role of professionals and services in supporting the initial set up of community initiatives. Many participants pointed out how daunting this could well appear to most people:

> **Extract from focus group: Artlink**
> Not everyone will have the confidence to start a voluntary initiative.

Support in these early stages was described by several of our groups – particularly those run and managed entirely by community volunteers – as vital. For example, Looking Good Feeling Good started as a twelve week course but was supported by a Community Development Worker (a post which does not exist in the same guise currently) to become a self-sufficient initiative which has now been running for eight years. This group, and several others, described how the formal process of constitution could be overwhelming and off-putting – appropriate professional input and support at this stage was seen as vital to ensuring the successful continuation of this particular initiative:

> **Extract from focus group: Looking Good, Feeling Good in North Hull**
> **Respondent:** The minute you start to say you've got to be formalised, people run a mile. So maybe what's needed is that the NHS or the City Council could hold the purse strings and let people prove that they're worthy of keeping going and remove those barriers. We had an NHS community support and development worker that formed us, and she supported us through the first twelve weeks. After, she called the inaugural meeting and laid it out to us, you know, if you've enjoyed it and you want it to continue, this is what you do. And she was always there, she'd come in, she'd just, she'd still come and see us, didn't she, but they *(Community Development Worker posts)* were just wiped off in terms of the funding. she's like in a city led engagement thing within Hull CCG now. Whereas she was the northern area, we had someone working in the east and someone working in the west. So they had, in the old days, when people had money and organisations had money, they had three development workers.
> **Interviewer:** And that isn't there anymore?
> **Respondent:** That isn't there anymore and also at the same time, you had local authorities with community development offices and they're no longer there now…   But I think the, there's a big gap out there and I'm sure the offices, the professionals that you're talking to from the authorities, they'll say that, you know, they'll mostly agree but there's no funding there to do it… You need those safety nets and support when you're setting up. If there's nobody pointing people - the right people - the right way in its early stages, then that's when it can fall down.

Several participants felt strongly that schemes such a peer support initiatives needed specialist professional involvement at the outset:

> **Extract from focus group: Carers' Group**
>
> And this can be your fear because I mean initially that was a professional involvement, who helped them get sustainable and then the funding went, so it stopped and so you do think well yeah, it is, it does need that, it needs a professional… to offer that dedication sometimes that a peer support group needs to get up and running, it can be, yeah it can be challenging, can be challenging, so if there's dedicated roles, you know, that are made available to do that.

We have already noted how participants identified the flexibility and responsiveness of community initiatives as something they identified themselves as better able to provide than larger organisations and statutory services. An important role for professionals then would also be to <u>allow</u> community initiatives sufficient autonomy and flexibility. Sometimes, it appeared difficult for professionals or services to do this, especially when community initiatives were in receipt of funding which required that they complete particular records in particular ways.

> **Extract from focus group: Social Prescribing**
>
> **Respondent A:** The steering group for the project *(chaired by the CCG, made up of around 15 other voluntary organisations*) became very detailed, we lost a couple of months with them making decisions and then waiting on the decision and you know, we're doing work one month towards one decision and the next month having to undo it and you know, we're here, it's a pilot, let us do it, but they couldn't let go.
> **Respondent B:** Too many cooks.
> **Respondent A:** We weren't allowed to, you know, to utilise our skills fully … We weren't given the autonomy to do the job that we were brought on to do.

> **Extract from focus group: Carers' Group**
>
> **Respondent A:** We had an issue because we set up, but it wasn't in the contract, we had to use a certain system, electronic system. So we utilised our own, which we're very familiar with and then about six months, eight months in, they informed us that they didn't want us to use that one, they wanted us to use theirs, which [R: yeah, so it stressed us all out] yeah [R: we didn't like it, we're alright with it now like, but we didn't like it at first]. It just caused a lot of work that were unnecessary really because we could have started off, if we'd have known from the start, we'd have started off in that way.
>
> **Respondent B:** Because we're trying to fit into a system that's already set up for social work teams that doesn't necessarily fit in around our service. So we just try to be, like adapt it as much as, you know, as much as we can really.

> **Extract from focus group: Bransholme Buddies**
>
> **Respondent A:** There's a lot of work involved, especially when the NHS come onboard because all the monitoring and stuff like that. The monitoring that we used to do for the council and stuff like that was quite easy. Then when we got all the ones what the NHS wanted, it was a bit of a mish mash, but between us, we've come together so that it makes it easier for everybody.
>
> **Respondent B:** They want more, the commissioning want more off us.
>
> **Interviewer:** This is NHS commissioning?
>
> **Respondent B:** Well yeah, public health money, yeah, yeah its health now i'nt it, yeah. Less hours, more work.
>
> **Respondent A:** But if you look at it, nearly a third of the time every week is spent on monitoring because the monitoring is so detailed that they have to spend, you spend at least one day a week on it.

However, when for example the use of such systems are deemed necessary and unavoidable, another potentially useful role for outside professionals more familiar with such record keeping can be assisting and familiarising groups and initiatives with what is needed.

Extract from focus group: Bransholme Buddies

Respondent A: I've got to admit though, I mean the youth service up here, we do have a good relationship with them. I mean at first, me and *[name]*, we locked horns, really did, erm, but we get on real good.

Respondent B: She's blended to us and we've moulded to her as well, so it's a bit of a give and take on each way.

Respondent A: But they do help and support us, don't they, *[name]* does and she's good i'nt she.

Respondent C: Oh definitely, yeah.

Respondent A: So that support, like with the monitoring, things like that, she showed them how to do it, because it was frightening, because I thought 'Jesus, how are they going to do this', excuse my language, but how are they going to do this, you know and I rung her and I said 'Look *[name]*, this seems to be a bit hard, there seems to be a hell of a lot'. I said 'They haven't got the time to do this, they're that busy on the unit'. She said *'[name]'*, she said 'I'll come down', she come down and showed you and to me that's good. She doesn't come in and she's not condescending, she just says 'Look, this is the best way we can do it and does it and she's not

Respondent C: She's down to earth isn't she

Respondent A: Yes. She's not trying to tell you 'This is how it's done', she knows we've got a way of working and she respects that, which we respect her for that.

Assistance with identifying and applying for appropriate sources of funding was also highlighted as a very welcome way in which professionals could usefully assist community initiatives. Help with applying for funding and business planning would be welcomed by groups:

Extract from focus group: Local Works

We struggle sometimes with bid writing, erm, because bid writing is an art in itself and it costs money…. So help and assistance with bid writing… And also some sort of, sometimes it's the business planning. It's having that vision, it's the business plan writing. Sometimes, you know, when we've wrote business plans in the past and things, you tend to write things that you know you're going to succeed on and you know you're going to hit and we ought to be a bit more adventurous in that type of writing.

> **Extract from interview: Brian**
>
> Information sharing is really important, if people don't tell me there is something available, then I'm not going to apply for it. Information sharing and professional support to get it could bring the money.

Groups also highlighted the importance of feeling fully informed with regards to local priorities and plans, and there is an obvious role for professionals and services in the provision of such information. Participants also suggested that professionals could assist in networking to facilitate better interaction between initiatives in this respect:

> **Extract from focus group: Green Prosperity**
>
> It seems at the minute like there's funding out there and it's quite a formal process and there's not really much interaction. I think it would be really great, like what *(another participant)* said, if there's someone that can come and meet projects, speak with them, if projects can all get round the table and the NHS can say to them right this is the CCG's priorities for the next three years or whatever or this is what we're looking to try and help the people of Hull improve about their health, whether its mental health, physical health, whatever and they can say this is what we want to try and make an impact on, what can you offer and they can ask the projects to come forward and say what can you do to help towards these goals and the projects might link in and some of them might work together on something or they might stay separate and do individual things. But that like direct personal conversation about what needs to change in Hull and what the projects can do to make that happen, I think.

There was widespread support amongst participants for the role of professionals in providing a central information hub for communities in terms of both locating funding opportunities and identifying other initiatives and services in the city. It was recognised that such information hubs and portals might already exist or be in development across the city, but the general impression was that these were not currently felt to be fully exhaustive or reliable. Another important potential role for services then is ensuring full inclusion and representation on such hubs, and keeping them up to date:

Extract from focus group: Green Prosperity

Respondent A: You've got to know where to look and one problem I've noticed is communication can be not the best in Hull. We don't always know what's going on or you know, properly, all the time. You've really got to keep your eyes peeled. So that can be a problem sometimes.

Respondent B: Yes, I don't know what it is about Hull, but whether its arts events, nights out or whether its projects, people just don't really spread the word very well.

Respondent A: Not everybody knows what's going on. So if we had a coordinator or someone, you know, you could also go bigger as well, take our project into schools, into uni, into colleges, more education, you know, more people then are aware that this is happening.

Extract from focus group: Carers' Group

There's the Hull 2020 Strategy, but there's also and the council are part of that aren't they and they've said that they want to have these hubs and I know, and it wasn't on the agenda, but we've asked that it was because we did it, we did the plan and the carers weren't in there. But I know that they want these hubs and they wanted all these different, you know, health and social components of it, people that were involved in that. As part of that, they've overlooked carers and we said you must have carers as part of that because we need representation from our team in those hubs because then if they do set those up, like they're saying they're going to, and hopefully they will put them in areas where we know people can get to, and that will help us when we try to get coverage in the areas that we're struggling with at the moment.

> **Extract from focus group: Social Prescribing**
>
> **Respondent A:** So hopefully under the 2020 Vision, we will have those connections, they'll be easier pathways, they'll be timely … you'll have one place to go to find out all of that information and it's something that I think we discussed … we were hoping that at some point we would have and we called it the one portal of information, and that is still a vision, it's part of the 2020 plan. So we hope that it will happen
>
> **Respondent B:** I think it will do this time, won't it, because in the past we've had one organisation producing a database and then another organisation producing a database and there's been some overlap and then there's been gaps. We had one a few years ago, which was really well used, really well supported, but the funding went. People still talk about it now, how they used to use it… I think one of the key issues that always comes up and one of the key issues that we were always aware of, as an organisation, was it needs to be up to date, needs to be kept up to date. But historically, it's one of those, those things that is not refunded. So organisations either have to support that happening themselves or you know…
>
> **Respondent A:** And over a few years, it starts again from scratch, doesn't it, it just seems such a waste.

Additionally, when training organised by and/ or for statutory agencies can include those working with community-centred initiatives, this can demonstrate both acceptance of their worth and facilitate useful networking between groups themselves as well as with professionals.   The meeting described in the below quote occurred at safeguarding adults training attended by both parties:

> **Extract from focus group: Hull All Nations Alliance**
>
> Yesterday, I met with somebody from the Doula services, they didn't know about us. They said they are struggling quite often with Eastern European families because of the language issues, because they don't know where to signpost them for help. So they were really really happy to know that there is help and they can signpost them here. So that's the main aim and that would be the best for us, if everybody know about that, the schools, the service providers, everybody.

Previously run council events to facilitate networking amongst and awareness of groups had been appreciated:

> **Extract from focus group: Artlink**
>
> **Respondent A:** You see Hull City Council used to do an event in the Guild Hall, erm, that, where they got all the social groups, like the Doulas, erm, the service that I work for, erm, and various other services and they'd all put a stall out and everybody would walk round… the public were invited in, to come in and say well that's Sense, this is what they do, you got a free pen off the Sense counter and whatever else… But they stopped doing that because it was a hugely expensive thing to arrange. But you know, that sort of an event got like-minded departments within the same damned council together
>
> **Interviewer:** I wonder why it was expensive to run.
>
> **Respondent B:** God knows

Another way in which participants reported that professionals could usefully support community-centred initiatives was through appropriate recognition and validation of such projects. Participants discussed a number of mechanisms through which this could occur. Positive publicity for projects at both local level and more widely was greatly welcomed. Formal awards recognising community initiatives and activities were very well-received.

> **Extract from focus group: Hull and District Diabetes Support Group**
>
> **Respondent A:** They contacted me, did Look North, Radio Humberside and *[media figure]* she contacted me …I told her that we were at Asda on Beverley Road, doing a diabetes awareness, so she says can I come along. So she got permission from the store to be in there with the camera. I think she was with us for about a couple of hours….
>
> **Respondent B:** Yeah, we were on the news!
>
> **Respondent A:** Yeah and we were on Look North, which was really really good, saying about it and then working again with Diabetes UK, they asked would I be prepared to go to, you know, speak with the media in the newspapers and that and we had a two page spread in the newspapers.

Visibility as a community group member confers a positive identity on the individuals involved. Recognition and publicity fosters excitement and pleasure (a trigger for continued participation), and is seen as reinforcing the group by building its reputation. For the Looking Good, Feeling Good exercise group, an invitation to appear on television with athlete Colin Jackson was perceived as a reward for keeping the group going, and a recognition of good

practice. Visible recognition bolsters group members' confidence in the worth of the group and its activities. Material badges of recognition such as T-shirts demonstrating affiliation with official bodies are a valuable way of promoting esteem among community group members.

Extract from focus group: Looking Good, Feeling Good in North Hull

Respondent A: We even went to university.

Respondent B: We did, we had a cape, somebody made us a mitre, and we all shared the same gown didn't we.

Respondent C: We all had the photograph.

Respondent A: We graduated as community health champions, which you've got the sweatshirt on, haven't you, Health Champion, that's what we graduated in, it was a certificated course and the NHS funded it as a big event for Hull and the East Riding and they hired the conference facility at the university and they did it as a degree ceremony, which was quite exciting.

Respondent B: It was good wasn't it.

Respondent D: And the appearing on television, that was a wonderful day.

Respondent B: We was invited wasn't we.

Respondent A: I think it was because we, out of all of the Looking Good, Feeling Good, which we kept the name group, I think in the six, we were the only ones that kept going and…

Respondent D: We appeared in magazines, photographs, all through the city, haven't we?

Respondent A: Yeah and I think we were held up as an organisation of good practice and community involvement and engagement.

Groups suggested that they would welcome further help with promoting and publicising their activities, and there is a potential role for professionals to assist in this respect.

Extract from focus group: Bransholme Buddies

There's some bloody good work going on with the youth, there really is, there's some real good kids and talent in Hull. It just needs publicising some more. That's one of the things that we're very bad at, we don't market ourselves.

Outside professionals and statutory services can additionally recognise and validate the work of community centred initiatives by engaging with the group's activities. This could occur in a variety of ways.   The Diabetes support group explained how grateful they were for the support of professionals who came to talk at their group meetings in a voluntary capacity – this commitment of time outside of professional working hours was very well received, and perceived as demonstrating very real interest and support for their activities.

Several groups had hosted a local MP or local councillors and very much welcomed these visits. Feeling that their particular community or group had a voice that was acknowledged by local dignitaries, professionals and agencies was important to participants.

Referrals from outside professionals into projects when possible or appropriate is taken as a clear sign of work being valued. Groups themselves take pride in developing and maintaining good reputations with outside agencies:

The acknowledgement of skills by official bodies in terms of community ambassadorships lends the volunteers power to participate in meetings outside of the group, and can accentuate the voice of the community among supporting services. It also accords respect to volunteers for their skills, and acknowledges that the work that they do must be meaningful for them to motivate continued participation.

Extract from focus group: Looking Good, Feeling Good in North Hull

The thing about the ambassador thing is that, you know, we are ambassadors and I think people do recognise and acknowledge, like you said at the meeting you had with the professionals, oh we know them, and that is, that is, and that is really good, it's a good acknowledgement for everybody that comes along and you know, and you are all ambassadors aren't you?... I think they acknowledge us all, that's the thing, it's our collective contribution isn't it, really?

A final potential way in which professionals can assist is to support community initiatives in situations where groups or individual volunteers may feel out of their depth and require professional support. Pre-existing good relationships with agencies helps in this respect. The following quote also suggests a role for professionals in assisting initiatives in ensuring that they have sufficient safeguards in place for all community members – staff and 'service users' :

Extract from focus group: Bransholme Buddies

Respondent A: I mean we had an incident last year, didn't we, with our community caretakers, where a girl of about thirteen walked up and tried getting in the van with them and all that, you know, and its, luckily because they work with us
Respondent B: Frightened them to death!
Respondent A: They were frightened, but they rang us and we just, we just rang the police and they went out and dealt with it, because we've got that good relationship with the police as well, you know. But I mean we don't have, you don't have that many incidents now, do you, where…
Respondent B: Touch wood, but there's females who we have to watch out for, you know, so the, you know, we might have, erm, there's a few names who, erm, you know, that the staff will know that if this female comes on, then you know, they've got - everybody watches each other's back kind of thing, because there is, erm, yeah, there's…
Respondent A: There's that danger, there's always a danger.

Finally, in this section, we draw attention to a point raised in several groups about public transport links in the city. There was a view expressed that these services were limited which was a major disincentive for community members taking part in community initiatives – and a further fear expressed that these already limited services were only likely to decrease in availability.

Extract from focus group: Tenants' Forum

We have Bransholme Centre, which is our shopping centre nearby, but then if you look at where the community facilities are, there's the Bespoke Centre on Wawne Road, but if you live where I do to get to the Bespoke Centre is a good twenty minutes. There is no direct bus link there, so anyone who wanted to go there invariably is walking or two buses, right. So that has an impact in its own right

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Extract from focus group: Bransholme Buddies

Respondent A: Almost one bus in, one bus out.
Respondent B: If you live on North Bransholme, you'd have to walk there, there's no buses that'll take you there, or you'd have to get a bus to centre, then one from centre to out you see, so yeah, that's real bad and it'll get worse, its going to get worse.
Respondent C: Because the bus company is subsidised by Hull City Council, aren't they.
Respondent A: And also the council can't do it no more, they're going to take, they'll be taking a lot of buses off, just can't do it.

7. DISCUSSION

7.1 Thinking about assets at a community level

There are evident differences in the way both individuals and groups choose to identify their own local community. There are also perceived (and real) differences between different parts of the city. These need careful consideration when thinking about community-centred approaches to health and well-being. Communities are dynamic and complex, and may be distinguished on the basis of place and geography or interest and identity (PHE, 2015). Nonetheless, there does seem to be scope for further developing a clear sense of pride and belonging at citywide level. Existing community events as well as City of Culture 2017 are excellent opportunities to promote civic pride and to foster a sense of city-wide community. Making sure that such events are fully inclusive and that information is disseminated effectively is important according to the community members who participated in this research. Those already taking part in community initiatives in the city would seem to welcome ambassadorial roles, and such roles could also serve to draw attention to the city's accomplishments at a wider (regional and national) level as well as demonstrating local community involvement. A number of our participants referred to their belief that parts of the city were perhaps unusual compared to the national picture in that large extended families who had lived in the city for many years continued to live very near each other, providing high levels of support. This particular 'asset' may be worth further attention – future research could valuably identify how these extended family support networks operate and how they might be usefully drawn upon to support and achieve public health goals in the city.

Participants saw community initiatives as being of significant worth and as having a number of advantages over other types of services. Our participants saw themselves and their groups as having an intimate knowledge of their local community and its members. They identified this familiarity as key in their successful engagement with community members and something unique to community initiatives. They also suggested that this potentially enabled them to better access community members deemed 'hard to reach' by professionals and statutory services. Such community members could respond better to peer volunteers than professionals.

Participants felt that statutory services were often rather constrained in terms of the time they had available, and that community and volunteer projects and groups were better able to devote the time needed to develop meaningful personal relationships with individuals.

Participants felt that community-led initiatives could offer a far more individualised and personalised 'service' matched to the needs and preferences of individual community members as compared to other services because they were more autonomous and independent. Our participants noted the increasing role of community initiatives in filling the 'gaps' emerging as other (statutory) services became increasingly stretched and less flexible with regards to their remit. The ethos of community-centred initiatives and groups differs importantly from that of statutory agencies according to our participants - community groups made up of peers were described as offering choices rather than the advice they perceived as usually coming from professionals.

Community groups and initiatives such as those included in this study were seen as being of significant societal value and worth. Their services operated (according to our participants) at a substantially lower cost than comparable statutory services. Participants were also well aware of the personal financial constraints faced by many members of their local communities and highlighted the affordability and savings offered by community initiatives to community members themselves. The problem of 'putting a real price' on initiatives was raised, with participants concerned that their real value could be overlooked because savings were 'hidden'.   Participants suggested those taking part in community activities were less likely to be a public health 'burden' both now and in the future. They also highlighted the importance of allowing sufficient time to see the full effects of work instigated at community level suggesting that, given sufficient time, truly positive and substantive change at bedrock level in communities can occur.

Although we deliberately sampled a diverse range of community initiatives in this study, it was evident that there were a number of common features shared by the successful groups who took part in the research. Groups were well established and all had a key central focus - based either on locality or interest in a particular topic. 'Looking after your own' works well in both types of group but there are nonetheless social benefits described by participants when mixing different groups who may not otherwise come together. This may be particularly important in locality based groups - facilitating contact between different groups within the community (e.g. across generations or ethnicities) is seen as a key to integration by many participants.

7.2 Thinking about assets at an individual level

Participants enthusiastically described the numerous physical and mental health benefits they gained as individuals from taking part in community-centred initiatives. Despite having a particular focus, groups who participated in this research had a strikingly holistic view of public health issues. Physical and mental health are seen as inextricably linked and equally important by participants. Benefits to health and wellbeing arise from social interaction and perceptions of support, and also through the sense of psychological change promoted by involvement in community initiatives. Participants see the community groups with which they are involved as providing something which moves beyond the support available from statutory services. Current health service provision, particularly in relation to mental health services, is widely perceived as unable to cater for those with mild or even moderate mental health problems, anxiety and distress. Psychological attitudes towards maintaining health are recognised as an important precursor to wellbeing, and participation in community initiatives and interaction with other community members are seen as providing psychological resources for coping. The physical health benefits of group membership include, but do not rely on, the specific provision of physical activity. For example, the simple act of leaving the house and being in the company of others, taking part in an activity not usually defined as 'exercise', can be beneficial for individuals with mobility issues, as well as combating the known health risks associated with social isolation. In several of the groups included in this research, there were members who clearly would have been at high risk of such isolation were it not for their involvement with the group.

Motivation to take part in community group activities builds as members become involved in such activities. Participants cited the meaningfulness of their contact with other people as key in this respect. Group members see visible signs of wellbeing in others as a result of social interaction and group activities. Increasing others' wellbeing has a mirroring effect in individual group members, who report an increase in their own feelings of wellbeing as a result. Gaining respect from others in your own community, sharing interests, and the knowledge that you are making a contribution to your community all contribute to this. The social aspects of groups additionally allow for effective peer support and role modelling, encouraging individuals to empower themselves through effective self-management of their own health. Groups often describe feeling a responsibility to engage with isolated members of the community, and are proactive in their outreach activities. Where contact may be difficult to facilitate, groups try different strategies (e.g. befriending and social support for those who cannot leave home can be provided by telephone; activities requiring minimal

verbal interaction can be utilised where there are language barriers). The flexibility to respond to people's differing circumstances by taking group activities to them is a key aspect of engagement – small scale engagement can work alongside larger events to involve new community members in group activities.

A key focus of the community groups is their recognition of the range of skills available within their locality. The motivation to join groups often stems from the motivation to pass on personal experiences to others as a way of empowering them as they face similar situations in their own lives. Volunteers bring skills to the group and the recognition of personal assets on an individual basis makes participation meaningful. Finding opportunities for groups to pass on skills and experience to others also bolsters group identity and has the potential to engage other parts of the community. The experience of community members can be drawn on to inform and develop initiatives. Well established links with outside agencies allow some community groups to offer the endorsement of skills through recognised training. For many of the groups we talked to, this proves a successful way to retain volunteers. This investment in personal development also ensures that benefits to group membership are sustainable if the volunteer leaves the group.

Volunteers are an absolutely central asset to community-centred initiatives. Volunteering requires time and commitment, and community members who are active often take on multiple roles – pressure to maintain these can lead to the loss of volunteers. Whilst acknowledging the need to provide a stable presence within their community, successful groups do not underestimate the demands of volunteering and recognise the competing demands on volunteers' time. Building in a positive contribution to volunteers' lives in the form of experience and training for paid work can be a way of balancing the noted tensions. Having realistic expectations of volunteers is key to retaining their skills. Nonetheless, community members acting in a voluntary capacity were enthusiastic about the personal benefits of volunteering. Volunteering and participating in initiatives was seen as creating community. Current welfare reform measures in the UK, including the sanctioning of benefits for those who volunteered over a stipulated number of hours, were raised by participants as a potentially important disincentive to taking part in community centred initiatives – participants argued powerfully for the potential benefits of volunteering for those out of work.

7.3 Making the most of assets: working with others

Groups did not in the main report that they collaborated extensively with other community initiatives – their focus on working with others was much more on working with outside professionals and services – and there would seem to be scope to further develop this sort of peer interaction and support between groups. Peer support for setting up of community initiatives may be an area worth exploring and supporting. A perceived increased ruthlessness and competition for limited funding may account to some extent for a circumspect attitude towards other community groups, and there is a potential need to encourage collaboration rather than competitiveness between community initiatives. There was additionally some disquiet expressed with regards to perceived 'favouritism' towards certain groups, with some participants believing that local decision-making was not always fair. This perception may need addressing, and it is evidently important that such decision making is demonstrably transparent and equitable. It was beyond the remit of this particular project to look at groups in the city who very specifically set out to act as umbrella organisations for community initiatives. Future work could usefully include such organisations as well as looking at how best to encourage groups to work together and how schemes encouraging peer support and learning for initiative set ups and beyond could be developed.

Issues relating to funding of community projects permeated much of our participants' talk. The importance of appropriate, affordable and accessible local venues was highlighted. Lack of stability in relation to funding was a major concern for groups. Smaller groups reported they were often ineligible for sources of funding - given that the sums they require to operate are often not substantial, perhaps there is scope to look at identifying specific funds at local level for these smaller entirely volunteer community groups. How to achieve sustainability and longevity in the face of time-limited or insecure funding was an issue faced by most of our groups. Participants also emphasised the need for community initiatives to be allowed sufficient time, and for funding to reflect the fact that successful groups and projects need time to both embed and develop. Often policy initiatives and changes were not felt to support this.

Although participants were overwhelmingly positive about community participation in the development and running of initiatives, they nonetheless saw professionals working for statutory services as playing potentially important facilitative and supportive roles. The most frequently cited point in this respect was the potential role of professionals and services in supporting the initial set up of community initiatives – there was regret expressed at the

current lack of support available in this regard and the previously available Community Development Workers who had performed such a role were reflected on very positively. Participants emphasised that it was essential that professionals allow community initiatives sufficient autonomy and flexibility, but also suggested that when official procedures and regulations did need to be adhered to, the help of professionals could be appropriate and would be welcomed. Assistance with identifying and applying for appropriate sources of funding and with business planning would also be warmly received.

There was widespread support for improved provision of comprehensive, reliable and up to date information with regards to the city in many guises – local priorities and plans, events, funding opportunities, other community organisations and initiatives, training opportunities and so on. Participants very much appreciated public recognition and validation of community initiatives through publicity, awards or professional interaction with their group and its activities.

8. CONCLUSIONS

Assets within communities are recognised as building blocks for good health and a recently published report by Public Health England (PHE) suggests that there is a 'compelling case for a shift towards more person and community centred ways of working in public health' (PHE, 2015, page 6). Their strategy 'calls for place-based approaches that develop local solutions drawing on all the assets and resources of an area' (PHE, 2015, page 4) and guidance from NICE (2008) similarly endorses community engagement as a strategy for health improvement.

According to the PHE (2015) report, 'the current evidence base does not fully reflect the rich diversity of community practice in England' (page 6). In this project, we have identified assets that exist in some of the different communities throughout Kingston upon Hull and looked at how these assets are being utilised so that place-based and local solutions can be developed. It is evident that there are an exciting range of diverse initiatives that operate in the city, and a wealth of experience and expertise that can be drawn on for the future. We have looked at assets from both an individual and a community perspective, and have also discussed ways in which local leaders, commissioners and service providers can best support communities and local initiatives.

The NHS Five Year Forward Plan (2014) suggests that a new relationship is needed with patients and communities, and Public Health England (2015) emphasises that local government, the NHS and the third sector all have vital roles to play in supporting communities as part of efforts to improve health and reduce health inequalities. We would conclude that there seems a clear willingness on the part of local government and the communities and initiatives we spoke to in Hull to develop this new relationship. It will be important to ensure that health service and social care partners are also available and able to commit to developments, willing to engage with both community members and other professional colleagues not only as equals, but perhaps at times deferring to their expertise. From our research we would identify the following as priorities for future collaboration with community groups: support to help groups get established over their first year, funding that is as flexible and sustainable as possible and the development of roles within statutory services that are designed to support group development and activity. The Hull 2020 vision acknowledges that "to succeed we also need to really inspire local communities and individuals and make sure we take them with us 100% on this journey" (www.hull2020.org). On-going research and evaluation at local level is needed, both high-level quantitative

analyses and complementary qualitative research exploring how policy statements and initiatives relate to lived experience in Hull.

9. IMPLICATIONS AND RECOMMENDATIONS

1. Attention needs to shift from professionals to community providing public health solutions with appropriate professional support.
2. Holistic models of public health involving social rather than medical solutions offers an effective way forward in public health improvement.
3. Encouraging and supporting community initiatives is a key part of an effective public health strategy.
4. Community based solutions to public health issues need to involve changing the role of professionals from drivers of change to providers of resources, support and expertise. The initial set up phase of initiatives seems crucial in this regard, and the availability of affordable accessible public venue space is also highlighted in this research.
5. There is significant evidence of skills and experience within communities to be more active in public health solutions; attention should be placed on further dialogue with communities to develop ways to harness and support these community assets.
6. Community led public health initiatives need to be fully supported by Hull CC and the CCG as collaborative ventures
7. Shifting the balance to supporting the active involvement of communities in public health improvement needs to involve systemic change involving new governance arrangements across the city.
8. There is an important role for non-statutory agencies in supporting community initiatives. These need to be co-located within individual communities.
9. Switching to a community based approach to public health improvement needs to be matched with community participation in local strategic development at a city level. Attention needs to be focused on how communities are able to play a meaningful role in shaping public health strategies and allocations of resources.
10. Systems should be available to provide accredited training for community members where this is requested.
11. Further work is needed into the role of extended family and kinship networks in providing community based support.
12. Holistic community based solutions to public health improvement require development of an alternative set of indicators to monitor and evaluate change focusing for example on resilience, levels of individual community involvement and peer support rather than more conventional indicators such as decrease in smoking or healthy eating.

13. New models of public health initiatives require flexibility across communities rather than a one size fits all approach.

14. New public health strategies could usefully build in a 'learning approach' in which evaluation continually informs the on-going development and improvement of community based public health initiatives rather than solely monitoring achievement against pre-defined targets.

15. Our research identifies the following as priorities for future collaboration with community members and community centred-initiatives: (i) support to help groups get established over their first year; (ii) funding that is as flexible and sustainable as possible; (iii) the development of roles within statutory services that are designed to support group development and activity.

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Online resources: Hull 2020 website: **http://www.hull2020.org/**

11. APPENDICES

Hull Public Health Qualitative Research Project

Appendix 1

Key Stakeholder Event Summary Data

September 2014

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1. Summary data

 - PLENARY: Warm-up activity summary data

 - PHOTOVOICE SESSION: summary data

 - PHOTOVOICE PLENARY: summary data

 - Q and A SESSION:

Research Team Questions

Delegates' Questions

- FINAL PLENARY: summary data

2. Collated feedback from Key Stakeholder Event

3. Emerging issues from Key Stakeholder Event

Key Stakeholder Event 24/9/14: Summary Data

WARM-UP ACTIVITY PLENARY

What are the most important considerations in improving public health outcomes in Hull?

- Economic circumstances: the stress of being poor.

- The changing nature of the population: demographics, culture and ethnicity – ethnic make-up of the city is changing, more Portugese communities, immigrants from Somalia – there is the demand to understand their nature, culture, expectations. Need budgets, support, interpreters.

- Employment: Unemployment has psychosocial impacts – loss of confidence, identity issues.

- Children living in poverty.

- The need for a living wage: Jobs are no longer a way out of poverty – don't just need jobs, need well-paid jobs.

- The role of the voluntary sector: Supporting statutory agencies; needs to be sufficiently resourced to provide practical one-to-one support.

- Public health messages: need to be empowering for the individual, about individual choices, inspirational, motivational; need to take account of economics, language, culture. Messages need to make sense, e.g. "5-a-day"; need to be consistent across agencies. Re: multi-agency working – there is a disconnect between the community and the public sector, they don't connect well together.

- Social isolation: Some public bodies are the enemy of the community, telling people what to do. The council should lead the way in avoiding this. Need to challenge beliefs. Access is an issue – need to find way to reach people, e.g. the elderly community.

- Focus on building relationships, building trust.

SPIDER'S WEB:

- Agencies need to work together to form <u>the web of support</u>.
- Can be delicate and not sustainable if agencies lose funding and a gap appears [in the web].

BOY ON BIKE IN FRONT OF RUINED BUILDINGS:

- Not everyone can afford a bike – need to make it possible.
- Physical activity made natural – embedded into everyday life.
- Physical activity = The pill for public health.

"WORKERS WAKE UP!" DEMONSTRATION:

- People coming together to organise and press for change.
- Pressure for this needs to come from grass roots level, from the people, not top-down from the system.
- Access to information is a key to facilitating this.

MAN PLAYING SAXOPHONE/CIGARETTES:

- Need to commit to make a change – to develop yourself.
- Time needs to be right.
- Have a goal to be healthier.
- Do it yourself.
- The journey starts with "the individual's desire to…"
- "You can lead a horse to water but you can't make it drink."
- "Give time not cash…Spend time with children, <u>not</u> measure <u>love</u>/<u>input</u> by amount spent/items bought…" This is throwing money at children, rather than engaging them.

CHILDREN SITTING ON STEPS:

- The importance of…
    - A healthy start in life
    - Community and belonging
    - Mutual support in a community setting
    - Optimism in adversity
- Families no longer eat together – "unhealthy" behaviours – not a social time any more.
- Connections within the household are breaking down, with the advent of Playstations etc, as well as those in the community as a whole.
- Importance of healthy play. De-stigmatise play. Safeguarding/worries stop children playing out healthily.

POSTER 1 SUMMARY THEMES:

Families as key units.

Is empowerment in coming together.

Importance of national government policies to support process.

Importance of belonging to a community.

Access and education crucial.

If there were one question that, if answered, would help us focus how we might respond better to public health priorities, what would it be?

How can we help YOU to live the BEST LIFE YOU CAN?

WORKMAN BALANCED ON SKYSCRAPER SCAFFOLDING:

- Risk…
    - Perception of risk
    - Not being risk averse
    - People don't always receive the messages
    - Are our messages appropriate?
    - Be positive
- Achieving and taking risks.
- It's about services taking risks and letting go.
- Evolving a new culture and relinquishing control.
- Statutory organisation can sometimes find it difficult to take risks – partnership with the voluntary/community sector can overcome this, and does, locally.
- We don't work in a risk averse organisation. To really empower communities we need to be able to be positive risk takers.
- This work needs to not only build on the research we've already done + the work commissioned by the CCG…(*A Tale of Two Wards*, *The Riverside Project*)

WOMAN WITH BABY:

- Family responsibility.
- Attachment.
- Across-generation responsibility.
- Education early – even preconception.
- Life choices.
- Funding is needed to effect change and continuity of care.
- We need to listen.
- GP listening! – Families may be more able to enforce change.
- Communication and peer support.

MINERS CARRYING WOUNDED MAN:

- Team effort – all together to the end.
- Don't leave anyone behind.
- A community approach/neighbourhood level working together overcomes the challenges.

Ptp comment: This photo and the next are of all-male groups!

MEN CROWDED UNDER BONNET OF CAR:

- Working together to solve the problem.

MUSICIANS ON SKIS:

- Overcoming challenges together to solve a problem.
- Let communities decide themselves what is important…
    - Let them take the risk
    - Don't criticise
    - Let them have ownership
    - Give praise – unconditional reward
- Communities taking the lead…
    - Drop-in centres
    - Apps?

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POSTER 2 SUMMARY THEMES:

Working differently – taking risks identified – but how does this fit within
risk-averse local authority?

We need a cultural shift to move from "needs" to "assets"/we need a community development strategy
which is asset-based.

Agencies communicating better to local projects to move families forward.

Community groups supporting other community groups to overcome difficulties.

The engagement of young people, schools and communities.

Service user involvement identified – but how best can this be achieved in
a meaningful way?

Service organisation is an issue – lack of engagement from some services.

*If there were one question that, if answered, would help us focus how we might respond better to public
health priorities, what would it be?*

How might we involve and empower families and communities to improve
their own health?

MAN (PICASSO) PRESSING HANDS AGAINST WINDOW:

- Trapped by circumstances.
- Breaking down the barriers (finding out what the barriers are!).
- How do we learn more about the "hard to reach" groups?
- Community engagement.
- Role of housing.

BOYS IN CLASSROOM:

- Education is vital to improve overall outcomes!
- New schools – sparkling.
- Behaviour and attitude…
  - Empower
  - Do they have a voice?
- Do we really hear CYP [children and young people's] voice?
- CHILDREN are our future – SCHOOLS ARE KEY!
- CYP want to learn…not clock watch.

POLAR BEARS:

- Content family.
- Healthy, happy.
- Clean and clear.

MANNEQUINS:

- It is easier to "put people [in] groups" even if they don't quite fit.
- The future isn't distant, it's tomorrow – We are going to….when?
- People end up like those around them.
- Real role models, from their communities, chosen by them?

CHILDREN HOLDING HANDS ON BEACH:

- A good start in life means everything.
- Children need to be able to be kids. They are forced to grow up too fast these days. Being a carefree child should be celebrated.
- Everyone will care for their friends and family, relationships will be strong and people will feel safe and secure in who they are and where they are from.
- A helping hand costs nothing, but can have profound life-long effects.
  - Helping people to have confidence in their own abilities and strengths
  - But don't hold their hand for too long and create dependencies

POSTER 3 SUMMARY THEMES:

Trapped by situation – ?Family ?Social group ?Negative situations

Role of schools.

<u>FAMILIES</u>.

Devolve power to communities – do we really want to?

Early help and intervention – help them to help themselves.

Parenting skills.

Crucial transition between primary and secondary school for children and parents.

Make use of neighbourhood networks.

Neighbourliness/social capital.

Attitudes of staff/volunteers.

Hand-holding v. dependency.

If there were one question that, if answered, would help us focus how we might respond better to public health priorities, what would it be?

How might we make "healthy" a "cool" state to aspire to?

MAN SQUIRTING MILK FROM COW'S UDDER INTO CAT'S MOUTH:

- Community – "wealth" (different for different communities) – we all have <u>something</u> to share.
- Provide knowledge and information and allow people to make their own choices.
- Managing/accepting poor choices.

MAN IN FRONT OF STATUE HEADS, HOLDING HAND UP:

- Difference: all ethnic/other groups should be involved.
- Public health sector behind the times: running to catch up with the Zeitgeist – e.g. e-cigarettes.

POOR FAMILY IN WOODEN HOUSE:

- How do we judge what, if anything, is needed?
- We presume too much? E.g. Housing models.

MEN WITH BEER:

- Delayed gratification = Typical public health message ≠ The way people really think/behave – different values.

How do we enable/support difference?

How can we be more responsive/"fleet of foot"/"commercial" [in response to the Zeitgeist]?

How do public bodies and professionals let go of control?

How do we judge what is needed?

If there were one question that, if answered, would help us focus how we might respond better to public health priorities, what would it be?

How might we support communities to break free of the cycle of "deprivation"?

CHARLIE CHAPLIN SITTING ON HUGE COG WHEEL:

- The wheels of government policy are moving and we are caught in the trap of trying to meet budgets and cut services. We need to get out of the trap and look for a completely different way of delivery which supports communities to help each individual in them. Help diverse groups to be friends to each other.

PEOPLE SITTING ON ROCKS READING/WRITING:

- Some agency has provided this space for people to enjoy. Rocks put there, access provided.
- There is beauty, both natural and designed, which draws people to this location.
- Public space enables people to be at leisure individually and also (potentially) together.
- People are choosing to occupy their time with self-improvement – reading and writing.

LOTS OF PEOPLE PLAYING CHESS IN A HUGE HALL:

- Community working together (community investment approach).
- Learning process for all.
- Sharing skills and knowledge.
- Asset-based skills.
- Win or lose, people learn from their mistakes.
- Tendency it's a competition and people move on to share skills and learn from each other.
- Bottom-up approach to learning.
- Empty space means more people get involved.

TWO CHILDREN OPERATING WATER PUMP:

- Boy and girl working in partnership to work the pump. Neither could have operated it on their own, but together they can make it work. Both are smiling, show enjoying the partnership approach. The task they are undertaking has the potential to benefit a great number of people (lots of people are thirsty and need a drink!), and once these two have worked out how to operate the pump others can then come in and join in/take over. ☺

Social capital – joining people/giving power connection to communities.

Participating in budgeting by community.

Help people to demand a better life.

Giving power to communities.

Community approach to learning.

Bottom-up approach.

Partnership based working.

Good (well designed and maintained) public spaces enable both individual development, and interaction.

Nurture of children in loving, caring families builds individuals better capable of aspiring, achieving, cooperating and relating.

Do not assume any single approach will work – different people/circumstances require different approaches.

Sometimes people need some support – Sometimes they can support each other – Sometimes they need to work it out for themselves.

If there were one question that, if answered, would help us focus how we might respond better to public health priorities, what would it be?

How might communities and individuals identify and implement effective approaches for different situations and circumstances?

GIRL AND MONKEY ON SWING:

- Helping each other.
- Sharing.
- Pre-education – early years/early intervention.

MEN AND BEAR PUSHING CAR:

- In it together.
- The bear is the clever one, he is not pushing.
- Being along for the ride…
  - Want to do this?
  - Have to do this to get/avoid?

MAN LOOKING THROUGH MISTED WINDOW:

- Hidden.
- Look closely.

WOMAN WITH HAT AND CATS:

- Respect individuality.
- Reference unique support needs.
- Not all interventions fit.
- Targeted at those who need.

BOY SITTING ON GIANT TORTOISE HOLDING FOOD IN FRONT OF IT ON STICK:

- Reward!
- Support.
- Trust.
- Relationships.
- No limits.
- What's in it for me?
- Lead by example.
- Can achieve more than we think.

POSTER 6 SUMMARY THEMES:

Ownership – being along for the ride…why should/is the community involved. IS IT REAL?

Understand what works – sustainable delivery. Keep meaningful projects.

Targeted early intervention – harness collective resource.

<u>Smart</u> use of data: We collect it. How are we using it? Communicate.

If there were one question that, if answered, would help us focus how we might respond better to public health priorities, what would it be?

How can we influence or shape the way we deliver public health information
in a way that responds to individuals' health priorities?

PHOTOVOICE PLENARY

What are we learning here? What seems really important in improving Public Health outcomes? How do these issues and questions challenge us in our own roles?

- **Community:** Sense of belonging supports and increases health and happiness.

- **Supporting communities to achieve happiness, enabling communities:** Self-reliance. Encouraging local engagements. About the art of building relationships – the importance of face-to-face, of relationships/dialogue/learning. Targets and tick-boxes don't allow follow-through – they stop short, not going further to reach the stage of engagement. We need to stop this and engage. How do we (public sector bodies) let go of control? But…do we <u>want</u> to relinquish control? Power justifies the existence of the public sector. We have created a culture of dependency on the State in social care, now affecting health and wellbeing as well. A cultural shift is needed, towards handholding, rather than doing it <u>for</u> people. How do we do this – break it? Empower? This is difficult for professionals, as well as for the public. We need to be more flexible and responsive, more fleet of foot. Services are behind the times (e.g. e-cigarettes) – the world has turned, the agenda has moved on, and services haven't kept up with rapid social/cultural change.

- **Role of families (positive and negative):** Some individuals trapped by family/community. Helping families to stay together. Love and care and families: Mean different things for different families.

- **Raising aspirations and challenging social norms:** How do we make it OK to rise above the social norms, to dare to do something different – how can individuals be facilitated in that? Communities are "putting up with" rather than demanding – we need some angry communities. Down to the individual too – you can lead a horse to water… Individuals have responsibility, but have expectations about what is deserved.

QUESTION & ANSWER SESSION

QUESTIONS 1 to 10 WERE PROVIDED BY THE RESEARCH TEAM

QUESTION 1: What have been the successes/major achievements in terms of public health outcomes in Hull, and what made them a success?

ANSWERS:

Public Health Staff

- Doulas/breastfeeding peer support – Volunteer scheme.
- Reducing teenage pregnancy – workers engaging with young people outside school setting.
- Fit Fans – Getting middle aged men involved in healthy living and weight loss.

HCC Services

- Housing renewal/regeneration to replace unsafe, cold, damp, crowded housing with quality, energy efficient homes. Reduces accidents, ill health and fuel poverty. Requires significant public sector subsidy (national) in many cases.
- Improvements in the energy efficiency of homes to reduce fuel and associated poverty.
- Tackling basic public health issues: food safety, quality of the environment, reduction in pollution, pest control, health and safety in the workplace, drainage and sanitation.
- Promotion and investment in green spaces/environment.
- External funding being brought into the city to support delivery of programmes.

Commissioning/Health Services

- Have we been "fixing" symptoms rather than the problems?
- Protection of green spaces.
- Teenage pregnancy – focused, targeted.
- Gyms in parks.

Community Groups

- Do we really know what <u>did</u> work?
- Grow Your Own – 3rd sector.
- Volunteer services bridging the gaps where services are not meeting the needs.
- Agencies working together with voluntary/community groups projects and trusting each other to deliver.
- Multi-agency approach to funding – "many hands", etc.
- Ideas – local community contact.
- Familiar – trust in local or associated groups.

Group not specified

- Partnership work between Hull County Council and voluntary/community organisations – includes good contract management.

QUESTION 2: Give examples of good practice, and say what makes it good practice.

ANSWERS:

Public Health Staff

- Doulas/peer support (appears twice).
- Small grants scheme.
- On-to-one support.
- Parkrun! (x3 in Hull).
- Fit Fans.

HCC Services

- Changing behaviour to save lives – Fire Service – builds relationships with those most vulnerable from fire.
- Youth engagement – Fire Service – raising aspirations, confidence and self-esteem.
- Sport and physical activity strategy – Active Hull.

Commissioning/Health Services

- Healthier Hull – community fund (participatory budgeting) undertaken by CCG.

Community Groups

- Longhill Linkup Trust – Lunch Club. Social/emotional and welfare support for the local community.
- Goodwin Breastfeeding Peer Support Project.
- Enterprise Market, Freedom Centre.
- Volunteer projects.

QUESTION 3: What are the recurring challenges to improving public health outcomes?

ANSWERS:

<u>Public Health Staff</u>

- Culture of social life = alcohol.
- Community views of behaviour norms.

<u>HCC Services</u>

- Get the manufacturers of salt, sugar, alcohol and tobacco to advise on the marketing.
- Culture/sustainability.
- Individual motivation – people wanting to be "healthy".
- Cost – perceived healthy lifestyle to be expensive, e.g. food, exercise etc.

<u>Commissioning/Health Services</u>

- People don't know what they don't know – don't know how to achieve "healthy".
- Fatalism – "Well I'm going to die anyway".
- Outcomes need to be generated from the communities – what health outcomes matter to them.
- Aspirations.

<u>Community Groups</u>

- Ownership our/your own health and ability to influence and choose.
- The consumer society in a capitalist economy.
- They've been improved so much (150 to 50 years ago) that new gains are minor.
- Self-esteem.
- Smoking, smoking in teenagers, obesity, isolation in an aging population.
- Poor diet.
- Individual's desire to "improve their own health".
- Mental health
- Being worn out! Beaten down.
- Educate – information flow, choices.
- Early education.

QUESTION 4: What organisational, systemic and practice considerations need to be taken into account to enable people to take more responsibility for their health and wellbeing?

ANSWERS:

Public Health Staff

- Peer support approach.
- Reduce dependency on paternalistic solutions.
- Without jobs and a living wage, people's choices are limited.

HCC Services

- Design solutions that do this, but accept that, at some times, there is a requirement to intervene.
- Incentives.
- Locality – services to be local to where people live.

Commissioning/Health Services

- Moving away from professional assumption that they know best.
- Work with families as a whole rather than individual approaches.
- Redefinition of organisation "purpose and role".
- Organisations need to be less paternalistic and work well with people, rather than "doing to" people.

Community Groups

- Listen and demonstrate action to build and maintain trust.
- Consistent approach long-term.
- As an organisation, Peer Support works within the team.
- Holistic approach to family support.
- Mentoring new business.
- Local people attending/assessing local support – trust and confidence-building.

QUESTION 5: What are the public health issues specific to the local areas of <mark>North Hull</mark>?

Bransholme, Kings Park, Orchard Park & Greenwood, Cottingham, Beverley.

ANSWERS:

Public Health Staff

- Ask the community!

HCC Services

- Unemployment, benefit culture.
- Break cycles.
- In terms of key priorities/making a difference, not relevant to drill down to area level.
- Levels of social deprivation. Most deprived ward is in North Hull.
- Accessibility to services – low car usage areas.

Commissioning/Health Services

- Isolation.

Community Groups

- Recognise difference between North Hull and Orchard Park Estate.
- Community that struggle to engage with public agencies.
- Health issues – smoking. Healthy living – healthy eating and lifestyle, drinking at home.
- Bus routes.

QUESTION 6: What are the public health issues specific to the local areas of <mark>East Hull</mark>?

Sutton, Ings, Longhill, Holderness, Southcoates, Marfleet.

ANSWERS:

Public Health Staff

- Same issues across all geographical areas of Hull.
- Public health issues are similar across WHOLE CITY.
- Look at different population segments (and same applies to North and West).
- More elderly population.
- Aspirations and self-belief.
- Underemployment. Unemployment. Aspiration.
- Seen as "poorer" by people in West Hull!

HCC Services

- In terms of key priorities/making a difference, not relevant to drill down to area level.
- DV, drugs and alcohol misuse.

Commissioning/Health Services

- [No comments]

Community Groups

- Engage in whole of city.
- Struggle to engage family to offer any support.
- Struggle to engage new mums to breastfeed. Very much a culture of bottle feed family.
- Doesn't benefit from university – economic/cultural mix.
- Poor diet.
- Public transport, Longhill = long way.
- Lack of knowledge.
- Some communities are isolated. Travel to West is "too far" for some people. Educate – transport.
- Expectations low.

QUESTION 6: What are the public health issues specific to the local areas of <mark>West Hull</mark>?

Bricknell, Newland, Avenue, Myton, Newington, St Andrews, Derringham, Boothferry, Pickering.

ANSWERS:

Public Health Staff

- Transient population.
- Student population not integrating and helping community – volunteer hub?

HCC Services

- In terms of <u>key priorities</u>/making a difference, not relevant to drill down to area level.
- Higher level of BME communities.
- Higher levels of older/poorer quality housing.
- Students – high turnover rentals.

Commissioning/Health Services

- Language barriers.
- Need to really understand what motivates/demotivates people down to a ward/street level.
- Diverse communities, lack of mutual understanding/respect within them.
- Vast differences between "leafy wards" – more affluent – and most deprived.
- Changing demographics, BME communities, migrant communities from Eastern Europe.
- Middle class guilt/fad diets.

Community Groups

- Poverty, underemployment, sanctions of benefits.
- Mixed cultures, need to offer a variety of health support. Understanding of cultural differences.
- Domestic violence hotspots.
- Cultural and language diversity.
- Obesity, adults and children.

QUESTION 8: What measures/criteria would be suitable for assessing the extent to which people take responsibility for their health?

ANSWERS:

<u>Public Health Staff</u>

- Establish a longitudinal survey over 10-20 years.
- Participation in community sport (e.g. Parkrun, leisure centres).
- Admissions to hospital from alcohol.

<u>HCC Services</u>

- Accept that there are some things that are nigh on impossible to quantify – in trying to measure we risk intervening (again).
- Physical activity levels incorporated into everyday life, e.g. walking to work.
- Individual continual improvement. Reduced demand on services.

<u>Commissioning/Health Services</u>

- Improvement over time – not stopping, but reducing.
- Relapse to old habits/ways is not a failure, just a bump in road.

<u>Community Groups</u>

- Response rates to screening and healthcheck invitations.
- Exercise participation levels.
- Building relationships.

<u>Group not specified</u>

- What goals are important for individuals and communities themselves to achieve?

QUESTION 9: In your opinion, what are the most important issues or questions that focus groups and individual interviews should explore in this research?

ANSWERS:

Public Health Staff

- What are the barriers to healthy living?
- How do you prioritise a healthy life over other priorities?
- How can communities improve health and wellbeing?

HCC Services

- What would help overcome these barriers [to healthy living]?
- What's important to them and what will give them incentives to do it?
- What could/would make the best difference to your life?

Commissioning/Health Services

- Explore the aspirations.
- What stops people choosing to do things that could benefit health?
- What do they think healthy is and why do they think it?
- What would make you want to lead a healthier lifestyle?
- What do you wish/hope for, or aspire to?

Community Groups

- How to enable/support/encourage good parenting.
- Understanding the culture needs of the BME communities.
- Engaging with the local churches.
- Why has rich country with compulsory education the need to ask this question? Is education failing?
- BME communities being involved with not just churches but other groups.
- Explore the merits of good food.
- Base point – desired goal(s). How will the individual's journey look – what is the plan?
- Who can help you achieve aspirations for a good life?

Group not specified

- How can you help people to integrate healthy lifestyles with their other priorities?

QUESTION 10: In your opinion, what community groups should we be talking to in this research?

ANSWERS:

Public Health Staff

- City of culture bid team.
- Goodwin.
- HANA.
- BME diverse groups.
- North Bank Forum (volunteer sector umbrella group).

HCC Services

- Schools – pupils.
- ASB [Anti-Social Behaviour] team.
- Youth services.
- Youth groups, e.g. St Michael's, Hessle Road, Network, etc.
- PANDA. [Nursery.]
- Fire Service and Police!
- In Hull City Council housing, we have fantastic tenant involvement arrangements, with links to loads of other groups.
- The Warren – young people.
- Neighbourhood Network group members.
- Schools.

Commissioning/Health Services

- The communities can assist you to identify who to speak to.
- Unity in community (North Hull).
- Hull City supporters association/club/group.
- Don't forget the smaller individual community groups. City info used to have lists of these.
- Community Café (runs once per month for people with dementia and carers).
- People who work full time – go through their employers.

Community Groups

- Longhill Linkup Trust.
- Purple House.
- Greatfield GRIN/hub. [GRIN = *Greatfield Residents Improving their Neighbourhood*]
- CAB.
- Faith-based groups/communities, e.g. churches.
- VITS, based at the methodist church, Princess Avenue. [VITS = *Voluntary Interpretation and Translation Service*]
- Churches.
- ARK Based Marvel Children's Centre.
- Community Wardens and PCSOs.

- Rooted in Hull. [*Rooted in Hull is an urban agriculture concept based on a farm in a box*]
- Hull and District Diabetes Support Group.
- Probe.
- HAVEN – support services for refugees.
- Goodwin Development Trust.
- Child Dynamix.
- PANDA.
- SEARCH.
- The children and Families Board has five elected reps from the voluntary sector who organise events. Contact Ben Hanson, Hull CC.

<u>Group not specified</u>

- Best Hope.

QUESTION 11: How might we best support communities to break the cycle of deprivation?

ANSWERS:

Public Health Staff

- Encourage aspiration in children. Make achievement cool.
- Help[?] aspirational and realistic views.
- Well paid work.
- Jobs with minimum income for healthy living.

HCC Services

- Early intervention (school).
- Living wage.
- Major employers to adopt acceptable employment contracts – e.g. no zero-hours etc.
- Training and employment.

Commissioning/Health Services

- By recognising assets in communities!
- Inspire children to want to be the best they can. Give schools/families the support to help them.
- Assisting individuals within communities that they have assets/wealth/skills to share and support others.
- Replace the word deprivation with "bad habits".

Community Groups

- Living wage.
- Aspiration – belief that there are opportunities.
- End sanctions.
- Local heroes – real stories to inspire.
- Employment and stop zero contract.
- Provide attractive public spaces – buildings, parks, precincts, etc.
- Promoting a living wage.
- Information/communication/examples of what can be achieved and how. Give hope and means "to make it happen". "Hope deferred makes the heart sick."

QUESTION 12: How might communities and individuals identify and implement effective approaches to different situations and circumstances?

ANSWERS:

Public Health Staff

- Collaborative working approach, e.g. health and wellbeing day.
- Find community catalysts to promote action.

HCC Services

- [No comments.]

Commissioning/Health Services

- Mutual support and sharing of good ideas. Neighbourhood networking. Getting to know each other.
- By first identifying what they want, then how they can achieve it.

Community Groups

- Harness connectivity of social media.
- More personal contact.
- Star outcomes [*'Star system' for voluntary organisations*] and other tools to start the process.
- Support/encourage local groups to engage with local issues: e.g. tenants, churches, sports clubs…
- Study of Preston Road – from build to rebuild – did it work? Study previous projects/policies – what worked?
- Long term funding – too much here today, gone tomorrow.
- What do they want/need? Identify, then appropriate approach/plan.

Group not specified

- What do professionals need to do to enable this? What role for the voluntary/community sector?

QUESTION 13: How can we help you to live the best life you can?

ANSWERS:

Public Health Staff

- Help you to believe in a possible different life.
- Promoting access to services.
- Policy makers – living wage.
- Acknowledge that life circumstances determine people's level of "choice".
- Who decides/determines what the best life is?
- Make healthy pursuits FUN.

HCC Services

- Be proactive and make it sustainable.
- Understanding what the best life is for that person/family.
- Leave me alone when I'm OK. Be there when I ask you for support. Recognise when I need support and I don't know that I do.

Commissioning/Health Services

- The individual.

Community Groups

- Take the time to LISTEN TO EACH PERSON.
- Your level of involvement with the community determines people's level of choice for health.
- Some is a generally agreed set of factors – good health etc.
- A partnership between the individual and the state.
- Society – one's family, peers, media, wider culture.
- Good funded mental health services, real access!
- Positive approach.
- Recognise the individual – see them.
- Listen/understand the individual's needs/aims/desires.
- Individual's choice. Restrictions – info/wage/desire/conditioning.

Group not specified

- What role can we play in lobbying politicians locally and nationally to address major structural problems such as poverty and job creation?

QUESTION 14: How might we make "healthy" a "cool" state to aspire to?

ANSWERS:

Public Health Staff

- Less risk averse.
- Make healthy activities FUN and FREE and involving FAMILIES.
- Local role models from the community.

HCC Services

- Apps.
- Make it the norm!
    - School
    - Work
    - Home
    - Retirement
- Realising benefits.

Commissioning/Health Services

- Cool or something people deserve.
- Kids need to believe that good health = a good life.
- Role models for younger people.
- Asking people what is cool to them, and find the healthy/aspiration angle.

Community Groups

- "Social media" – Twitter, Facebook. Engaging more with the colleges and universities.
- Encourage organised sport.
- Forget healthy, talk good.
- Ask – what does the individual aspire to…?
- Cool not a word to be associated with all ages.

Group not specified

- Acknowledging diversity – multiple views about what is cool.

QUESTION 15: How might we involve and empower families and communities to improve their own health?

ANSWERS:

Public Health Staff

- Provide local opportunities to set up and run activities.
- Trust them and do what they want.

HCC Services

- Find out what matters to them. Listen!
- Get them to lead and drive forward.

Commissioning/Health Services

- Celebrate the concept of family and community. Nurtuer a sense of "belonging and pride".
- Encourage people to speak up and voice dissatisfaction if they haven't had a good service.
- Allow them the opportunities to talk to us and LISTEN and ACT (if required).

Community Groups

- Find the right people to ask (trusted local residents exist!).
- Ask meaningful and respectful questions, then listen.
- Speak mwith them – communication. Ask and listen.
- Normalise cycling.
- Educate about food.

QUESTION 16: How can we influence or shape the way we deliver public health information in a way that responds to individuals' health priorities?

ANSWERS:

Public Health Staff

- Work with organisation. Network campaign.
- Tailored messages – one size does not fit all.
- Talk in terms and tone which resounds with ordinary people.
- By asking people how/what they want/need.

HCC Services

- Use the customer segmentation info.
- Apps, Twitter.
- Not one size fits all! Electronic and face-to-face, from a multi-agency approach.
- Ask for advice from organisations who market "bad things" well.

Commissioning/Health Services

- Allow the communities/individuals to develop their own information portal/resource. Health "wiki".

Community Groups

- Social marketing (for a decade, not just 2012).
- Build relationship.
- Work with smaller group who have vision but not the capacity.
- Deeper integration/involvement in the communities maybe through volunteers?
- Less leaflets.
- Face-to-face, remember – literacy levels, confidence, emotional needs, 1:1. EXPENSIVE BUT IT DOES WORK.

FINAL PLENARY

*What it might mean to make health and wellbeing everybody's responsibility **in Hull**?*

- Isn't health and wellbeing everybody's responsibility? Better to start with this assumption? There are levels of responsibility – everybody can take some responsibility, we all have choices. We need to get away from the "done to" approach. Start by encouraging very young children to take responsibility – by encouraging responsible behaviours and attitudes, in a tailored way.

- Need for devolved budgets, down to community level, to facilitate everyone taking responsibility.

- Holistic approach needed: we need to work with the whole (people's social context) as well as the individual. Readiness to change is an issue. A micro-level understanding is needed.

- People need a sense of relatedness, a sense of Hull, a personal connection. E.g. Target sports fans – plenty in Hull, it's a bonding pastime – tap into them with the role model idea.

- Thinking outside the box: At a session with community people/leaders, a presentation pointed out the differences in life expectancy across the city – people didn't realise, and this being pointed out facilitated the anger/impetus that people need. Need to facilitate people to think outside their own box, and this was something that worked.

What should we do differently? What are you taking away from discussions today?

- Think about assets over need.

- Short term funding is an issue – need more long term funding/strategies for projects.

- We have human and environmental assets, as well as finance. E.g. Libraries are under threat, there could be effective solutions. Volunteer committees can flower if they're supported.

- Some services, e.g. fire service, may have the capacity to do more – though it's a shrinking organisation, it contains skills, and has facilities/buildings. Having got better at fighting fires, this has freed up capacity, which could be used for other things such as emergency training , rehab in the gyms.

- In Hull, there are stable extended families who have been here for generations – they are an asset. We need to apply such strengths to other areas, rather than focusing on deprivation.

- How do we work with our strengths? The city has facilities, and has fantastic events – it is "a party city, it likes to come together and celebrate amongst itself" [ES] – people often come together to celebrate. E.g. Freedom Festival (city galvanised around this).

  o The city is big in sport; lots of parks, outside space.

  o Lots of small community centres.

  o Need to create opportunities for engagement…

- Do we know what has worked? e.g. Preston Road – was nice, then less nice, then millions were invested in this area, some parts were then destroyed and rebuilt. The Freedom Centre was built here – how has this worked? Do we know?

  o What has worked in other cities with similar profiles?

  o Who are the leaders?

  o Who is achieving?

  o How can others lead/achieve?

- Successful people move out of their original communities, and the areas lose their sense of aspiration.

If there were one question that, if answered, would help us focus how we might respond better to public health priorities, what would it be?

How can we help YOU to live the BEST LIFE YOU CAN?

Public Health Evaluation: COLLATED FEEDBACK FROM STAKEHOLDER EVENT HELD 24/9/ 2014

(N = 14 completed sheets)

1. What did you find most useful about the workshop and why?

1. The information and the reason for the event

2. Challenging existing ideas, group discussions

3. Made me think, and how to look differently at situations

4. Time out to reflect/ question my approach and values

5. Liaising with other partners and organisations

6. Thinking about things in different ways

7. Space to think, discuss and share ideas

8. Time to think about these issues and hearing different ideas

9. Networking; Exploring the challenges and opportunities that face communities/ indivduals and public health sector

10. Creative thinking from various organisations all working for the same end

11. Surprisingly the photo round! Opened discussion

12. Time out

13. Exploring the difficult questions which we need to answer; Good coffee

14. Photo session

2. How did you find the approach and way of working?

1. Great – I like this style of workshop

2. Good. Very inclusive, fun and enabled everyone to contribute

3. Refreshing

4. Logical and engaging

5. Positive. Engaging

6. Excellent, helped avoid the 'same old answers'

7. Fun, innovative

8. Very engaging, made it easy to think/ share

9. Friendly, well set out

10. Stops the silo thinking

11. Good

12. Alright, would have liked more input! Obj. ideas what might do possibilities

13. Excellent combination of thought provoking techniques and facilitation

14. Congenial and helpful. Came with good questions and were willing to hear and add ours (good questions)

3. What in particular have you learned or had corroborated today?

1. Networking; Promoting my project to the room

2. Change needs to be driven by individuals/ communities; Need to drop the 'paternalistic' approach

3. Importance of relationship

4. Strength of extended families/ self-supporting families in Hull and how we need to enable but not try to formalise this

5.

6.

7. That key viewpoints are shared

8.

9. All sectors want to work differently

10. it's an issue that will only improve if we all work together and share services

11. More about the approaches of other organisations – great insight

12. Professionals have a good understanding of issues from their point of view

13. Have seen the complexities but also the potential for action

14. Variety of needs and approaches

4. What did not work so well for you today and why?

1. Room – could not hear people

2. Thought it was well planned. Good opportunity to speak <u>and</u> listen

3.

4.

5.

6.

7. You should do the same workshop for community representatives, not just professionals

8. Numbers leaving mid-event

9. Acoustics

10.

11. All useful

12.

13. No biscuits ☺

14. Availability of some contributors; legibility of on-screen text

5a. In what way has the workshop been useful for you personally (in your own practice)?

1. Development for myself

2. Re-enforced existing beliefs and ways of working; Bottom-up, ongoing conversation

3. To look at other viewpoints

4. Apply reflection to my own area of responsibility

5. What my own role is with making health and wellbeing my/ my team's responsibility

6. Communities should identify the goal/ success

7. Corroborating that people do think the same way

8. Chance to network; Think about assets and need

9. Challenging thinking; Networks

10. Understanding the issue from other organisations' perspectives

11.

12.

13. To develop ways of shifting power to communities

14. Widened horizons

5b. In what way has the workshop been useful for improving public health outcomes in Hull?

1.

2. That the will to work differently is there. Need to ensure that it becomes fully embedded throughout organisations.

3. To look at other viewpoints

4. How we best make a difference – looking forward to the research findings to help me!

5.

6. Communities should identify the goal/ success

7.

8. Reinforced the scale of the challenge

9. As above. Pushing responsibility down to individuals through partnership with individuals themselves.

10. Start to understand the gravity of the situation

11. Good and very important to get wide range of ideas … it's not just about 'food'

12. Not sure?

13. Beginning this part of the challenging journey

14. Remains to be seen!

Other written comments on reverse of feedback sheets

14. Might have been a lack of practitioners who work with the public eg social workers, district nurses, health visitors, PCSOs etc.

Emerging issues from Key Stakeholder Event

A half day city wide key workshop event was held in the Guildhall, Hull on 24th September 2014 with key local stakeholders to explore issues and challenges in responding to different public health needs and to explore questions for the research to help inform how good practice can be developed further. Issues and questions arising from this workshop were used to inform the focus for qualitative inquiry in the next phase of the research (focus groups with community participants).

The following headline issues of relevance were identified from this event:

The need to understand public health issues holistically within wider context of people's lives (especially socio-economic poverty, unemployment etc.). Issues and assets are rooted in very specific local circumstances – there is a need for flexible approaches and to gain some insight into some of these different situations and what a community based/asset based approach might involve in the different situations. The importance of neighbourhood level working was emphasised by workshop participants as well as the need to understand local social norms and the socio-cultural context.

The need to think about the relationship between statutory bodies/ agencies/ teams and communities. Key issues emerging from the workshop included the importance of a partnership approach (effective working between and across agencies, including the voluntary sector) and a need for a change in the nature of relationships between services/ professionals and communities. Issues key to an assets based approach were raised such as the notion of sharing power with communities, thinking about assets rather than needs, and

reconceptualising the role of professionals as that of enabler rather than that of provider. Then importance of building relationships of trust and respect and finding opportunities for learning and dialogue were recognised.   The workshop also highlighted the need for professionals and bodies to work reflexively in response to learning from communities. The tension between recognising and respecting people's individual views on what they want for their own lives and the wish to use professional knowledge and expertise to improve the public's health was also evident in discussions held at the workshop event.

The need to effectively empower communities was raised in the workshop as was the importance of a sense of community identity (in relation to their immediate local community and Hull more widely) in this respect. The role of public spaces and the importance of families were raised in these discussions. Exploring ways of activating agency of community members and ways of encouraging local engagement and community connections to encourage a sense of relatedness, belonging and well-being were identified as important. Stakeholders also talked about the importance of raising aspirations, working with (and challenging) social norms and making communities aware they have choices. Empowerment through community learning and awareness was reflected on - how best to create opportunities for both individual and community learning. Stakeholders reported that such opportunities could allow communities to reflect on their situation (relative to other communities) and to learn about health issues, as well as the chance to realise the opportunities for change and what they themselves might be able to do in their community to bring these changes about.

Hull Public Health Qualitative Research Project

Appendix 2

Research Dissemination Event Summary Data

February 2015

1. How could public funding best support community groups in Hull?

- Better than funding a bloody racing yacht for the few – (NHS hosp!), support local groups that can improve mental health and wellbeing.
- Combine funding pots. Ensure funding is given for a sufficient length of time, initially (less than or equal to 12 months). Need time to source and apply for new funds.
- Continued funding.
- Debt is an issue. Needs to be a re-structure.
- Free accessible meeting space for groups with no/limited funds, e.g. less than 5K a year.
- Funders to engage with successful projects to identify priorities and pathways to future funding needs, rather than releasing funding opportunities and expecting groups to compete to obtain it.
- Funding should be longer term, to enable continuity of groups.
- Longer time frame. Regular amounts. Agree activities/outcomes reported back.
- Map funding: Who is funding what? What can groups apply for?
- More and regular money.
- More community consultation.
- Offer free rooms or cheap rooms for meetings and groups.
- Open to all, people to be aware of the availability of support in the application. Targeted to community needs.
- Put more emphasis on developing and extending successful initiatives/projects rather than funding always being for new projects.
- Reaching out to more people in the community.
- Recognise emotional mind set affects health, attitude and behaviour.
- 'Seed' money to enable group to have time and resources to be able to apply to other funding sources.
- Small pots of funding over longer periods, e.g. 18 months/2 years, which enables groups to be more sustained or to draw other funding from other sources and match/sustain.
- Subsidise/free rent which projects could use as match for other bids.
- Through Community Development Workers: supporting and enabling; start-up and existing groups.

2. What should community groups <u>not</u> do?

- Be negative.
- Bicker and squabble.
- Don't assume everyone is on the (damn) internet.
- Fail to plan (set-up and sustainability).
- Give up.
- Grow too fast.
- It's important professionals don't make assumptions and stereotype clients.
- Make assumptions about client/service user's needs/ability. Create dependency.
- No discrimination.
- Not prejudice by race, creed, colour, physical/mental ability, etc.
- Talk down to people, not get back to people when they need advice.
- Think little. They are the backbone of the community.
- Try to offer professional services, i.e. health, financial.
- Underestimate their impact.

3. What are the main ways that community groups contribute economically to Hull?

- Because we live in Hull.
- Bringing in funding from outside Hull. Often more cost effective service provision.
- Contribute to service/support delivery.
- Economic: Enable people to get back in to work.
- Enabling individuals to function and work.
- Engaging with people. Developing volunteers and skills. Provide services.
- Free support and help. Expertise. Enablers – fixers.
- Get people involved with local activities, more socially active, therefore more economically active.
- Getting people involved in community skills, making them more employable. Lower burden of public service expenditure, e.g. lower day care costs.
- Giving people a reason to go out, and therefore wellbeing.
- Involve people, encourage and enable people, interest them too. This involves minds, bodies and souls – this impacts on mental health, physical and emotional wellbeing.
- More job opportunities. Less crime.
- Provide services that are too expensive/not 'important' enough for public sector to deliver/commission.
- Reduce need for depressive medication.
- Reduced social isolation.
- Saving public/health service spending by providing services for free that benefit people's mental and physical health.
- Skills, learning/health benefits.
- Verbally and mentally, not financially.

4. How can we ensure the City of Culture is an asset for community groups in Hull?

- Do not think it will help the Hull people!
- *[In reference to above comment*]…or…keep an open mind and make positive, practical steps to engage. Come up with some ideas and put them forward!
- Community groups should stop seeing City if Culture as something to be designed/directed from above, but should make it their own, by deciding for themselves what to do.
- Contact Martin Green, CEO for City of Culture, and get involved and put ideas forward.
- Be more involved.
- Involve us now! Not later when you've ring-fenced what they think represents our city.
- Ensure communities voice is heard, central to developments, and work with existing groups.
- Give more time to people.
- Involve them, listen to them, engage with them.
- MAKE the organisers speak to the 'little people'.
- Make lots of small grants available to small groups in timely (well beforehand) way.

5. What can community groups do significantly better than other bodies?

- Affect LOCAL outcomes, relevant LOCAL issues and uplift LOCAL mindset if successful. Also involve LOCALLY.
- Being from the community, groups are able to reach people that professionals may not.
- Build <u>trust</u> with local residents and em<u>pow</u>er them to take ownership of projects and initiatives.
- Can be more flexible and less rule-bound. Can provide services, groups, out of office hours.
- Community groups may be less hierarchical than official bodies, and therefore may be more quicjkly responsive to changing circumstances.
- Communicate with other groups and share knowledge.
- Engagement with specific families/individuals who are unable to access services due to language barriers/child care issues, and build trust over many appointments rather than statutory services offering limited support in clinical settings.
- Flexible to meet need.
- Give people a purpose – older, unemployed, ex-offenders etc.
- Have that flexibility, informal approach, less constraints, which is required by some people needing help.
- Helping lonely people not to be isolated.
- Cut the bureaucracy.
- Interest and input from local people, but may not be diverse enough.
- Reach out into community. People can get involved on their own terms.
- Represent people's voices/views.
- Spend time with people – understand their needs – signpost them to relevant groups.
- Support on a one to one basis better. More local knowledge to help individual people.
- Support vulnerably people. Be accessible – socially as well as physically.
- Tailor the service to the community and client's needs.

6. How can community groups be helped to work well with each other?

- Bring back something similar to Community Development Workers as a link between organisations, public and voluntary.
- By having a shared identity/involvement and interest/respect for the group's concerns.
- Forums should be set up where community groups can meet and share experiences.
- Area forums – specialist events to bring them together.
- Information, support, talk to each other.
- Improve communications: Set up/be part of a community group network, and share experiences.
- Looking at partnership bids which allow community groups to work collaboratively.
- Mechanisms for sharing. City-wide information portal?
- Meet and listen to group and individuals.
- Need to have up-to-date list of groups (including paid staff to update list). Establish network/support meetings for advice etc.
- Need to know who exists – librarians don't have lists like they did do.
- Premises, grants, equipment, support.
- Promote community understanding. Group aims explicit.
- Provide coordination gateway/directory.
- Relate to the community. Foot soldiers on the ground.
- Sharing skills/helpful/understanding others' needs.
- Somehow let all groups know about other groups. Directory?
- Team of city-wide community liaison workers representing ALL statutory organisations – 23 (one for each ward). Hull 2020 funded local knowledge living in that area.
- To start with, easy access about what and where groups are and what they do. Umbrella organisations and possibly council can help facilitate people meeting each other, e.g. like today.
- Understanding the difficulties of each others' organisations.
- Website like 'Heros', but must be appropriately funded long-term.
- Work together: Set up/be part of a consortia to apply for bigger pots of money (e.g. European Social Fund).

7. What are the main things that need to be done to improve communication between community groups and statutory services in Hull?

- Adding a line or special space in a daily newspaper for group communities to let them know each other, also locals can have an idea about community group.
- Attend group meetings but members don't want to be patronised.
- Community group support hub? What is the role of CVS adding?
- Forums where community groups and statutory bodies can meet and share ideas/experiences.
- Information about what exists. Who to contact and what they might be able to offer.
- Less bureaucracy and 'jobsworth' attitudes. Service providers are community members too – where they live – so should understand.
- Learn what is happening in community and value/work with it. Not 'professionals and us' – all work together.
- LISTEN, be human, then apply professional action.
- Meet and listen [to] individuals.
- Meeting/networking groups – sharing ideas.
- More public meetings, information in the media.
- More consultation events with specific agendas to identify solutions to specific local problems/needs.
- Multi-agency forums to improve understanding and communication.
- Offer support to set up and extend successful projects (a paid post). Contact point for help and support.
- The council needs to have workers in the community. There is a feeling of remoteness.

8. What changes should be made in how funding decisions for community groups are made?

- Community group should be doing funding activities beside depending on their major funders.
- Don't know – is it transparent and accountable?
- Engagement with the people more than anything.
- Funders to be aware that smaller community groups may struggle in writing funding applications.
- The application for funding process should be simple and transparent, and long or medium term, not just for 6–12 months.
- Funding change: Flexibility to deliver outcomes rather than specific target groups/activities.
- More funding for city-wide, not just locality.
- Reduce limitation on parameters so local groups can adopt funds so they're relevant locally.
- No 6–12 month funding then pull plugs. Follow on with verbal support if funding pulled – for groups to continue with help as required.
- Longer sustained funding from small pots to enable sustainability and chance to secure funding from other sources.
- Longer timescales with 'set-up' time factored in.
- Funding should pay core costs (full cost recovery) not just project costs.
- Help maintain funding and develop.
- If it works, support the development of it. Engage with them.
- Map existing funding sources and fund to meet gaps.
- More flexible to continue good work being done.

9. What would help community groups to recruit and/or retain volunteers? (Minority groups, BME…)

- Be the eyes and ears for other bodies.
- Continuity, support of volunteer, real issues.
- Events for volunteers, maybe summer picnics or a big party, would help reward and encourage volunteers in community groups.
- Groups need to address the relevant issues!
- Incentives/training/benefits/skill sharing.
- Making volunteers understand their work and their responsibility.
- Training, support, mentoring.
- You can take hosse to water but you can't mek em sup.
- Understanding basic skills for volunteers themselves, beside avoid force the volunteers to do work or role they're not happy to do.

10. What do professionals need to learn in order to work well with community groups?

- Be able to communicate with people of different social background and education.
- Help and advise with funding and where to look.
- How to easily find out what groups there are. A clear understanding of what a group can offer. (Agree with comments *[under 'Tolerance']* below, too.)
- How to understand the people. Engage rather than dictate.
- Meet and learn about each other.
- Professionals: Community groups are volunteers! Not paid (usually), and give their time for free – so should respect that. Volunteers are not 'idiots' – they have a lot to offer, and can support them in achieving their outcomes.
- Professionals need to respect other community groups in the area and learn about the services they offer, so that way they can signpost effectively.
- Professionals need to be human: 1st – stand alongside people; profession 2nd to [analyse?].
- Recognise expertise of groups.
- Relate to people: involve them, engage them, understand them.
- No jargon.
- Tell us who you are and what you do.
- To be grounded, down to earth. All people are equal, skills are different, and all can give something to groups.
- Tolerance. Patience. LESS PONTIFICATING. That they need to offer more than 20 minutes of their time.
- Understanding the idea of community. Group business and their aims and objectives.

11. What areas of training and development would you prioritise for community group members?

- Acknowledgements of individuals' sense of community – need to belong, and the shared need to help each other.
- Any which different groups require.
- Better education about issues relevant to the group.
- Communication issues – ways to reach members.
- Organise/attend events, or research events like today, which helps awareness grow regarding other community groups.
- Publicise HCC Multiagency Training diary – it's free training.
- Safeguarding.
- Skills-based.
- Start-up skills, committee skills, management skills.
- Understanding of the idea of work and the idea of business of each agency with making internal communication media among each other.

12. Who are community groups failing to reach in Hull? Why?

- BME: Lack of interpretation skills, understanding of cultures, etc. Also those in need in the community feel marginalised due to poor communitcations with BME populations – lack trust, awareness.
- BME have own groups, but lack of integration.
- They are not connecting enough with BME.
- Ethnic minority.
- A wide range of different people?

13. Any other comments or suggestions?

- Bring back Community Development Workers.
- Petition to stop benefits sanctions for volunteers.

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Hull Public Health Qualitative Research Project

Appendix 3

Information sheets and consent forms

Community Focus Groups

Participant Information Sheet

HULL CITY COUNCIL/UNIVERSITY OF HUDDERSFIELD

Public Health Qualitative Research Project 2014

Contacts: Dr Joanna Brooks, Ms Alison Bravington,

HHR 3/01, School of Human and Health Sciences, University of Huddersfield. Tel: 01484 472546

Thank you for agreeing to take part in today's focus group, your participation is valuable to us. This information sheet outlines the purpose of the event today – if you have any further queries, the researchers will be happy to answer them.

What is the purpose of the project?

The research team recently carried out a focus group attended by members of Hull's public health team, council services and community group representatives, asking them how best to involve communities in working towards better health outcomes for their residents. Today, we would like to find out about the resources that you have – the people in your group and their skills and knowledge, the connections you have with other people and organisations, and the places where your group meet and visit. We would also like to know how the group supports your own health and wellbeing, and the health and wellbeing of other people in your community, and how the council might be able to support you in doing this.

What will happen during the focus group?

Today's event is a group discussion which will last about an hour and a half. We have some questions we would like to ask you as a way of encouraging discussion. We are not looking for 'correct' answers – what we would like to do is listen to you talk to one another in response to the questions. The session will be audiotaped, and the conversation will be written up to allow the researchers to think about the issues that you raise.

Why have we been asked to take part?

You have been invited to take part because you were identified during the initial focus group as an active community group whose views and experiences may be of help in this research.

Who is funding the project?

The project is funded by Hull City Council.

What will happen to the information gathered during today's discussion?

Issues arising in today's discussion will be summarised and used to inform the way that Hull City Council work with communities to deliver public health services in Hull.

Will my contribution be kept confidential?

We will not disclose any personal information which identifies you as an individual, and request that you keep the identity of those who take part confidential. Quotations from the discussion may be used in publications and presentations resulting from the research.

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CONSENT FORM

Public Health Qualitative Research Project: Community Groups Focus Group

Research team: Dr Joanna Brooks, Ms Alison Bravington, Professor Nigel King, Professor Barry Percy-Smith, Dr Alison Rodriguez

Please initial box

1. I confirm that I have read and understand the information sheet for this study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without any consequences for me.

3. I understand that all information I provide will be treated as confidential, and will be anonymised.

4. I agree to the use of anonymised direct quotes from my interview in publications and presentations arising from this study.

5. I agree to the focus group being audio recorded

6. I agree to take part in the above study.

_____   _____   _____

Name of Participant   Signature   Date

_____   _____   _____

Researcher   Signature   Date

HULL CITY COUNCIL/UNIVERSITY OF HUDDERSFIELD

Public Health Qualitative Research Project 2014

Contacts: Dr Alison Rodriguez, Prof Nigel King, School of Human and Health Sciences, University of Huddersfield. Tel: 01484 473639

This information sheet outlines the purpose of the Public Health Qualitative Research Project Interviews– if you have any further queries, the researchers will be happy to answer them.

What is the purpose of the project?

The research team recently carried out a workshop event attended by members of Hull's public health team, council services and community group representatives, asking them how best to involve communities in working towards better health outcomes for their residents. You recently attended a focus group discussion whereby we explored the work of NAME OF GROUP. Today, we would like to follow up some of the issues explored in the focus group discussion. We would like to find out more about the resources that you have – the people in your group and their skills and knowledge, the connections you have with other people and organisations, and the places where your group meet and visit. We would also like to know how the group supports your own health and wellbeing, and the health and wellbeing of other people in your community, and how the council might be able to support you in doing this.

What will happen during the interview?

The interview will last about an hour. We have some questions we would like to ask you as a way of encouraging discussion. We are not looking for 'correct' answers – what we would like to do is listen to your experiences. The interview will be audio recorded, and the conversation will be written up to allow the researchers to think about the issues that you raise.

Why have I been asked to take part?

You have been invited to take part because the community group you are a member of was identified during the initial focus group as an active community group whose views and experiences may be of help in this research.

Who is funding the project?

The project is funded by Hull City Council.

What will happen to the information gathered during today's interview?

Issues arising in today's interview will be summarised and used to inform the way that Hull City Council work with communities to deliver public health services in Hull.

Will my contribution be kept confidential?

Whilst the identity of the group you are a member of will not be kept confidential, we will not disclose any personal information which identifies you as an individual. Quotations from the interview may be used in publications and presentations resulting from the research – these will be anonymised and not attributed to you as an individual.

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CONSENT FORM - Public Health Qualitative Research Project: Community Group Member Interviews

Research team: Dr Joanna Brooks, Ms Alison Bravington, Professor Nigel King, Professor Barry Percy-Smith, Dr Alison Rodriguez

Please initial box

1.   I confirm that I have read and understand the information sheet for this study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2.   I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without any consequences for me.

3.   I understand that all information I provide will be treated as confidential, and will be anonymised.

4.   I agree to the use of anonymised direct quotes from my interview in publications and presentations arising from this study.

5.   I agree to the interview being audio recorded

6.   I agree to take part in the above study.

_____   _____   _____
Name of Participant   Signature   Date

_____   _____   _____
Researcher   Signature   Date

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Appendix 4

Interview topic guides

Focus group schedule_v4

5 mins - Round of introductions. Each group member – name only for transcription purposes.

Q1 We'd like to ask you first of all about your local community, about the community that this group works with. Could we start by thinking about things that makes your community distinctive?

Probes:

> *- Tell us something about the people who live in your community.*
> *- What would it be important for someone who wanted to work or live here to know?*
> *- What makes successful relationships with local people?*
> *- What is the best thing about your local community?*
> *- What's most important – people, places, resources? Why?*

Q2 What would help people in your community to live the best life they can?

Probes:

> - *Who decides what's 'best?*
> - *Is this about just listening and understanding, or giving advice?*
> - *Is it about giving cash/funding, or giving time?*
> - *Is it about access and information?*

Q3. Ok, now we'd like to move on to consider this particular group and what it is that you do. What is the value of this group to your community?

Probes:

> - *What do you offer people? What particular health issues do you feel that you help with? Are they limited to the focus of the group (e.g. diabetes, diet), or are they broader than that?*
> - *Why is it important that people in the community take care of this issue? [Rather than some public agency.] What benefits does this bring?*
> - *How do you, as a group, involve people in what you do?*
> - *What's your incentive for belonging this group – what motivates you to take part?*

Q4 Could you tell us about an example of an activity/ event/ initiative run by the group that worked well?

Probes – specific factors/assets (write assets on flipchart):
- *Who came up with the concept?*
- *Logistics of venue?*
- *Who did what?*
- *What were the 'ingredients' that made it a successful event? [assets]*
- *Any strategies they would re-use/apply to another event?*

Q5. So we have talked about your local community and how this group works with the local community. We'd like to talk to you now about how your immediate community supports this group. What do you have as a community or in your community that is of value to this group?

Probes - make sure all these areas covered:
- *local area/ physical environment*
- *group leadership*
- *how the group relates to wider city (Hull)*
- *engagement with professionals, services and statutory bodies*

Q6. Now we'd like to think about this group in relation not just in relation to your local community but in relation to the city (Hull) more widely. Could you tell us about your links with the city?

Probes:

- *Does this group work with any other groups or bodies?*
- *Which groups? Why these groups?*
- *How do you work with them?*
- *Ways in which the group would like professional/ public bodies input/ support? Which? How? Why?*
- *What expectations to other people outside of the groups have of you? What expectations do you have of them?*
- *What do you feel your responsibilities are, as a group, and what are the responsibilities of other organisations in helping you?*

Q7. What would help you as a group to develop further and achieve your aims?

Probes:

> *- Other assets you haven't used yet?*
> *- Barriers which need breaking?*
> *- How much can you do yourselves? What can't you do without outside support? Expansion? How?*
> *- Other activities?*
> *- Involving new members?*
> *-Making links with other community groups?*

Interview Topic Guide: Participants / Service Users

Introduction: I am a researcher from the University of Huddersfield. We are finding out more about projects or services that value the capacity, skills, knowledge and connections in a community and build on these to result in positive outcomes for individuals and the community as a whole. These type of projects or services are said to be taking an 'asset based approach'.

I would like to talk to you today about NAME OF GROUP.

1. **How did you become involved with the group?**
- How involvement initiated? Why?
- Has your involvement changed over time? How? In what ways?

2. **Who does the project work with?**
- Target group – geographical (where) or otherwise?
- How do people get involved?
- What health issues does the group work with?
- Why is it important that the community takes care of this issue? (rather than a public agency)

3. **Explain how the group works in your experience?**
- Where? By whom? For whom?
- Existing assets or new assets?

4. **Describe what the project has done / is doing for you?**
- Any language relating to asset based working?
- Incentive for belonging?
- Wider benefits?

5. **What are the main strengths of the group?**
- Positive outcomes?
- For self/others?

6. **Anything difficult about being involved?**
- For self/others?

7. **Would you say that your involvement with the project has affected you in any way?**
- Benefits of being involved?
- Dis-benefits of being involved?

An asset based approach to health improvement values the capacity, skills and knowledge and connections in individuals and communities; and focuses on the positive capacity of individuals and communities rather than solely on their needs, deficits and problems.

8. **We will ask people to map out the people, places and activities that are most important to them.**

We will produce a template for people to work with which will feature a series of concentric circles. Participants will be asked to place themselves in the centre circle and to put items that are most important for their health and well-being in the rings that are closest to them and the least important things on the outer rings. Post it notes and different objects will be available for participants to use (using 3d objects has been found to be effective in other studies, as individuals can move these around as necessary and are not put off by the permanence of pen on paper).

After the maps are completed, we will encourage participants to consider:

- What do they notice about their map?
- What do they notice about their connections with individuals and communities?
- If they have learned anything that surprised them, or if they have gained any insights?
- Where is the group situated? Is this surprising?
- Do they participate in other groups? Why?
- What perhaps is missing, and what would support them to use the assets in their community better?

Hull Public Health Qualitative Research Project

Appendix 5

Final coding template

1. What is the wider societal context/ issues?

1.1 Value to society
1.1.1 Hidden savings (members of community groups less likely to be costing statutory services £)

1.1.2 Value for money
1.1.2.1 Operate at much less cost than statutory services
1.1.2.2 Affordable for members (aware of extent of personal financial constraints for many members of local community)

1.2 Funders and funding
1.2.1 Funding issues
1.2.1.1 Continuity problems
1.2.1.1.1 Lack of stability (pot available one year has disappeared the next)
1.2.1.1.2 Limited time funding available for
1.2.1.1.3 Funding limited to new start ups
1.2.1.2 Restrictions
1.2.1.2.1 On who can apply for what
1.2.1.2.2 On what money can be spent on
1.2.1.2.3 Bureaucracy associated with funders

1.2.2 Time issues
1.2.2.1 The importance of the initial set up period (allowing sufficient time to embed and develop) *(often policy initiatives and changes not felt to support this)*
1.2.2.2 Funding existing (successful) projects versus new initiatives

1.3 Wider social context
1.3.1 Unemployment
1.3.2 North-South divide
1.3.3 Austerity measures
1.3.3.1 Ruthlessness

2. What is the best role for outside professionals/ statutory services and authorities?

2.1 The advantages of community initiatives
2.1.1 Professionals only work 9 – 5 (community members/ groups more flexible – and needs not only an issue 9-5)
2.1.2 Lack of stability in relation to professionals (community members more 'stable')
  2.1.2.1 Posts disappearing or changing
  2.1.2.2 Individuals leaving
2.1.3 Extent of group autonomy and independence

2.2 Ways in which professionals can help community projects
2.2.1 Important role in supporting initial set up of community initiatives *(note help in transferring ownership to community members – formal constitution etc.)*
  2.2.1.1 Willing to support the innovative

2.2.2 Money issues (funding source/ identification of funding sources – also, holding purse strings for limited time in relation to 2.2.1)

2.2.3 Recognising and validating
  2.2.3.1 Provision of formal training *(helps networking, especially making connections with other community groups)*
  2.2.3.2 Referring into project/ publicising project
  2.2.3.3 (Voluntary) participation in supporting project in professional role
  2.2.3.4 Formal awards recognising project

2.2.4 Facilitating communication centrally
  2.2.4.1 Exisiting
  2.2.4.2 Planned
  2.2.4.3 Wanted

2.2.5 'Let it go' – allowing sufficient autonomy and flexibility

3. How do participants relate to other local communities/ groups?

3.1 Issues around venues (safety and accessibility; issues relating to venue hire)

3.2 Training and events facilitating networking with other groups;

3.3 Providing peer support to help set up similar initiatives elsewhere in the city

3.4 Quality/ extent of contact and interaction with other groups
3.4.1　External/ other services that facilitate recruitment to group
　　3.4.1.1 Social media

3.4.2　Where there are problems
　　3.4.2.1　'Other' (BME)
　　3.4.2.2　- Feeling that other groups may be 'using' or 'taking credit' for own work

3.4.3　Direct involvement of other groups

3.4.4 Quality of communication

3.5 Previous experience of community groups

3.6 Awareness of other groups outside of Hull

4. What assets are identified in relation to own (local) community?

    4.1 Reputations and reality (what's distinctive about Hull and the people who live there);

        4.1.1 Hull

            4.1.1.1 Changes in recent years

            4.1.1.2 City of Culture status

            4.1.1.3 Hull's external reputation

        4.1.2 The local area

            4.1.2.1 Established communities there for a long time

            4.1.2.2 Changes to local community

                4.1.2.2.1 Eastern European families

            4.1.2.3 Made up of 'good people'

            4.1.2.4 Reputations of specific areas

    4.2 Group' s reputation

        4.2.1 Word of mouth of key importance in establishing and maintaining successful community initiatives

        4.2.2 The role of community group members as ambassadors (both for Hull and their particular community group)

    4.3 Our role as community experts

        4.3.1 As members of their local community, participants understand better what their community wants/ needs than professionals

            4.3.1.1 Responsiveness

            4.3.1.2 Non-judgemental

        4.3.2 As members of community, better placed/ better able to access some 'hard to reach' groups than professionals *(sometimes this is due to a more receptive response to volunteers than services)*

        4.3.3 Ability to provide a bridge/ link between professionals/ services and the community

        4.3.4 Flexibility

            4.3.4.1 Able to have different ethos/ take different approach to other services

                4.3.4.1.1 Individualised/ personalised

        4.3.5 Filling gaps

    4.4 Why our community needs this group/ what this group offers our community

        4.4.1 For the future generation

        4.4.2 Group's interaction with local community strengthens the community itself

    4.5 Looking after your own

        4.5.1 Groups help community members look after themselves

5. Group characteristics - What assets are identified as deriving from the group themselves? (original *community* theme)
[BONDING SOCIAL CAPITAL?]

 5.1 How groups are run

  5.1.1 Groups are run on principles of democratic consensus

  5.1.2 Groups identify themselves as inclusive (but note there are some tensions here – if so close knit, might it be difficult for newcomers?)

  5.1.3   Leadership

   5.1.3.1 Paid employees/ professionals leading group

    5.1.3.2 Charismatic leadership

   5.1.3.3 A strong core committed group willing to take on responsibilities

   5.1.3.4 Members have responsibility
    5.1.3.4.1 Ownership of group
    5.1.3.4.2 Responsibility for own patch/ activity

 5.2 Remit of group

  5.2.1 - Groups founded on a core 'issue' (founding principle) which remains of meaningful importance to the entire membership

  5.2.2   - Despite above, groups do become more holistic (incorporate other 'issues'/ activities) and develop/ change – balance between flexibility and stability

  5.2.3 - Social events are an important part – integral and needed, not an 'extra' – both to form strong bonds as group and reward efforts

  5.2.4 Group entrepreneurial activities – money raising

 5.3 Groups are resilient. They celebrate their successes, they know their purpose and their limitations, they rationalise and do not dwell on 'failures'

6. Personal/ individual assets and benefits (*individual* level)

6.1 Health

6.1.1 Physical and mental health are interlinked and equally important

6.1.2 - taking part in the group is personally rewarding
      6.1.2.1 physical health benefits
      6.1.2.2 psychological benefits *(also includes 'I just enjoy it!')*

6.2 Members skills and experience

6.2.1 - recognition and acknowledgement is rewarding. Media coverage is particularly popular.

6.2.2 - having personal experience recognised as expertise.

6.2.3 - personal development – training, education etc. (most valued when recognised with a qualification/ certificate)

6.3 Social

6.3.1 - glad to be helping others …
      6.3.1.1 but explicit that this improves own wellbeing too!

6.3.2- social benefits (a number of groups involve participants who, without it, are at high risk of social isolation)

6.4 Volunteering

6.4.1 - requires time and commitment
      6.4.1.1 – competing demands on volunteer time

6.4.2 - but it is a choice, my choice – voluntary not forced - focus is on adding something to my life not negative messages (compared with stop smoking messages)

6.4.3 Links to paid employment
      6.4.3.1 Provides skills necessary for

6.4.4 Status of volunteers – tensions between professional and volunteer identities

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