



Building Community: An evaluation of asset based community development (ABCD) in Ayrshire

Final Report to NHS Ayrshire and Arran

May 2018

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Executive Summary

Background

In 2014, against a national¹ and local² policy context supportive of assets based work and exploring how peoples' assets and skills can be supported to develop solutions to community problems, the NHS Endowment Fund provided funding for an Asset Based Community Development (ABCD) project in Ayrshire.

Expenditure on the project totalled £622,000, the great bulk of which was from the NHS Endowment Fund, with some funding from The Scottish Government to support evaluation.

Since 2014, the Social Marketing Gateway (SMG) has followed and evaluated the ABCD project in Ayrshire, focusing mainly on North and South Ayrshire where the majority of the Fund's support has been channeled to a project called 'Ahead'. In North Ayrshire, Ahead's focus has been on Fullarton, Harbourside and Castlepark, and in South Ayrshire on Lochside, Wallacetoun, Dalmilling and Craigie.

Across seven communities a team of locally-based Community Builders (CBs) has been active, connecting local people and supporting them to share their skills and talents to improve their local communities. It is hoped that, by increase social connectedness in this way, mental health and wellbeing of the local population will improve.

In East Ayrshire, a much smaller amount of Endowment Fund resource has been used to support training linked to the work of the Council's Vibrant Communities Team. In addition, funding was also made available to support a PhD student linked to the project.

Methodology

The evaluation team has followed the Ahead project, focusing on key lines of enquiry such as:

- How have community builders approached building connections between residents and what do they feel have been successful outcomes?
- What examples of community building can be identified, for example in the form of new associations and resident-led groups emerging?
- How have residents benefits benefitted from the new social connections that have been made, particularly with respect to the health and wellbeing?
- At a population-wide level, has there been any change in the mental health and wellbeing of local residents over the life of the project?

A mix of quantitative and qualitative methods have been used including: a household survey (in North Ayr only) to baseline, then follow-up, social

¹ <http://www.gov.scot/Resource/Doc/352649/0118638.pdf>

² <http://www.nhsaaa-beta.scot.nhs.uk/media/318993/paper13mhws.pdf>

connectedness and residents' mental and physical wellbeing; and interviews, focus groups and workshops with residents, project staff and other stakeholders.

Key findings

ABCD in practice

In both North and South Ayrshire, the CBs have engaged with thousands of residents, using a wide mix of methods, including street work. They have connected people who were disengaged in new associations and activities with neighbours they previously did not know, and encouraged and nurtured residents' ideas, enabling them to use untapped skills and talents to set up new groups. They have also engaged with existing community organisations in order to meet residents and to explore how existing bodies might connect up to progress new initiatives that benefit the community.

Residents' stories

Focus groups with residents highlighted a range of memorable stories of how, through the Ahead project, they have been able to get involved in activities that have helped strengthen and improve their local community. For example:

- A young mum (not previously involved in any community activity) coming together with other mums, with support from the CB, to set up a toddler group at the new community Hub
- An existing community activist, recently bereaved, responding to a suggestion from the CB to set up a bereavement club, that now meets weekly with about 8 people attending
- A lady with dancing skills and a desire to teach, but with low confidence, supported by the CB to connect with others with a shared interest, leading to establishment of new group that now has 20 regular members.
- Lengthy engagement between a new resident and the CB which led to the formation of a new association between neighbours, largely previously unknown to each other, that has enabled the new resident to use her sewing skills to benefit others in the community
- How a CB has worked with a group of residents to help them set up and run a Tai Chi beginners group. This has been operating successfully for a year and is also involved in running a summer fete, drawing support from the CB in its dealings with the Council
- An example of a CB connecting a resident passionate about horticulture with a local school. This has engaged a large group of primary children in healthy outdoor allotment work. New connections have also been made with other local bodies and assets are being shared.

Social connectedness and cohesion

The household survey found:

- Social connectedness has strengthened slightly
- Increases in the proportions of residents agreeing that they feel better connected with neighbours

- Increases in the proportions of residents agreeing that people in the area pull together

Feedback from focus groups with residents strongly suggests that social networks and friendship circles have increased, in some cases very dramatically. It is clear that the work of the CBs has had a very important role in enabling this increased social connectedness among these residents.

Health and wellbeing

The household survey found:

- Self-reported health has increased. In 2017, 74% of respondents rated their health as being either good or very good compared with 66% in 2014.
- A corresponding fall from 16% to 11% in those rating their health as very poor.
- Over 8 in 10 respondents rated their quality of life as either good or very good: a statistically significant increase compared with 2014.
- A statistically significant increase in the mental wellbeing score for the community in North Ayr

During focus groups, residents pointed to a number of ways that their lives, and their health and wellbeing, have been improved, e.g.:

- Reduced reliance on prescription drugs
- Reduction in the number of visits to the GP
- Being signed off from treatment by a clinician
- Expanded social connections and friendships
- Increases in activity and physical activity
- New-found confidence, motivation, pride and sense of self worth
- Increased 'can do' attitude and preparedness to be pro-active and do things they would not have done before

Conclusions

A large and diverse mix of new community activity is attributable to the grassroots work of the CBs. This has coincided with a noticeable rise in social connectedness, a slight increase in overall social cohesion, an increase in self-reported health and quality of life, and (in North Ayr) a significant increase in the mental health and wellbeing.

Improving population health and wellbeing was the main goal of the project, so we can say with some confidence that this outcome has been achieved. We cannot be definitive about the exact contribution that Ahead has made, but it would be reasonable to conclude that the community activity that the CBs have stimulated and the increase in social connectedness are related.

It is very difficult to envisage how other locally-based staff or volunteers could (or would) have replicated anything like the intensive effort to build connections between people at the neighbourhood level that has been driven by the CBs.

In the absence of the CBs, to continue the kind of community building work carried out under Ahead would need more locally-based staff and volunteers from other services to work in different ways, and for management within the host organisations to change its expectations of community-based staff.

Having clearly defined targets, working to fixed outcomes and within set timescales, is not how the CBs have achieved their results, but it is the established culture of public sector bodies.

The CBs are free-wheeling agents of social connectedness, looking for opportunities to work with local people where they find them and, in many instances, not having a clear idea of where their efforts are going to lead. To sustain this work would require continued funding for the CBs, or investment in new teams of staff to work in this way at a grassroots level.

Background

1. Introduction

SMG was commissioned in May 2014 to evaluate an Asset Based Community Development (ABCD) project in Ayrshire. The project was set up in 2014, initially for a three-year period, subsequently extended by 6 months.

A total of £743,000 was made available to the project, the bulk of which (£698,000) was from the NHS Endowment Fund, with £45,000 from The Scottish Government to support evaluation. Expenditure totalled around £622,000 (see Appendix 3).

The Fund has supported ABCD in three local authority areas: North Ayrshire, South Ayrshire and East Ayrshire. SMG has followed and evaluated the project, focusing mainly on North and South Ayrshire where the majority of the Fund's support has been channeled.

In North and South Ayrshire, a new project (Ahead) has covered a total of 7 communities: Fullarton, Harbourside and Castlepark in North Ayrshire, and Lochside, Wallacetown, Dalmilling and Craigie in South Ayrshire. Ahead has sought to apply the ABCD principles advocated by the organisation 'Nurture Development'³. The agreed goal of Ahead is to *'Enable local people to produce better mental health and wellbeing outcomes for themselves through building connections and producing a culture of abundance'*⁴.

A key focus of Ahead is on 'building community' by identifying what matters to people, mobilising citizens to connect, come together and share their skills and talents to improve their local communities. Through the many new social connections made, and the range of new activities that residents are collectively involved in, it is hoped that mental health and wellbeing of the local population will improve.

Five Community Builders (CBs) were initially appointed: two in North Ayrshire and three in South Ayrshire. A Small Sparks fund was also established to provide small sums of money to help get some activities going. As staff attrition was experienced over the life of the project, new CBs were appointed, some on a part-time basis. By late 2017, there were a total of 9 CBs, mostly working part-time, working in the two project areas.

The main findings of the evaluation work in North Ayrshire and South Ayrshire are presented across sections 4-8 of this report, with conclusions in section 9.

In East Ayrshire, a much smaller amount of Endowment Fund resource was made available. Here the Council has used the Endowment Fund Resource to support

³ <http://www.nurturedevelopment.org>

⁴ This was articulated as the goal for the Ahead project during its first year.

training linked to Community-led Action Planning work supported by community workers from the Council's Vibrant Communities Team. A brief report on the asset-based work in East Ayrshire is set out in Appendix 1.

In addition to the work of the evaluation team, a PhD student was funded by the NHS Endowment Fund to work in parallel with the evaluation. The student was based at the University of Glasgow. A summary of the PhD findings is appended to this report.

2. Policy context

Support for ABCD, and for asset-based work more generally, is indicative of the wider response by public bodies to the increasing and unsustainable pressures on health services and the persisting health inequalities between affluent and less affluent areas.

The Christie Commission⁵ argued that in order for public services to be sustainable the public sector should: *'Work more closely with individuals and communities to understand their needs and mobilise a wider range of Scotland's talents and assets in response to these needs. Asset-based, or 'positive approaches', get better outcomes by bringing together people's assets and skills to develop solutions to community problems.'*

The Community Empowerment Act (2015)⁶ opens up opportunities for asset-based work, by aiming to empower community bodies through the ownership of land and buildings, and by strengthening the communities' voice in decision-making.

The Act seeks to improve outcomes for communities by improving the process of community planning, ensuring that local service providers work closely with communities to meet their needs. It places Community Planning Partnerships (CPPs) on a statutory footing, with duties around the planning and delivery of local outcomes, and the involvement of community bodies at all stages of community planning.

The introduction of Participatory Budgeting (PB) gives communities a say in how to spend a proportion of local budgets. PB is being implemented across all three council areas in Ayrshire and Arran, opening up opportunities for communities to use PB, e.g. when working with others to create a Locality Plan.

Support for the Ahead project also links closely with NHS Ayrshire and Arran's Mental Health and Wellbeing Strategy, 2015-202⁷. The strategy identifies improving mental health and wellbeing as a key priority, highlighting the importance of increasing social connectedness, relationships and trust in families and communities.

⁵ <http://www.gov.scot/Resource/Doc/352649/0118638.pdf>

⁶ <http://www.gov.scot/Topics/People/engage/CommunityEmpowermentBillFAQs>

⁷ <http://www.nhsaaa-beta.scot.nhs.uk/media/318993/paper13mhws.pdf>

3. Methodology

The evaluation work was overseen by a Learning Group made up of representatives from the main partners. The evaluation team was a member of, and reported to, the Learning Group. The Learning Group supported the evaluation team, took stock of project progress and emerging learnings and reported to the main Steering Group for the project.

The overall approach to the work was informed by Developmental Evaluation⁸. This allowed the evaluation team to follow the project as it unfolded, raising questions and drawing out learnings that would benefit the project as it developed. It was felt that this would be more appropriate than a traditional evaluation approach that sought to measure progress against SMART goals and objectives. It was clear from an early stage that the community builders would be working with a fairly open remit, looking to build connections between residents that would, hopefully, ultimately result in improved mental health and wellbeing outcomes.

A set of principles underpinned the community builders' work, and a theory of change was articulated (see Fig 3), but there was no firm 'model' in place that set out what the community builder would do and what they would deliver that enabled SMART objectives to be identified and a more traditional evaluation approach to be followed. The evaluation team, therefore, sought to gather insight and information around how the community builders were approaching their work, how they were applying the principles of ABCD and to what extent the theory of change could be observed to be unfolding on the ground.

Key lines of enquiry that have been the focus of the evaluation include:

- How have community builders approached building connections between residents and what do they feel have been successful outcomes?
- What examples of community building can be identified, for example in the form of new associations and resident-led groups emerging?
- How have residents benefited from the new social connections that have been made, particularly with respect to the health and wellbeing?
- At a population-wide level, has there been any change in the mental health and wellbeing of local residents over the life of the project?

To evaluate the Ahead project's work in South Ayrshire and North Ayrshire, a mix of quantitative and qualitative methods have been drawn on over the 3+ years of the evaluation team's work. The qualitative information collected (e.g. from focus groups and workshops) has been analysed to draw out key themes relevant to the evaluation and to extract memorable stories shared by residents and community builders that highlight important outcomes. Specific elements to the evaluation method were:

⁸ Patton, M. Q. (2010) Developmental Evaluation. Applying Complexity Concepts to Enhance Innovation and Use. Guilford Press, New York. Retrieved

- **Baseline and follow-up household surveys** – A residents’ survey (in North Ayr) measured residents’ sense of connectedness to their community and their mental and physical wellbeing. Residents were selected for participation using a quota sampling method in which quotas were set based on age and sex to achieve an overall sample that reflected the make-up of the local population. Structured face-to-face interviews with individuals were carried out. The same social connectedness questions used in the 2014 South Ayrshire Citizen’s Panel Quality of Life Survey⁹ and the Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) were used. Over 200 interviews were carried out during November 2014, and again in September 2017. A consistent methodology and quota sampling approach was used for both surveys to enable comparability across the two sets of data. Although in 2017 the researchers did not seek to interview the same residents as in 2014, both surveys sought to achieve a representative sample of the adult population via the same methodology.
- **Conversations and focus groups with Community Builders** – Over the life of the project, the evaluation team has had numerous conversations with the CBs, engaged with the CBs in workshop settings, and shadowed CBs as they went about their work. For this final evaluation report, focus groups with the CBs in each area were held.
- **Conversations and focus groups with local residents** – In parallel with the conversations with CBs, the evaluation team engaged with a range of community activities that have been set up and with a number of residents that the CBs have worked with. For this final evaluation report, focus groups with residents from each area were held.
- **Consultation with stakeholders** – Engagement with stakeholders (principally officers from the NHS and Councils) has taken place in a variety of ways, including workshops and learning sessions, 1-2-1 meetings and interviews, and consultation exercises.
- **Observing mentoring sessions** – A total of six mentoring sessions delivered to CBs and officers by Nurture Development (via Skype) were observed over 2015 and 2016, giving a helpful insight into how CBs were addressing opportunities and challenges.
- **Observing CB team meetings** – Over the evaluation period a number of joint-team meetings (between CBs and other practitioners) have been observed.
- **Monthly CB reports** – Over the 2nd and 3rd years, CBs completed a structured pro-forma on a monthly basis that presented information and reflections on their work. These monthly reports have been available for the evaluation team to review.

⁹ Questions 1, 5, 7, 8, 10, 18, 19 and 21 of the 2014 Quality of Life survey were replicated.

4. Asset Based Community Development (ABCD)

There are several definitions of asset-based work in use in the health context¹⁰. While ABCD shares many principles and assumptions in common with other definitions, it was not specifically developed in the context of health improvement. Furthermore, the Ahead project has sought to apply the principles of ABCD as set out by Nurture Development¹¹, with training and mentoring provided by Nurture Development over the first two years of the project's life.

The vision of Ahead is that by 'building community' residents will develop their social connections, come together in new forms of associational life and collective action, and be enabled to produce better mental health and wellbeing outcomes for themselves. In the words of Nurture Development: *'starting with what they have, to provide what they need'*¹².

Community Builders (CBs) aim to help weave the assets of the neighbourhood together, finding and working with Community Connectors (CCs) (i.e. residents who know their community well) to help connect people. Both CBs and CCs work to build new relationships between residents around shared interests and passions. This sharing of skills and capacities in collective citizen-led action will improve the community, with previously untapped human assets being brought to the fore. A key goal is for local people to be more in the driving seat: doing more for themselves, building their resilience and reducing their dependency on established services and programmes.

Nurture Development identifies '8 touch stones' of ABCD (Fig 1). They are called 'touch stones' rather than 'stepping stones' because there is no fixed sequence to when they should occur. ABCD is a set of working principles, not a process or model: *"ABCD is a perspective, not a model, and cannot therefore be tied down to one version of (so-called) best practice, or another. In fact, when it comes to ABCD, best practice is the enemy of better practice, and the inhibitor of next practice."*¹³

The role of both CBs and CCs is seen as pivotal to ABCD in order to stimulate and broaden out the dynamic of community building. The NHS Endowment Fund support allowed the project to establish CB teams in both North and South Ayrshire in the hope that the CBs would then identify and mobilise a group of resident CCs to cascade the community building effort. The roles envisioned for both CBs and CCs are developed further in Fig 2¹⁴:

¹⁰ See for example: Hopkins T and Rippon S (2015), *Head, hands and heart: asset based approaches in health care*. London: The Health Foundation.

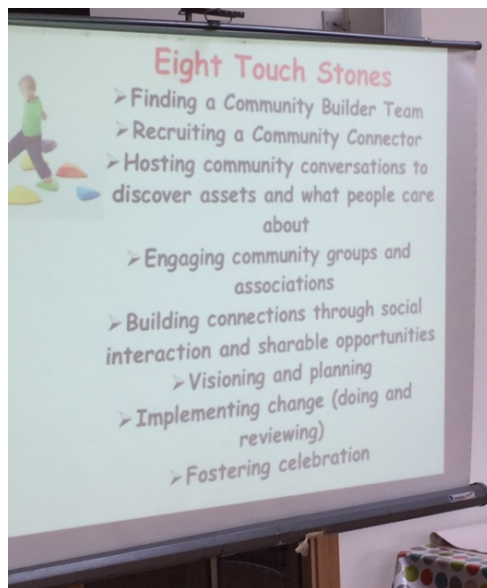
¹¹ <http://www.nurturedevelopment.org>

¹² Cormac Russell, Nurture Development

¹³ Cormac Russell, Nurture Development

¹⁴ Descriptions of the CB and CC roles are taken from a paper prepared for NHS Ayrshire and Arran by Cormac Russell

Fig. 1: Touch Stones of ABCD



- Finding a Community Builder Team
- Recruiting a Community Connector
- Hosting community conversations to discover assets and what people care about
- Engaging community groups and associations
- Building connections through social interaction and sharable opportunities
- Visioning and planning
- Implementing change
- Fostering celebration

(Source: Nurture Development Learning Session, June 2016)

Fig 2: Roles of Community Builders and Community Connectors

Community Builders: The role of a CB is to focus on engaging the skills, knowledge and talents of residents, as well as the institutional, associational, physical, economic and cultural resources of the community. The CB's main concern is how to empower a wider, equal partnership between residents and the clubs, groups and social networks of their community and the institutions that serve them. They are community weavers, intent on weaving the community together relationship by relationship, asset by asset. It is envisaged that each CB will conduct learning conversations: i.e. one-to-one, and group based conversations aimed at:

- Developing stronger relationships with and between residents
- Discovering individual and collective motivation to act towards the common good
- Understanding what supports would be needed to support people to work with others who share their passions
- Exploring mutual interests, passions and creative ideas for community building and clarifying next steps
- Discovering more prospects for citizen-led action
- Cross-fertilising stories from within the community and sharing inspiring stories from other communities.

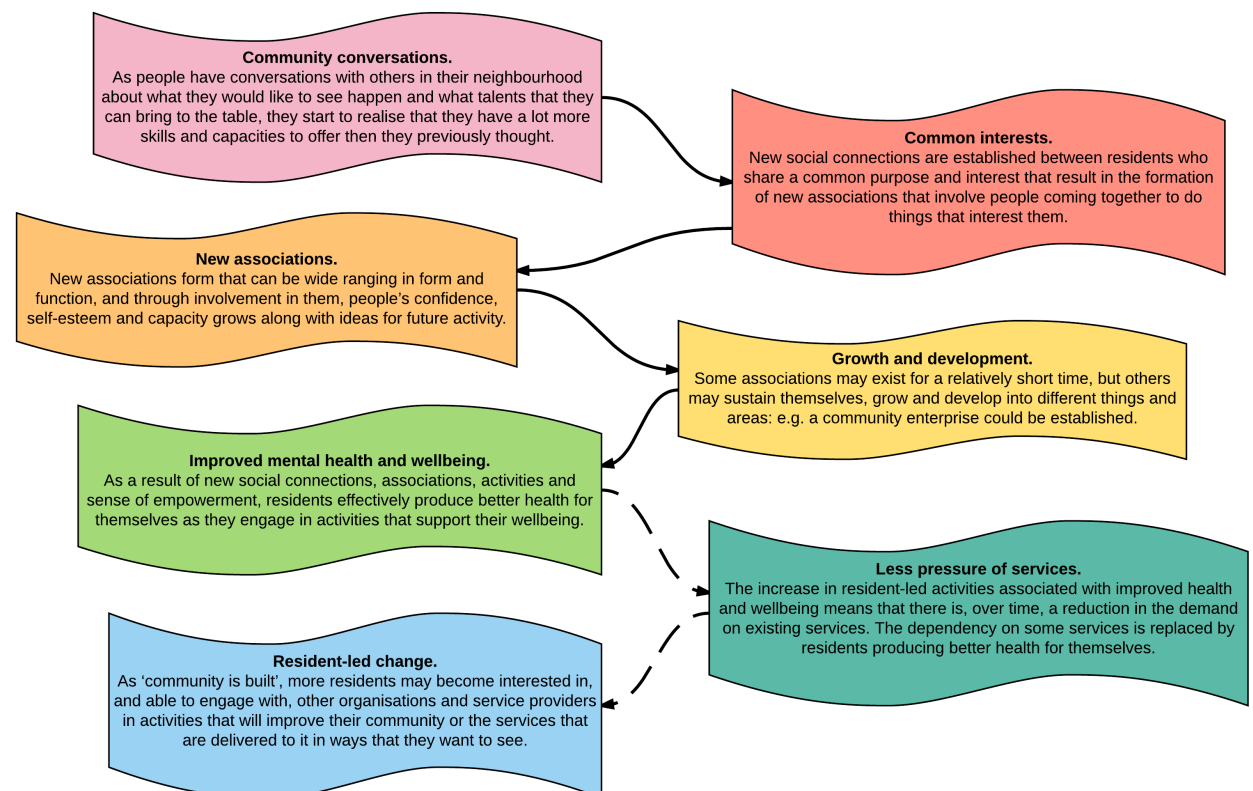
Community Connectors: The role of a CC is to support and extend the work of the CB. At the beginning of every community building effort it is seen to be important that a group of CCs is nurtured. CCs are people from the community who are prepared to commit to widening the circle of participation. This is something that is envisaged will happen week by week and that will be fed by the learning conversations that CBs are having with residents, which reveal those who are passionate about community building and inclusion. A key role of a CC is to help build an 'asset map' that assembles, through conversations, the things that local residents care about and the skills that they have that can be put to use in joint action with neighbours to improve the community on their own terms.

Theory of change¹⁵

Nurture Development's vision of ABCD can be represented in a 'theory of change' (Fig 3) summarised as:

- Residents coming together to have conversations with others in their community about things that they are interested in
- Conversations resulting in the formation of new associations and collective action among residents
- Through this collective action residents are 'using what they have to provide what they need'
- New associations and action forming among residents that are able to sustain themselves and, possibly, grow
- Residents who become more connected in their community enjoy better mental health and wellbeing as a result.

Fig 3: ABCD theory of change



(Source: ABCD Learning Group)

¹⁵ This theory of change was developed by SMG and agreed with the client during the first year of the project

Findings

5. Applying ABCD principles – the practice

In the early stages of the project, the CBs attempted to adhere fairly strictly to the principles of ABCD, e.g. engaging with residents through street work of various kinds and purposefully distancing themselves from existing community organisations and activists and local service providers. This created some tensions between some CBs and officers who were keen for the CBs to engage and work with existing community bodies and local services as these represented valuable assets within local neighbourhoods.

Over time, the CBs appear to have come to an accommodation with the differing expectations about how community building should be approached. Although the ‘principles’ of community building as originally set out by Nurture Development have not been comprehensively applied and strictly adhered to, there is a strong indication (from both CBs and residents) that some have been.

A lot of the CBs’ work has been connecting people who were disengaged in new associations and activities with neighbours they previously did not know, and encouraging and nurturing residents’ ideas and enabling them to use untapped skills and talents to set up new groups. However, in addition, CBs have also engaged with existing community organisations in order to meet residents and to explore how existing bodies might connect up to progress new initiatives that benefit the community.

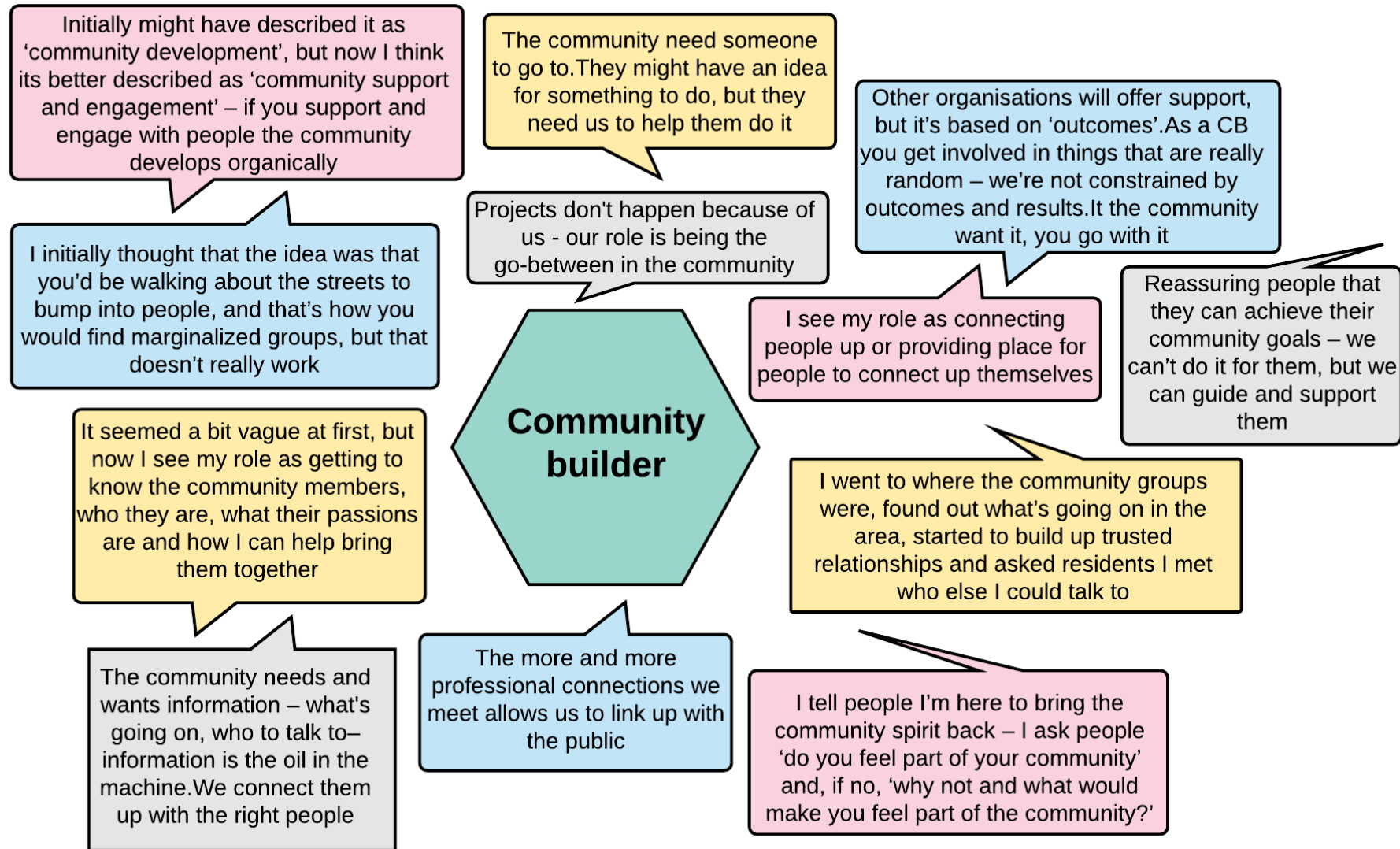
Where there has been less progress of Nurture Development’s ABCD principles has been in the limited number of residents identified and activated as CCs and in the absence of an overall vision or plan for the neighbourhood based on an aggregation of the new ideas and association formed among residents.

During research conversations with CBs, the evaluators asked about the reality of the CB’s job; i.e. how the CBs would describe what they are aiming to achieve and how they go about it. Their responses illuminate what the reality of community building practice under the Ahead project has been (Fig 4).

Drawing on what the CBs shared with the evaluation team during the final round of focus groups, and supported by some of their quotes in Fig 4, the work of the CBs and how they interpret their role can be characterised as:

- Speculative opportunity seeking
- Investing in making contacts with residents and other groups
- A pro-active and ‘can do’ attitude, being prepared to try and do new things
- Finding a ‘balance’ between engaging unconnected residents and working with existing community assets and local services
- Picking up and carrying forward contacts and conversations made
- Not being governed by a concern for outputs and timescales, but moving at a pace dictated by residents (a ‘pace of trust’).

Fig 4: The job of a community builder



(Source: Focus groups with community builders)

6. ABCD in Irvine

The work in Irvine commenced with 2 full-time CBs. By the third year 5 local residents were working as part-time CBs. Four of these CBs had been previously involved, as either residents or in one case as caretaker of a community centre, with the Ahead project and the earlier CBs.

Over the second year of the project, the CBs reported¹⁶ engaging in over 1,300 discrete conversations with residents across the three communities. A high level of interaction between the CBs and residents has continued since then. Over a 3-month period in 2017, for example, two of the CBs recorded almost 550 separate conversations with residents. In addition to engaging directly with residents, the CBs have been working closely with a wide range of existing community, third sector and commercial bodies.

Fig 5 shows the range of activities that are visible and that have taken place over the period Ahead has been working in Irvine: activities due (in some part) to the work of the CBs.

Some of the CBs, although from the local area, found that there was still a great deal to learn. Investing time in getting to know the community and how it worked was an essential pre-requisite for doing the job. Mapping the assets of the community (Fig 6) was a practical way that this intelligence can be gathered and used to help make connections between people. This is neatly captured in the words of one of the CBs:

“A big part of the learning curve is realising that even if you grew up in the community you don’t know it as well as you thought you did. You need to take time to re-learn things, meet new people, and reintroduce yourself to people you already knew. There are hidden connections that you didn’t know were there. To find these we had to speak to as many people as possible to find out who talks to who and what’s going on. I would introduce myself then ask them ‘where are the ten places in this community that you visit most regularly’ - I was building up a map of the popular places to meet people. I added this information to an asset map in our office. It details who we’ve met, what happened, any new facilities that came up. We use this to bounce ideas off each other. We see what connections can be made and then we introduce them to each other. Basically we trade the assets and assign them to people who need it.”

¹⁶ This data was collected from the monthly reports completed by the CBs

Fig 5: Activities in Irvine

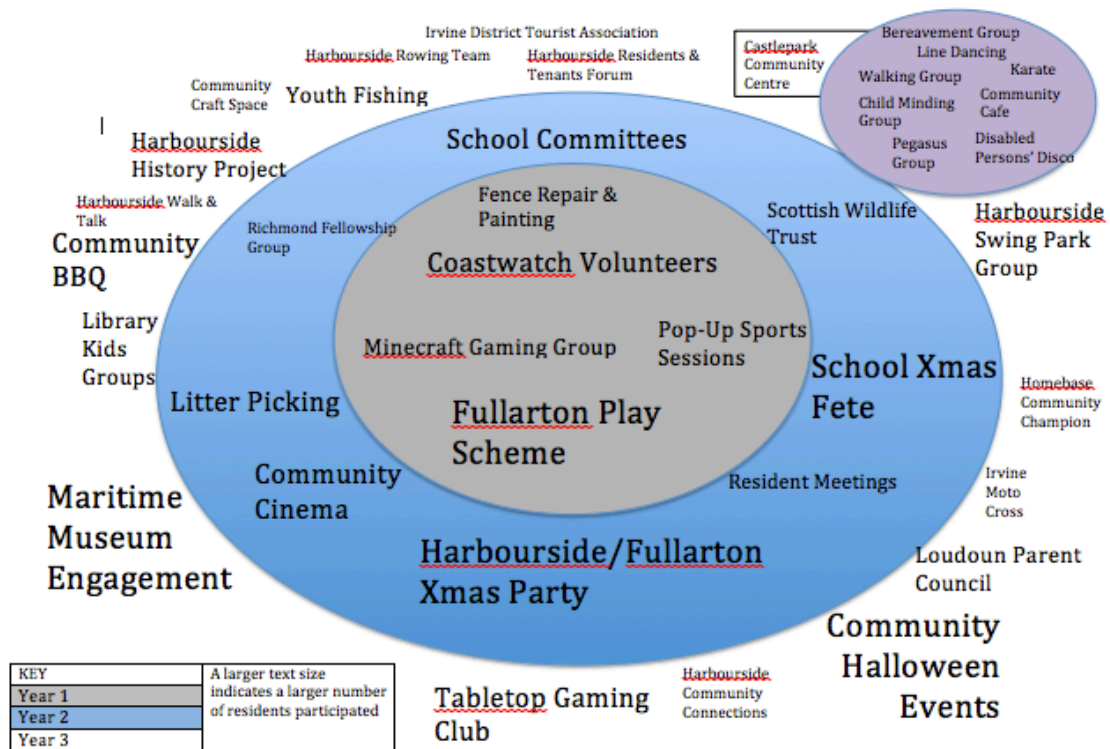
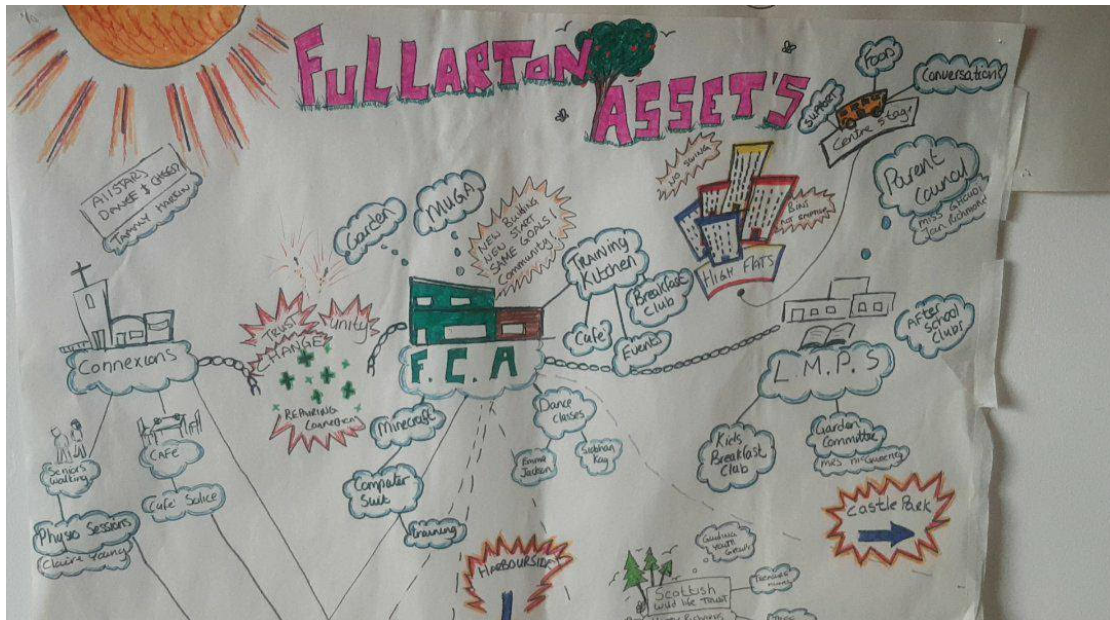


Fig 6: Asset mapping



A feature of the project in Irvine is that one of the communities (Harbourside) contains a lot of small businesses (B&Bs, cafes and pubs, many catering for tourism), combined with an older, fairly disengaged community and people who have recently moved into new housing in the area. There is no community centre in the area where residents can meet. Both CBs and residents felt that community spirit is weaker here than in the other areas.

In **Harbourside**, it has proved challenging to get things moving. CBs report that many established residents are reluctant to use the new community facilities available in the Hub in Fullarton. The CBs have devoted a proportion of their time working, not with local residents, but with local businesses and other organisations (such as Coastwatch and the Maritime Museum), looking at how these assets can be mobilised.

How tapping into the assets of a local business community can be approached is captured in the following two contributions from CBs:

"I've started working with a couple of key business people and found out that the businesses were keen to get more community groups and activities going because it would bring more footfall to the area and generate business. A group existed years ago but died away, so we brought it back – it was a group of between 10 and 15 people from a variety of organisations who met at the end of every month to discuss and review things in the community. The reason it died away before was because there wasn't enough sustained communication between businesses in between meetings. This time I was able to continue connecting and linking people up throughout the month. They call themselves the IDTA (Irvine District Tourist Association). They are a body that people in the community can approach for help with groups they want to start, as everyone who might have an opinion or issue is in the same room at the same time. For example, a group of young teens asked to use the unused caravan site in the area for quad biking. By going to this meeting, they were able to get an answer there and then as everyone was able to say their piece at once."

"I spoke to the landlady of the pub about my role and what we were trying to achieve. I later met a couple of ladies at Dublin Quay who were talking about doing things in the community. I mentioned to them that I'd been talking to the pub landlady about organising a darts group or something, and asked if that was appealing or if there was anything else they could think of. They were interested in the darts so I connected them up with the landlady and they got it going. This started in about April 2017, and at the first meeting we had about 6 people. It now runs weekly on a Tuesday night, and we get about 15-20 people coming along every week. A lot of the people who are coming are new residents."

The above accounts of the CBs' practice in a mixed-use area, with limited community infrastructure, contrasts quite dramatically with that of the CBs working in residential areas like Fullarton and Castlepark.

In **Fullarton**, with a strong and established Community Association, which over the project period has been engaged in building a new community Hub, the CBs have been working closely with the Hub and volunteers of the Community Association both to connect people with the growing range of activities under the Hub and to use the Hub as a space for new groups to come together.

In **Castlepark** the community centre initially provided a base for the CB to work from and meet people using the facility. At that time it was only open when something was on and it hosted only a few groups. The community building work that has taken place under Ahead has seen activities in the centre multiply.

The community centre is now open every day from 9am-9pm hosting around 20 different groups, e.g.: line dancing, a community café, a bereavement group, a walking group, mother and toddler group, karate, football, ESOL, senior citizen art group, craft group, hospital painting group, child minding group, Sunday school, disabled person's disco, Pegasus group (young adults with disabilities), Rainbows, Brownies, Guides, and a pensioner's lunch club.

An excellent insight into how one of the CBs approaches her work comes from the CB in Castlepark, and formerly caretaker at the community centre. As caretaker, she played a key role in introducing the (then) CB to residents. When the previous CB left, she got the CB job (part-time) early in 2017. As the account below indicates, she has been involved in very rich mix of activities that have connected many people and bodies. Her community building work spans helping new associations of residents coming together, connecting residents with skills to support locally-based services, helping integrate local service facilities more closely with the community, and drawing on skills available in outside bodies to build the talents of residents.

Community building – a CB's story

Things started slowly at first but soon built momentum. One of the first things I did was hold a community information day so I could introduce myself and gauge what visions people had for their community. It was very successful with about 70 – 80 members of the community attending.

There was a lot of interest in starting a bereavement support group and a walking group. Also to resurrect the gala day which was a big event in the past which brought the community together.

The bereavement and walking groups, and in a relatively short time were soon up and running quite successfully. One lady comes from Dreggorn and she attends the bereavement support group regularly and finds it very beneficial for her. Some people attend to help them over their initial grief and move on while others attend every week lending support to one another. One lady used to help out in a bereavement group in Glasgow and is a big asset. There are 10 regular members in this group at the moment.

One resident has mental health issues and the group allows him to socialise, keep fit, and integrate him to the community. This is working well. I still work with him and he now comes into the community café most days where he knows he will find a friendly face and will not be judged in any way.

Some groups are easy to connect up, such as the line-dancing group. After talking to some ladies who expressed an interest in line dancing for beginners I came across a lady who, although not a recognised teacher, had been doing line dancing for over twenty years and was very keen to teach a beginners class. I managed to put both parties in touch and this group is going from strength to strength. They are holding a fundraiser night with the proceeds going to a local charity as they wanted to give something back to the community. This group sustains itself.

After speaking with mothers in the community they expressed concerns on the lack of activities for the younger age group in the community. I managed to liaise with an S.F.A. coach who was very keen to help out in the community. We took the idea to the Association in Castlepark and they managed to give them two nights a week in the centre for football coaching. There are now 50 children benefitting from this group.

There are a few ladies who sew and are interested in using their skills to benefit the community. I am meeting with Cumbrae lodge nursing home with the view to make memory aprons for the dementia patients. At the moment they buy these aprons and they are very expensive and have to be replaced regularly, so hopefully this will be a big benefit to them. The Chairperson of the Association and myself have managed to source materials and are now trying to source sewing machines. We hope to help get this up and running soon.

Working closely with the community nursery, I supported the nursery mothers on an event they were organising for the children in the community, it was a community fun day and it went very well. I meet quite regularly with the head of the nursery, who is very interested in getting involved with different projects in the community, to see how we can best help one another. There is a keen interest in taking some of the kids to Cumbrae Lodge to visit some of the patients on a weekly basis, so we will try and pull this together.

I have been working with a contact in Woodlands View (hospital) to try and integrate the hospital and community together. I was recently approached about a project Woodlands View are doing to build a new pathway around the hospital. I met with several people from Woodlands View and a contact from The Scottish Wildlife Trust with the view to building bird and bat boxes to be put up in the trees of the new pathway. They were keen to involve the community in some way and I was very keen to support the project. I contacted The Girl Guides and the Pegasus special needs group from the community centre who are now both supporting this project.

I am still doing my walkabouts round the community and meeting members of the community in the centre. I still support the lunch club and the gardening group when needed and will continue to see how I can support the Neighbourhood Youth Forum.

There is still a lot of work to be done in the community especially with the younger mums and youths in the community.

Resident's stories

Focus groups with residents explored their memorable highlights of things that they have been involved in. As the three 'memorable stories' below illustrate, we see a range of examples of community building that cover:

- A young mum (not previously involved in any community activity) coming together with other mums, with support from the CB, to set up a toddler group at the new community Hub
- An existing community activist, recently bereaved, responding to a suggestion from the CB to set up a bereavement club, that now meets weekly with about 8 people attending
- A lady with dancing skills and a desire to teach, but with low confidence, supported by the CB to connect with others with a shared interest, leading to establishment of new group that now has 20 regular members.

Memorable story No 1

"I've recently become involved in volunteering at the community hub. The CB got me into helping with the kids and things, and they've just started a toddler group so I help run that now. There used to be a toddler group when there was the old green hut, but when that went it stopped and never started up again. There are a few mums at the school who do child-minding, and we were all just chatting and asking the question 'when can we start it back up?' So one of the other mums approached the Chair of Community Association and she and the CB organised for any interested parents to come in for a meeting to discuss days, times, price and that kind of thing. So we came in and all decided we wanted 3 mornings a week, 9:30-11:30, and that suited everybody. It's really taken off. We've got Joe Jingles, a musical playgroup, coming in every Wednesday now, and we're looking to get the library involved too to do some Rhyme Time. We finance the group by charging £2 per child – although this £2 includes their snack. Last week we had 13 people, today we had 15."

Memorable story No 2

"I help run the Castlepark community centre and I was involved with the last community builder before she left. My caretaker then got her position. It's worked really well because the new CB is bringing people in. The story is that I lost my husband two and a half years ago and because I work for the health board I had access to counselling, but I noticed around about me in the centre that there were a lot of people going through the same thing but didn't have that access because the waiting list for a counselor at the health board is a year. About a year ago the CB (the caretaker at the time) suggested then that we start up a bereavement group – the idea came about after one of our friends lost her husband and was really struggling with it. It now runs every Tuesday night. Although I'm going to counselling I still go to the bereavement group every Tuesday. We've got about 8 people that come. We actually had a young woman who lost her child that tried to take her life a couple of months ago, and now she comes every Tuesday and she's looking so much better. We also have a lady that recently lost her best friend, and

she said she actually looks forward to coming on a Tuesday. I've been on anti-depressants since I lost my husband, but I'm actually on a lower dosage now and I feel much better.

We've also been doing a walking group that the CB started up. There are about 10 people on average coming. A couple of people already knew each other, but mostly these were separate people and new contacts and friendships have been made. There are about 4 or 5 new groups in the centre we couldn't have started without her help."

Memorable story No 3

"I was wanting to get more exercise and I like line dancing – I've been dancing for 30-odd years – and I thought I want to teach and I could teach. But my confidence wasn't very high and I couldn't afford to hire the hall. So I spoke to the CB and told her I'd like to teach but I've got no qualifications, but is there any way we could come to some kind of arrangement. She told me that there were actually folk who had been asking for somebody to come and teach line dancing, so suggested we all get together. So we got the hall and I had the equipment. We started about 6 months ago and we do it every Friday. With the CB's encouragement we've thrived – we started off with just 6 people and we're now up to 20. I knew a couple of the original 6, but the rest of the 20 were previously unknown to me and each other."

7. ABCD in North Ayr

Here the project commenced with 3 CBs working full-time across three communities. By the end of the third year there were 4 CBs, most working part-time across four communities, with Craigie having been added to the original three communities of Lochside, Wallacetoun and Dalmilling.

Conversations in the community

Engaging and having conversations with residents has been a constant feature of the work of the CBs throughout the project. Over year two, some 2,500 conversations with residents were recorded by the 3 CBs, with some 566 of these being 'first conversations' with residents. Over the third year of the project the records of the CBs suggest the number of conversations taking place have multiplied. Over the 4-month period May to August 2017, the CBs recorded almost 2,000 separate conversations, estimating that almost 800 of these were first time conversations with residents.

When having conversations with residents, the CBs have not 'pushed' or promoted the Ahead project, but adopted a softer approach that engages with people, chatting about things that matter to them and looking for opportunities to help them connect up and get new things going.

An example of how one of CBs goes about her work in North Ayr is as follows: *“I started going to meetings with a tenancy residents association and listened to what they were wanting to do. Then I started speaking to people individually to see what their views on issues were, and one lady invited me to have a coffee and said that she had a few friends she could meet, so this opened up new connections. One of her friends was a lady who didn’t want to get involved in anything. [We have a floral art group running] and eventually this lady was convinced to come along. It turned out she knew the lady who was running the group, so they’ve reconnected through that. I’m also involved in a tai chi group and they were running a coffee morning to raise funds and make themselves more sustainable, and through word of mouth this lady was asked to help out. She was delighted to be asked and is now going to their Christmas lunch. So this lady who didn’t want to get involved in anything is now involved in two groups.”*

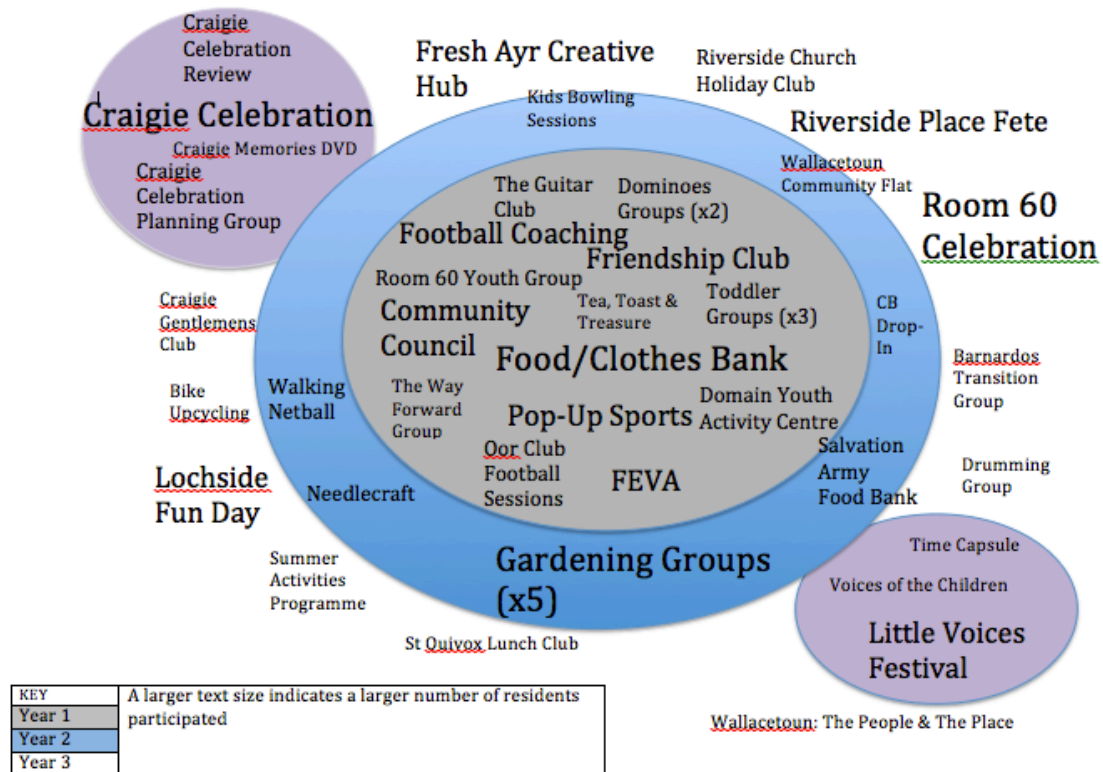
Fig 7: Floral Art Group



Fig 8 shows the range of activities that that are visible and that have taken place over the period Ahead has been working in North Ayr: activities due (in some part) to the work of the CBs.

Reflecting the shift in focus that took place within the project in terms of ‘how’ the CBs worked on the ground, over the latter part of the project there was far greater contact with existing community bodies and other local services taking place. The CB’s practice shifted, not to exclude many opportunistic conversations with residents, but to include more and more contact with existing bodies. For example over the four months to August 2017, the 4 CBs reported around 100 discrete contacts with community bodies and services.

Fig 8: Activities in North Ayr



One of the CBs highlighted a good example of how connecting with an existing group can lead to unexpected opportunities: *"I started attending the friendship group at the church every Friday, just to have a chat and a cup of tea. The group wanted to expand to the whole, rather than just the church, community, so I have been able to help them with that."*

Fig 9: Friendship Club



Another CB points to the benefits of connecting existing activities and bodies. The CB made contact with a gardening project maintained by volunteer residents that the local primary school was using for a 'plot-to-pot' project. The volunteers were older and struggling with the manual labour. The CB got in contact with a new

secondary school opening in the area: *“We arranged for a group of pupils to come down and help with the manual stuff. Once the school opened after summer, this took off, so now the secondary school is helping maintain the allotments with the volunteers, so the primary schools can continue doing their gardening project.”*

The new connections that the CBs have made have also extended to local services, for example, working with Community Safety Officers (CSOs) and exploring how the community can do things themselves that compliment the role of CSOs. This led to producing a leaflet to put through the doors of new residents giving information about bins. Previously the CSOs would have done this.

Another example is striking up new ways of working with the Department of Work and Pensions (DWP) and Social Work. A CB started a relationship with both services to share information that enables the CB to identify and connect with socially isolated residents. For example, the CB has engaged with a resident with physical/psychological problems that prevent her from leaving the house. The CB has gradually persuaded her to attend a friendship group. She is now an active member and goes every week.

Residents’ stories

Focus groups with residents explored what they have been involved in that has been memorable: helping strengthen and improve the local community. The three ‘memorable stories’ below illustrate:

- Lengthy engagement between a new resident and the CB which led to the formation of a new association between neighbours, largely previously unknown to each other, that has enabled the new resident to use her sewing skills to benefit others in the community
- How a CB has worked with a group of residents to help them set up and run a Tai Chi beginners group. This has been operating successfully for a year and is also involved in running a summer fete, drawing support from the CB in its dealings with the Council
- An example of a CB connecting a resident passionate about horticulture with a local school. This has engaged a large group of primary children in healthy outdoor allotment work. New connections have also been made with other local bodies and assets are being shared.

Fig 10: Ayr Academy Horticulture Group and Hedgerow Garden Project



Memorable story No 4

I retired to Ayrshire in 2013 and went back to college for 3 years to retrain in garment construction. I had this idea to teach people how to sew and make or repair things to combat our throwaway society. I can't quite remember how I got involved with the CB who was then in post, but he somehow found out about my idea and got in contact. I met him in Tesco and he really took me under his wing. I was living in a completely new area where I didn't know a soul, so I didn't know how to meet people and start this up.

He introduced me to people and used to take me about with him, basically trained me up on how to speak to people so that I could feel confident talking to people about my sewing group. He helped me come up with a list of things I needed to do to get it started, but he never took me by the hand – I had to do all these things myself, he just helped me understand what was needed.

I applied to North Ayr Decides and got some money to buy sewing machines. We started the group on January 12th and we've run it every Thursday since. On average we have 6 ladies a week, ranging from 49-70years – although in the summer some of the younger ladies brought their kids too. The ladies didn't all know each other before they came and found out about the group in various different ways – through Brian, through me, one lady just heard me speaking about it in the shop to someone else and came around. The ladies that come are all from such different lives and I love that they're all connecting now – they're people that would never have spoken before. We've got one lady with purple hair and tattoos and one older matronly lady sitting chatting together. It's broken down the barriers. It was a revelation to me that

I could do this and I didn't have to ask permission from people, but the CB helped me realise this. Because of that I was passing the primary school one day and I had the confidence to go in because I thought I'd like to do something there. I spoke to the headmistress, and now I also do a Friday afternoon sewing class there. Without the CB I'd never have realised I could do that."

Memorable story No 5

"I recently came back to my hometown, and I've recently gotten involved in a small Tai Chi Group which has now been running for a year. There was already a pre-existing advanced group that has been running for over 10 years, but for people like me who were just coming into it this wasn't suitable. The CB helped me and a few others who were interested to set up a beginner's group, by doing things like giving advice on how to get funding as we have to pay a qualified instructor. To get people in we put up posters around 3 different blocks of flats. The group has now been running weekly for a year, and on average we have a regular group of 5-8, but sometimes we get as many as 10 attending. They are mostly older people from the high-rise flats where I also stay, some as old as 87.

I've ended up becoming secretary and treasurer as that's my background. I've met a lot of new people through this which has been great since I'm new returning to the area and when I got here I was working, so I didn't meet anybody. The people I've met are new friends and if I met them on the street we would go for a coffee or go for lunch, and we also organise fundraising events like fetes where we get everybody involved. So I've gotten to know a lot of different people and they've got to know me. We can all say hello to each other, and it's been great meeting other people in the same building because I really didn't know anyone for a while after I moved in.

We've also run a summer fete to raise money, and got a lot of help and advice from the community builders around things like risk assessment and how to get permission from the council to hold it outside."

Memorable story No 6

"The CB got in touch to ask if I wanted to be a part of the allotment project at Dalmilling Primary because she knew I had helped at the kids club during the summer. I've always been passionate about getting kids involved in the outdoors so I was happy to take part. It's a great project because it teaches the children lots of things like where food comes from, and how to make healthy choices in what they are eating, but also about sharing and working together. We're seeing a real improvement with the disruptive kids or those who have special needs who are really coming out of their shell. Plus it gets them out in the fresh air and exercising, which is much better for their learning when they go back into the classroom. The school has been fantastic about supporting this even though this is not part of the mainstream curriculum.

There are 80 kids involved. We've started with P1s and P7s, but we'll work up to having the whole school involved. Starting with these ages was based on the idea that the P1s will start off early with these values and carry them through, and hopefully the P7s will retain them when they move up to high school. Our day for visiting the allotments is a Monday, and we've split the kids into groups of twenty (10 P1s and 10 P7s in each group) and follow a schedule so everybody gets a shot.

I went to North Ayr Decides a couple of weeks ago and noticed that there were other groups similar to us. I spoke to the folk at The Domain and The Good Shepherd Court who are also doing horticulture. Now we're all working together even though we're different areas. The idea is that the kids from each area will learn to start working together, specifically because the kids at The Domain and Dalmilling will all go to Ayr Academy and we're hoping the gangs that normally fight will be better with each other. Also the kids at the Good Shepherd have a bit of a problem with vandalism, so if we get them involved hopefully they're less likely to trash Dalmilling's greenhouses.

We've been sharing resources as well: I'm the most obvious shared resource, as I'm the horticulture expert, but also I know that the Prince's Trust group are building The Domain raised beds, so I'm hoping to get them to whip up a couple for the Good Shepherd while they're doing that. At Dalmilling we're getting them to do planting and growing for others too – for example, the sensory garden at The Domain doesn't have anywhere for propagators, so Dalmilling can take that on. Also the residents group at The Good Shepherd is mostly older people, so the kids can grow things to give to them, which I think is a really important lesson as they can feel the satisfaction of seeing people benefit from their work. Having the three groups working together also makes it easy for getting supplies, as we can see what each groups needs and order it in one bundle. Our plan is to get residents for each group together round a table so they can meet up soon.

Dalmilling are also getting involved with the Overmills Community Centre which is right next to the allotments. I'm planning a reminiscence day for older people and the kids about Dig For Britain during the war, because we want the kids to learn how valuable the experiences of older people are - it's all well and good watching the Beechgrove Garden, but these people have actual experience growing things in this area, so they know what to do and what the soil can take.

To sustain this project it takes the support from the school and volunteers. There are about half a dozen parents involved alongside me at the moment, but we are just in infant stages, so I'm confident that once the project takes off and the weather starts getting better we'll get more people helping out. We've also got some extra help the Prince's Trust group from Ayr College for the next couple of weeks. All of the other volunteers are new connections for me as I didn't know anyone in advance."

NB - Across her three groups, the above resident has connected with 100+ people, and made friends with 6 people that a month ago she didn't know (1 parent, 1 teacher, 4 volunteers).



8. Social connectedness and cohesion - community-wide changes

A core assumption of ABCD is that increases in social connectedness and cohesion will lead to improved population health and wellbeing. As such it is important to look at what has happened over the life of the project across a range of social capital indicators. The household survey in North Ayr provides such data. The discussion below draws from the analysis of the baseline and follow-up surveys of 200+ households.

A sense of neighbourhood cohesion was assessed using eight items from the 18-item Neighbourhood Cohesion Scale developed to measure sense of community, attraction to neighbourhood and social interaction within it.¹⁷ These items were previously used in the British Household Panel Survey. An additional three items were included to cover whether the respondent considered other people pulled together in the area, whether people in the area can influence decisions, and their overall view of the area as a place to live.

Table 1 summarises responses to these statements, with high agreement levels reflecting greater neighbourhood cohesion.

¹⁷ Buckner, J.C., 1988. The development of an instrument to measure neighbourhood cohesion. *American Journal of Community Psychology* 16, 771-791. Kawachi, I., Kennedy, B.P., Lochner, K. 1997. Long live community: social capital as public health, *The American Prospect*, Nov/Dec., pp. 56 - 59.

Respondents were more positive about some aspects of their social connectedness than others. In 2017, respondents were most positive about the statement 'Taking everything into account, my area is a good place to live', with 89% agreeing. Other statements, particularly those relating to social interaction with others, also received high agreement scores. Residents were less likely to borrow things and exchange favours with neighbours (61%) and were generally less positive about people pulling together to improve the neighbourhood (54%) and the ability of local residents to influence decisions that impact the area (64%).

As was the case in 2014, respondents' responses were more positive than negative on all statements. Encouragingly, in the 2017 survey, an increase is evident in the proportion of residents agreeing with all statements Fig 8.

When the responses of residents 'agreeing' and 'strongly agreeing' are combined, fairly large increases in the proportion of residents agreeing with indicators that are strongly associated with the community building work – i.e. the connecting up of residents – can be noted, e.g.:

- I borrow things and exchange favours with my neighbours – up 16% points from 45% to 61%
- The friendships and connections I have with other people in my neighbourhood mean a lot to me – up 15% points from 66% to 81%
- If I needed advice about something, I could go to someone in my neighbourhood – up 10% points from 64% to 74%
- Other people in the area pull together to improve my neighbourhood – up 17% points from 37% to 54%
- I regularly stop and talk with people in my neighbourhood – up 8% points from 75% to 83%

Scores to the social connectedness statements were added together to create an overall scale of social cohesion/connectedness. In 2017, the minimum value was 11 and the maximum value was 55. The overall mean score for social connectedness was 40.9. This compares with a mean score of 39.9 in 2014. Overall social cohesion and connectedness has, therefore, increased slightly (though the rise is not statistically significant).

There was no difference in social connectedness between males and females. Other demographic and geographic factors were, however, influential.

Social connectedness increases with age, albeit there is a dip in the scores for those in the 25-44 years age group. This may be partly explained by the following table which shows the social connectedness scores by length of time lived in North Ayr. Those in the 25-44 years age group are more likely than those in other age groups to have moved to the area recently (19% have lived in the area for less than 12 months, and a further 16% for 1-3 years). This suggests their lower sense of social connectedness is driven by the length of time they have lived in the area, rather than their age.

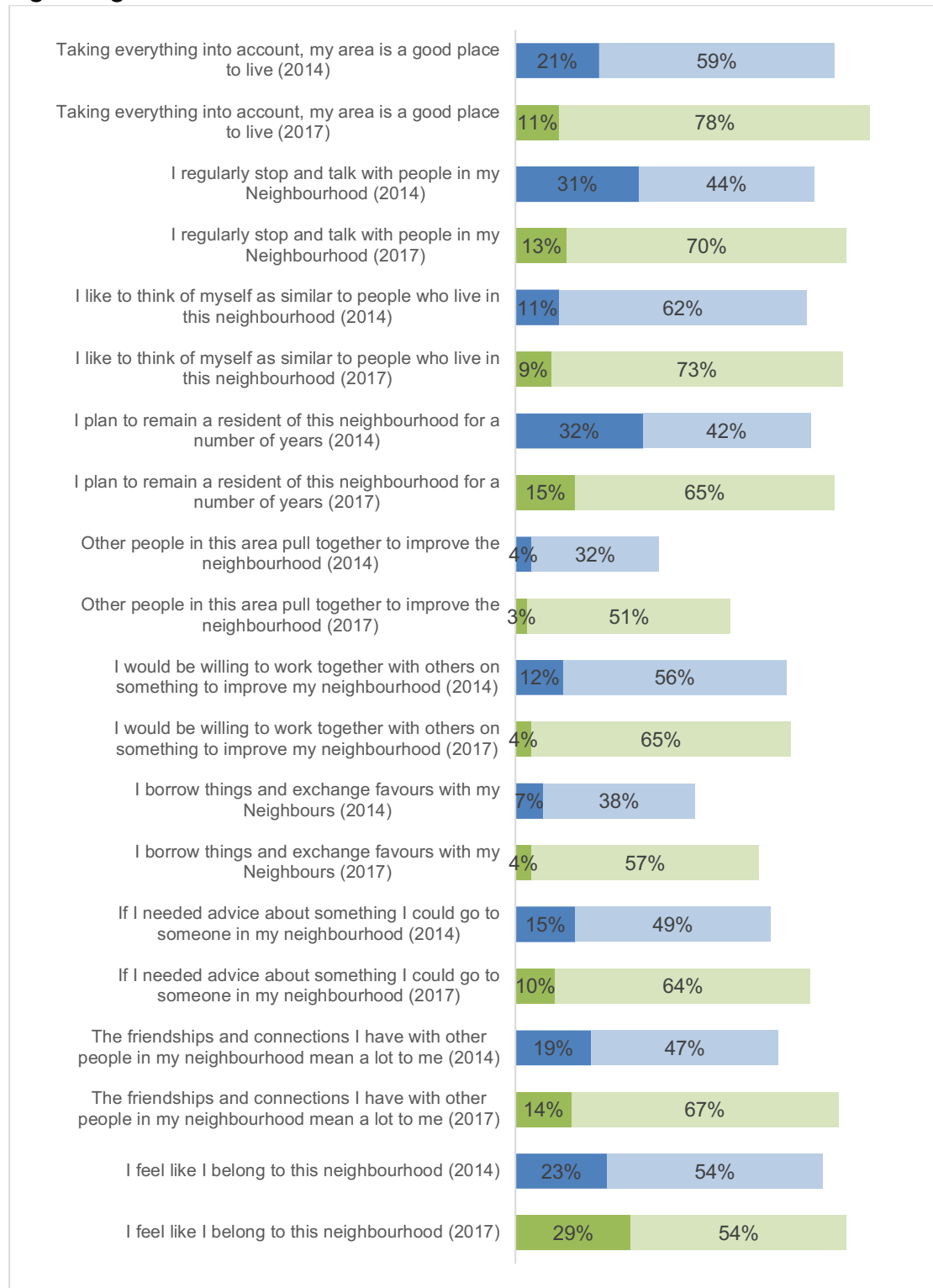
Table 2: Social Cohesion Scale by Age Group

Age	2014	2017
	Mean Score: Social Connectedness	Mean Score: Social Connectedness
16-24	38.6	40.2
25-44	38.4	39.1
45-64	41.2	41.9
65+	41.5	42.7
Base (n)	207	216

Table 1: Social Connectedness statements (North Ayr Residents' Survey)

Statement	2014			2017		
	Disagree / disagree strongly	Neither/ nor	Agree/ agree strongly	Disagree / disagree strongly	Neither/ nor	Agree/ agree strongly
I feel like I belong to this neighbourhood	13%	10%	77%	12%	6%	83%
The friendships and connections I have with other people in my neighbourhood mean a lot to me	17%	17%	66%	12%	6%	81%
If I needed advice about something, I could go to someone in my neighbourhood	22%	14%	64%	16%	10%	74%
I borrow things and exchange favours with my neighbours	39%	16%	45%	29%	10%	61%
I would be willing to work together with others on something to improve my neighbourhood	8%	24%	68%	10%	21%	69%
Other people in the area pull together to improve my neighbourhood	18%	45%	37%	17%	29%	54%
I plan to remain a resident of this neighbourhood for a number of years	14%	13%	73%	9%	10%	80%
I like to think of myself as similar to people who live in this neighbourhood	12%	15%	73%	8%	11%	82%
I regularly stop and talk with people in my neighbourhood	12%	13%	75%	10%	7%	83%
Taking everything into account, my area is a good place to live	9%	11%	80%	4%	7%	89%
By working together, people in my neighbourhood can influence decisions that affect the neighbourhood	9%	30%	61%	7%	29%	64%
Base (n)	207			216		

Fig 11: Agreement with social connectedness statements



Strongly agree = darker shade; agree = lighter shade

Table 3: Social Connectedness scale by Length of Time lived in area

Length of Time lived in North Ayr	2014	2017
	Mean Score: Social Connectedness	Mean Score: Social Connectedness
Less than 12 months	36.0	35.0
More than 1 but less than 3 years	39.5	39.4
More than 3 but less than 5 years	37.4	40.7
More than 5 but less than 10 years	39.4	39.9
More than 10 but less than 20 years	41.1	40.2
More than 20 years	42.4	43.6
Base (n)	207	216

Overall the trend is for social connectedness to increase with the length of residency in this area. Differences in score are not significant between the three study areas (Braehead, Lochside and Whitletts), but when we drill down to smaller Postcode Area the differences are more significant. The Postcode Areas with the best scores are 1005600, 1005602 and 1005604.

Area of Residence	Mean Score 2017
Lochside	40.9
Braehead	41.3
Whitletts	39.5
Base (n)	216

Postcode Area	Mean Score 2017
S01005597	39.3
S01005599	41.3
S01005600	42.5
S01005602	42.2
S01005604	42.0
S01005611	39.4
Base (n)	216

A regression analysis was carried out to identify the key drivers of social connectedness. Rather than looking at individual relationships between each variable and social connectedness, regression analysis takes into account a combination of variables. The regression model can be measured by its R² value, which is a measurement of how much variation in social connectedness can be described by the rest of the variables in the survey. If we were able to model the score perfectly the R² would be 100%.

While it is not possible to identify the main drivers of social connectedness from the data available,¹⁸ three variables are significant and go towards explaining over a quarter of the variation in social connectedness. These are Length of Residency, Health and Locality (specifically Postcode Area S01005597):

- The better a respondent's health, the better their feeling of social connectedness
- As the number of years spent in an area increases, so does the sense of social connectedness
- Residents in S01005597 are more likely to score their social connectedness strongly.

In the 2014 regression analysis it was highlighted that the biggest predictor of social connectedness was if the person did some form of voluntary work. The 2017 analysis showed no difference in social connectedness scores between those who were and were not involved with volunteering.

Table 4: Types of Voluntary Activity Undertaken by People

Type of volunteering	2014	2017
School children	40%	19%
Youth groups	17%	23%
Education for adults	0%	8%
Sports coaching/organising	3%	0%
Religious groups	7%	4%
Political groups	3%	0%
Elderly groups	10%	4%
Health, disability or social welfare	20%	23%
Environmental protection	3%	0%
Local community groups	3%	15%
Hobbies/recreation/arts/social clubs	10%	4%
Domestic animal welfare	0%	8%
Other	10%	0%
Base (n)	30	26

NB The percentages add up to more than 100% because people could do more than one type of volunteering.

In 2014, 14% of people had done some form of voluntary work in the previous 12 months, in 2017 this number was down slightly to 12%. Table 4 shows the different types of voluntary activity they undertook. Please note these percentage figures are based on a very small number of people and should therefore be treated with some caution. There are no statistically significant differences between the 2014 and 2017 datasets.

¹⁸ A strong model could not be built with the data available, giving an R² of only 27% (compared with 10% in 2014). This means that the main driver(s) of social connectedness have not been identified explicitly in this survey.

Those undertaking some form of volunteering in 2017 were more likely to be aged 25-44 years (17%), female (17%) or those in postcode area S01005602 (19%).

Respondents were asked what might encourage them to take up unpaid or voluntary work. Table 5 details their responses.

In 2017, 109 respondents (50%) said 'nothing' would encourage them to volunteer, and a further 16 (7%) said they already volunteered. Of the remaining 91 respondents, the main factor which would encourage volunteering was having more time.

Table 5: Factors which would encourage volunteering

Statement	2014	2017
If I was certain it wouldn't affect my benefits	2%	3%
If someone I knew volunteered with me	7%	2%
If I knew more about the opportunities available	9%	5%
If I thought I could help others	17%	9%
If it would improve my skills	9%	4%
If it helped me gain qualifications	7%	5%
If it fitted with my interest and skills	12%	7%
If I could volunteer when I felt like it	7%	1%
Easy to get to/nearby	4%	7%
If I was sure I wouldn't be out of pocket	2%	0%
If there were more people like me volunteering	10%	1%
If I had more confidence	4%	1%
If someone asked me to do something	8%	9%
If it would improve my career/job prospects	3%	4%
If it was good fun	3%	8%
If it involved family/local issue	7%	4%
If I had more time	48%	48%
If my health improved	11%	4%
Base (n)	99	107

NB The percentages add up to more than 100% because people could agree with more than one statement

Results are broadly consistent with those from 2014 with only one statistically significant difference – a decrease in the proportion saying, 'If there were more people like me volunteering' from 10% to 1%. This suggests that there may more visibility of volunteering in the community compared to three years ago.

To sum up, there are some encouraging findings from the follow-up survey. Social connectedness has strengthened, if only slightly, and we can see noticeable increases in the proportions of residents agreeing that they feel better connected with their neighbours and that people in the area pull together to help one another.

It is important to place this statistical evidence alongside that we have learned from residents in the focus groups. The qualitative insights gained from the residents’ personal stories, and memorable examples of community activity they shared with the evaluation team, strongly underline the fact that social networks and friendship circles have increased, in some cases very dramatically. Furthermore, it is also clear that the work of the CBs has had a very important role in enabling this increased social connectedness among these residents.

9. Health and wellbeing - community-wide and individual changes

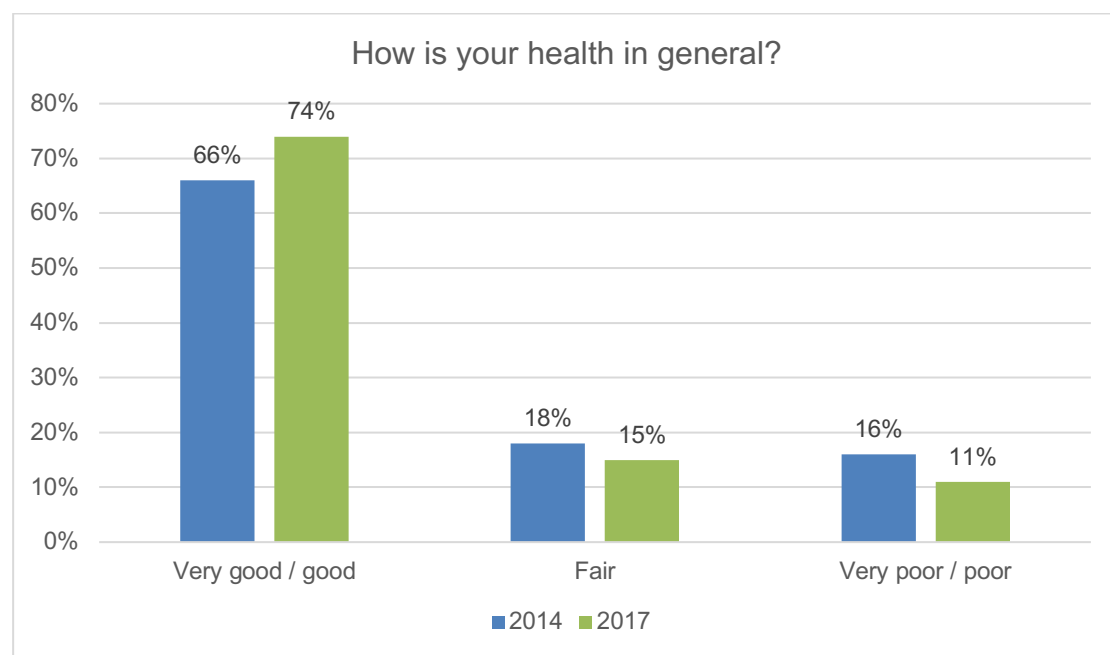
With increased social connectedness and cohesion, we would expect to see a positive shift in population health and wellbeing as evidenced by:

- An increase in self-reported health and quality of life
- An increase in the mental health and wellbeing WEMWEBS score.

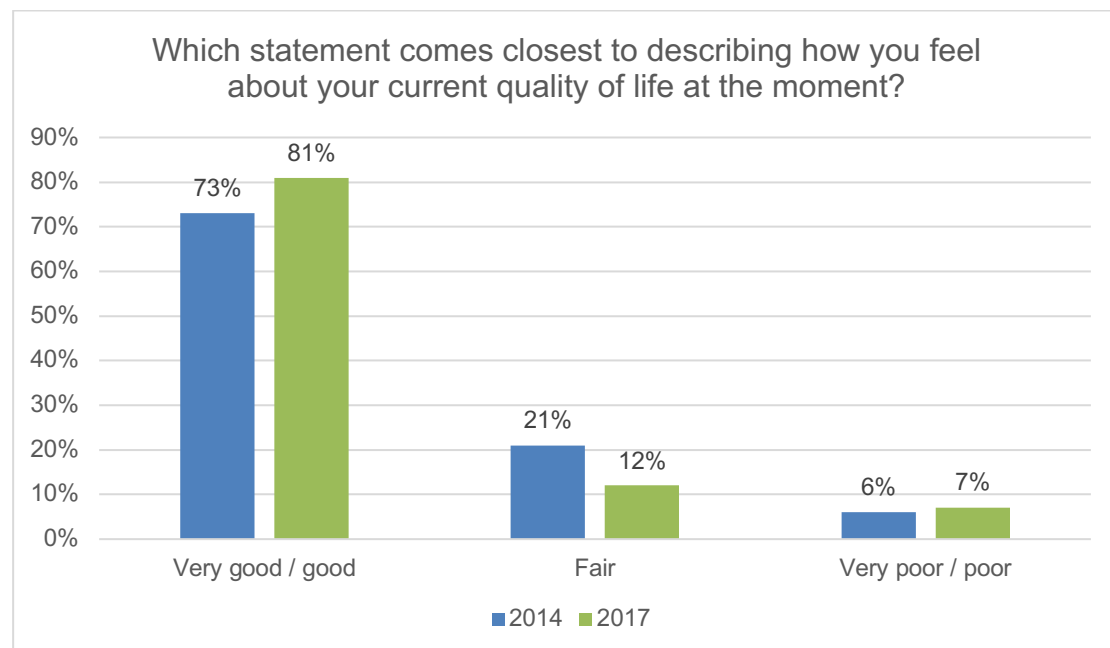
In this section, in addition to drawing on the findings of the household survey, we listen to the voices of some of the residents who participated in the research talk about what getting involved in community activities has meant for their health and wellbeing.

Health of the local population

Self-reported health has increased over the life of the Ahead project. In 2017 almost three-quarters (74%) of respondents rated their health as being either good or very good compared with 66% in 2014: a welcome (though not statistically significant) increase. There was a corresponding fall from 16% to 11% in those rating their health as very poor.



When asked about their 'quality of life at the moment', just over 8 in 10 respondents rated their quality of life as either good or very good. This represents a statistically significant increase compared with 2014.



Respondents answered seven questions about their emotional wellbeing, known as the Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS). Respondents ticked the boxes that best described their experience over the preceding two weeks, selecting from:

- *I've been feeling optimistic about the future*
- *I've been feeling useful*
- *I've been feeling relaxed*
- *I've been dealing with problems well*
- *I've been thinking clearly*
- *I've been feeling close to other people*

An overall score is then calculated from the responses, with 35 being the highest possible score and 7 the lowest. The overall mean score for North Ayr residents was 25 in 2014, which has risen to 27.4 in 2017. **This is a statistically significant increase.**

The results of the 2017 regression analysis show that:

- Good physical health is a key driver of good mental wellbeing
- Good friendships and a sense of belonging in your neighbourhood lead to better mental wellbeing
- Residents who are new to a neighbourhood (less than 12 months residency) have a significantly lower SWEMWBS score.

These three factors explain 45% of variation in SWEMWBS score (i.e. R² of the model is 45%).

It is important to note both the increase in self-reported health and quality of life, and the statistically significant population-wide increase in mental wellbeing. Improving population health and wellbeing was, from the outset, the main goal of the project. In North Ayr we can, therefore, say with confidence that this outcome has been achieved. We cannot be definitive about the exact contribution that Ahead has made to increased population health and wellbeing, but it would be reasonable to conclude that the community activity that the CBs have stimulated and the reported increases across social connectedness indicators reported above are related.

Residents' voices

That there has been a strong 'project contribution' is also supported by the voices of individual residents. A total of 10 local residents from the two Ahead project areas took part in focus group discussions that explored what impact they felt the activities they had been involved in had made to their lives and to their health and wellbeing. Some 8 of these 10 residents were able to highlight significant positive impacts. Their voices are captured below. The residents' stories point up:

- Reduced reliance on prescription drugs
- Reduction in the number of visits to the GP
- Being signed off from treatment by a clinician
- Expanded social connections and friendships
- Increases in activity and physical activity
- New-found confidence, motivation, pride and sense of self worth
- Increased 'can do' attitude and preparedness to be pro-active and do things they would not have done before

Resident 1: *"The line dancing has been great for my health. Before I was just lying on the couch, depressed, not doing anything. Now I'm doing something. My friend originally came to help teach because my fitness levels weren't great – I struggled to do an hour, never mind two hours line dancing – but the good thing is that if I need to sit down I can. I look forward to going to the line dancing and it makes me get out of the house. It makes me meet new people – before I would shy away, now when new people come to the group I'm going up and introducing myself. I'm getting more outgoing and more confident in myself. My fitness level are improving a lot as well – I can now do 1 hour straight through, compared to at the beginning when I could only do 20 minutes before needing to stop. I feel healthier. I've also been losing weight since I started."*

Resident 2: *"I wasn't involved in the last toddler group at the green hut because I never really went out – I just kept to myself, stayed in with my kids. When I was younger I moved to Wolverhampton, lost contact with a lot of my friends, and when I came back my friends had all done their own thing. I had a child and they didn't, so I really just sat in the house or went out with my sister. Since the new hub has been opened I've been coming in and helping out more. I've started talking to other people more – my neighbours, other mums at the school, and I've been coming to*

the breakfast club, which I would never have done before. As well as going the toddlers every Monday, Wednesday and Friday morning I'm also going to Zumba on Monday nights and helping out with the Friday night kid's club. It's helping my confidence. I'm loving it and I wish I'd done it before."

Resident 3: *"I've been on anti-depressants since my husband died, but I'm actually on one less now and I feel a lot better. I attribute the reduction in medication to both the support I'm getting from the bereavement group, and from how the CB's involvement in things has taken the pressure off me. I think she's doing a brilliant job and I feel a lot better."*

Resident 4: *"I've known the CB for a long time. She got me into going to the keep fit class at the church. She got me going to the keep fit and things like that. My blood pressure has actually gone down since I've been going. And I was taking two different prescription pills, now I've gone down to 1. I've also lost a bit of weight. I tell loads of people."*

Resident 5: *"There's been a huge impact for me because last week my CPN (community mental health nurse) and my carer signed me off because they feel I've come on so much since doing this. Before this I had hit a wall and there was nothing to motivate me – I had no reason to get up in the morning. It's a massive deal for me to be signed off by both of them because it makes me feel like I'm more in control of things – there's a light at the end of the tunnel now, whereas this time last year I was thinking 'Which bridge will I jump off?' – seriously. I've even got friends coming up saying to me 'I can't believe the difference in you' and 'we're so pleased you go into this'. I'm quite happy to sit in the house in my jammies all day every day – got my dogs, cats and my son (who's special needs, so can be quite hard-going) who can run out and buy me chocolate. But this has been something to take me out of my life. I'm helping people, but at the same time they're helping me. The key is that this is purposeful – it's all very well people saying 'you need to get out more and do stuff' but when you're absolutely down low you need the draw of purpose."*

Resident 6: *"I've got 3 lots of diseases going on in my lungs so I have a lot of breathing problems. I also went through a bad spell of depression when I never went out my door. I got involved in this wee group for the sake of my lungs really, but everybody – friends, old managers – have been saying what a difference this has made to me overall. I've always done voluntary work until I moved back here and I couldn't get into it at first. Now I've taken on the treasurer and secretary roles because this is where my skills lie and I love it. I'm getting back something I love and I feel so much better in myself. My breathing consultant has told me since I started doing this that the difference in me has been amazing and to carry on what I'm doing. I also no longer need to go to my GP every 4 weeks – they've told me to pick up the phone if I need them but I don't have to go in so regularly. I link the start of this improvement to the tai chi – since then I've also been doing a line dancing*

group, and I've started swimming again which I never thought I could do after my diagnosis.

I've always been a really highly organized person – I've worked doing admin for schools and hospitality etc. – but I kind of lost that skill when I was really ill. Then people came to me and said 'come on, we need you, you're the only person that can do this' and I've ended up getting this back. It's brought me back, thinking 'I'm not useless, I'm not too old – I can make a difference'”

Resident 7: *In the last year, I've been getting more involved in the community and I feel more confident in myself. I know more of my neighbours because of the things that I'm involved in. My health has come on great as well since I started doing this. I've got fibromyalgia and arthritis, and before I'd just sit in and do nothing, but I give myself a boot on the backside now and get out and about, meeting people. I actually get out of bed with a spring in my step on Fridays now because I have women's group to look forward to. My fire wasn't visible a couple of year ago but it's back now.”*

Resident 8: *“I find the teaching, of both the ladies group and the children's class, exciting. They learn from me, but it's exciting what I learn from them too. I feel like I've got a reason to exist now. I knew I wanted to continue making a difference after I'd retired so I feel fantastic about this. They've (the CBs) taught me how to get in contact with people and link into things myself. Before I would never have done that. I contacted another project the other day to ask about it and see how I could link in – I would never have done that before.”*

10. Conclusions

A large and diverse mix of new community activity has been visible in the project areas, in large part, attributable to the grassroots work of the CBs. Many of these activities would not have happened in the absence of the tier of CB support that the NHS Endowment Fund has made available for community building. It is very difficult to envisage how other locally-based staff or volunteers could (or would) have replicated anything like the intensive effort to build connections between people at the neighbourhood level that has been driven by the CBs.

Some of these community activities – such as new local groups that now meet regularly, or joint work between local bodies like schools and community organisations that have been connected up – seem likely to continue and thrive into the future. Others have been one-off events or celebrations that may not run again.

The former represents a sustainable legacy of the project. However, without individuals – like the CBs – who have the time and flexibility to immerse themselves in the workings of the local community, having many, many conversations with

residents on a daily basis, it is difficult to see how the flow of new activities and initiatives can continue happen at the level they have under the project.

The many thousands of contacts and conversations opened up by the CBs has coincided with a noticeable rise in several key indicators of social connectedness, as well as a slight increase in overall social cohesion (as measured in North Ayr). In addition to this increased social connectedness, we have also seen an increase in self-reported health and quality of life, and a significant increase in the mental health and wellbeing WEMWEBS score for the community of North Ayr.

The significant increase in mental health and wellbeing in North Ayr is perhaps the most important finding of the evaluation. This has been the core goal of the project since the outset. Coupled with this finding from the household survey, the personal stories of residents who have benefited from being connected up with local activities illuminate 'how' the health of individuals is being improved, e.g. fewer visits to the GP; stopping prescription drugs; and being 'signed off' by clinical specialists.

To create a situation whereby ABCD work of the sort carried out by the CBs would continue, would need more locally-based staff and volunteers from other services to work in different ways, and for management within the host organisations to change its expectations of community-based staff. Having clearly defined targets, working to fixed outcomes and within set timescales, is not how the CBs have achieved their results, but it is the established culture of the public sector bodies that have supported the project.

Rather the CBs have been free-wheeling agents of social connectedness, looking for opportunities to work with local people where they find them and, in many instances, not having a clear idea of where their efforts are going to lead. Despite exciting developments around Locality Planning and Participatory Budgeting, to continue the work of the CBs would require investment in new teams of staff to work in this way at a grassroots level.

Appendix 1

Community Planning in East Ayrshire

In East Ayrshire, ABCD resources made available from the NHS Endowment Fund have been used to support an existing programme of asset-based work: the Council's Vibrant Communities', Community-Led Action Plans.

The ABCD process

For each community that is going to be involved, the Vibrant Communities team look to establish a Steering Group of residents. A local household survey is then carried out (i.e. a door to door consultation with residents). Vibrant Communities analyse the survey and pass the findings to the Steering Group. An open meeting is organised for residents to hear feedback and vote for priorities. The Steering Group decides how it wants the report written up. The Vibrant Communities team and the Steering Group prepare the Action Plan. Over the implementation period, the Vibrant Communities team support the residents group to achieve its priorities (this can involve staff going along to monthly meetings).

Overview of progress

This programme has been up and running since April 2013 and its impact on local people and communities in that period of time has been far reaching. The Council's Vibrant Communities team works with all sectors of the community, including children and young people, adults and older people and the wider community to develop sustainable communities and reduce inequalities through prevention and early intervention services.

Vibrant communities works 'with and for' local communities, rather than 'doing to' them. The aim is to balance the relationship between those who design and deliver services and the people who ultimately use them. This work has started to change culture and unlock the knowledge, skills and experience of local people and employees, to harness the enthusiasm, talent and the 'can do' spirit that exists across East Ayrshire.

Local communities are embarking on an exciting journey that will reap significant rewards and long lasting benefits for years to come. Vibrant communities has been successfully helping to make connections between communities and partner agencies which, over the last three years, has been seeing a real transformation in how communities are developing and engaging with each other.

Vibrant Communities focuses on empowering and building the capacity of local people and communities and developing strong social networks. It does this through the deployment of dedicated Community Workers to: support communities to identify local assets and bring together local groups, associations and communities of interest; prioritise actions through local surveys and consultation; and develop a five-year community led action plan for their community.

Work is well under way to support the development of locally-led Action Plans in every one of East Ayrshire’s communities. So far, 16 Community Led Action Plans have been launched.

Examples of Community-led Action Planning

The following short accounts (by Suzanne Brodie, Vibrant Communities Team, East Ayrshire Council) highlight the progress that has been made in two of these communities:

New Cumnock

“New Cumnock was one of the first communities in East Ayrshire to produce such a Community Led Action Plan. In consultation with the local community and with support from the Great Steward of Scotland’s Dumfries House Trust (GSSDHT) and East Ayrshire Council, the village is now currently undergoing major regeneration. New Cumnock Town Hall has been completely transformed and re-developed for community use, while a £3.2m community square project will see the site of the library, games hall and community centre being redeveloped into a creative public space. A completely new frontage and new side entrance is being created for New Cumnock’s outdoor swimming pool which will be transformed into a traditional style lido and a new community garden, heritage centre, community café and adventure play park also feature in the plans.”

Newmilns

“Newmilns is another one of the communities in East Ayrshire to produce its Community Led Action Plan, have progressed and developed into Newmilns Regeneration Association since the launch of the plan in 2014. This has seen individuals grow in confidence and strong connections being made across the community, with neighbouring communities and with the local authority.

The Association has achieved much over the last 2 years; undertaken numerous community Clean ups, acquired the old post office building to develop into a Heritage Centre/Office Base, purchased and sited street furniture across the community, created its own branding and website, organized Christmas Street Fayre for the whole community, and most recently delivered its first Food Festival attracting over 4,000 people to the area.

The group has been nominated for the Queens Award for Voluntary Service and the Chairperson was recently presented with the Jim Dunlop Memorial Award for Volunteering and also a finalist in the West FM Cream of Ayrshire Awards”

The approach underpins the Council’s commitment to transform its relationship with the communities it serves, ensuring that communities are empowered to plan, prioritise and progress community-led regeneration in their area. Communities who have developed an Action Plan have been involved in a wide range of activities

including: large community events and festivals; village clean-ups; improved signage; and developing local brands, products for sale and websites and improving village appearances, path networks and traffic management.

NHS Endowment Fund

The funding received from the NHS Endowment Fund of £35,000 has been used for training for community representatives and staff to add value and support the embedded process taking place, whilst also supporting the communities to organise and run their main Community Event linked to their Action Plan process. Some 14 of these Events have taken place, feeding information back to the wider community whilst supporting community connections to be made.

Over the last three years, community representatives have had the opportunity to attend a Communities Conference each year: 'Inspiring, Investing, Invigorating', facilitated by Vibrant Communities staff where delegates shared their experiences, made connections with others, engaged with council departmental representatives and external agencies, whilst also heard from international speakers from the USA about community-led regeneration, as well as national funders and the business sector about various funding and investment opportunities. Over 200 people have participated representing the communities that have (or are) developing their Community Led Action Plan. Very positive feedback has resulted in this becoming an Annual Event for the community representatives to look forward to, to help shape and to participate in.

The bespoke training that has taken place to support the community representatives, targeting a few hundred local people, has sought to develop their confidence in a range of topic areas such as; Funding & Investment, Governance, Interview Techniques, Analysing Data, Presentation Skills, Social Media, Community Engagement, Community Planning, Community Empowerment, Business Planning, Community Asset Transfer and Development Planning. Representatives have also had the opportunity to attend national conferences where appropriate and local training sessions with Cormac Russell from Nurture Development.

Drongan, Stair and Rankinson Regeneration Group

The evaluation team arranged a focus group of residents from the Drongan, Stair and Rankinson Regeneration Group to explore what asset-based work has meant for the residents involved. We also met with the staff representative from the Vibrant Communities Team who has helped set up and support the Group to carry forward the Community-led Action Plan.

A total of 15 people now sit on the Regeneration Group; all are also involved in other community groups and associations. Some are fairly new members, introduced to the Regeneration Group by the Vibrant Communities worker, while others signed up at the launch party. There is a good representation from across the three communities. Residents talked about taking 'a united approach' that

works well when getting things done across the three communities, and the sense of achievement from their work on the Regeneration Group.

In addition to playing a lead role in delivering the Community-led Action Plan for the area, the Group acts as the host for the Participatory Budget of £10,000. A sub-group was set up to score the applications and to produce a shortlist, before the public voted for which groups would receive support. Applications received covered things such as: a gala day, outdoor activities for the kids, football team, after school club, keep fit classes, and equipment for a community center. *“It has shown people that there is money out there and it gives them confidence to ask for money for help*

The Vibrant Communities worker pointed out that people of different ages have been involved and sharing skills – younger members have gained confidence and their input has been welcomed by older, more established activists: *“In other communities, some associations have had the same people for the last 30 years, but here there is ‘fresh blood’ – it takes a lot of guts for some of the younger people to sit on the community council: they wouldn’t have had the confidence to do without the experience they’ve gained on the Regeneration Group”.*

The Group is gradually relying less on the Vibrant Communities worker and doing more things for themselves. For example, they have formed a sub group to progress the regeneration of the local woods, securing funding (from Tesco) to carry out the work. While in 2016 the Vibrant Communities worker helped access health and safety training, set up licenses, and assisted with funding applications required for a Gala Day, in 2017 the Group was able to do these things for itself. A Newsletter (led by the group) is produced every 6 months and distributed via a school bag run and in the community center, local shops, and toddler groups. As one resident commented: *“The Group now has much more confidence and knows how to use our initiative and try and solve problems for ourselves.”*

All of the residents participating in the focus group acknowledged they have all given up much more of their own time to help the community than they would otherwise have done had they not been involved in the Regeneration Group. One resident explained how the Gala Day sub-group is meeting around 3-4 times a week and each meeting is about 2 hours long. Another resident (who used to work in IT) has found she is frequently helping others in the community with IT issues that she has met since joining the Regeneration Group.

All members of the Regeneration Group felt they had changed in some positive way as a result of the experience. One mentioned how it has opened her eyes to how much more the younger members of the community are doing to help the community than what she had previously thought. Another felt much more confident to approach other people for help (e.g. with a mother and toddler group) and people also know they can come to her for help.

Several of the members talked out how they have recognised the importance of word of mouth contact with their neighbours as the best way to get things going within the communities. Two young mums had told other local mums about plans for a litter pick and 20 people showed up. Many of these mums then offered to help with the Gala Day. Generally speaking, more people know what is now going on in the community as a result of the Regeneration Group's work and the contact its members have with the wider body of local residents: *"People know what is going on in the community. If they don't then they would talk to us. More and more residents seem to want to know what is happening and are taking an interest, e.g. offering their help for the Gala Day."*

There were many proud moments mentioned by the residents who participated in the focus group: *"The young folk coming forward has been the icing on the cake". "Being part of the Group has given me the opportunity to develop my communication and facilitation skills." "Just getting things done and the sense of achievement that comes with that." "Bringing people together and getting more people to get involved in local events." "We went along to a meeting with the police and the school to discuss problem behaviour – we wouldn't have done this before. I wouldn't have walked into anything like that before." "The conference at Dumfries House last year was inspiring and we all learnt more about Participatory Budgeting."*

Conclusions

The Vibrant Communities team regards the work they are doing under the programme of Community-led Action Plans as ABCD. The approach that is being taken is, however, quite different from of the Ahead project. ABCD in East Ayrshire is distinguished by having a dedicated team of community workers (i.e. the Vibrant Communities team) within the Council who are committed to following a fairly structured process that involves finding a body of local residents who are able to commit to the development and subsequent delivery of a local Action Plan. Over this process, close support and help is available from the Vibrant Communities team. There is evidence that, as the lead resident group builds its connections with the local community and gains in experience, it becomes empowered to do more and more for itself and is less reliant on community workers from the Council.

Appendix 2

Ahead Project Evaluation. PhD Findings. January 2018 (by Sarah Ward)

1. BACKGROUND

PhD research took place from February 2015 – January 2018. The study was framed around two case study neighbourhoods: one in North Ayrshire, and the other in South Ayrshire, based with Community Builders, in their places of work. The research used a Theory of Change approach to evaluating the Asset Based Community Development method and took a qualitative approach, undertaking thirty in-depth interviews across the two sites, as well as maintaining a fieldwork diary and analysing project documentation. The respondent types across the two sites were mirrored as far as possible, and included Local Residents, Community Builders, Local Authority staff and NHS staff.

2. METHOD

Theory of Change analysis of the ABCD literature, derived in the main from Kretzmann and McKnight's approach (1993), identified seven key activities purported to effect community change, and four underlying assumptions of the ABCD approach. These are identified in the Table 2.1 below.

Evidence from the AHEAD Project was gathered in relation to the seven change mechanisms (A-G) in order to ascertain how the method was working in practice. Evidence was also gathered on the four underpinning Assumptions (1-4), in order to establish how the underlying discourse of ABCD might be expected to impact at both local and national levels.

3. FINDINGS

The study found that the hypothetical ABCD method derived from literature (Kretzmann and McKnight, 1993) had some areas of success and some that were less effective.

In summary:

- i. Evidence suggested that **Mechanisms B, C and D were effective in practice**. Both case study sites provided significant evidence that the ABCD method offered an approach to engaging with and bringing together local residents to generate positive community activity.

Table 2.1 Summary of ABCD Theory of Change Mechanisms A-G/Assumptions 1-4

MECHANISM	Description of Mechanism
Mechanism A	Identify Community Connectors Community Builders identify local residents who have good knowledge of the neighbourhood but are not already involved in any formal role as a volunteer. These participants are termed 'Community Connectors.'
Mechanism B	Conversations with local people Community Connectors talk to local people to establish their interests and skills
Mechanism C	Introduce people with shared interests Community Connectors introduce people with shared interests Local residents discuss and plan for shared activity
Mechanism D	Generate activity Community Builders offer enabling support to activity (e.g. seed funding; venue) Activity leads to further activity
Mechanism E	Build association across activities Activities build until community groups are formed – formally or informally
Mechanism F	Associations come together to plan local vision Different groups assemble to develop neighbourhood plan prioritising activity
Mechanism G	Engage professionals Community assigns resources to different stages of vision and invites in professionals
ASSUMPTION	Description of assumption
Assumption 1	'Communities are broken due to state interference' State interference has emasculated communities by diminishing decision-making and professionalising problems.
Assumption 2	'Communities have assets ready to be released' Local residents have untapped skills and talents that can be released if they are supported to take ownership of community activity.
Assumption 3	'Communities can best generate power from within' Communities need the space and time to build their own activity and priorities for change.
Assumption 4	'Communities are stronger without interference from the State' State and voluntary sector organisations should hold back until local residents have reached the stage of developing a locally owned vision. State should only be invited to provide resources that cannot be provided by local residents.

- ii. Evidence suggested that **Mechanisms A, E, F and G were problematic**, and were not working in practice.
 - o Mechanisms A (Identifying Community Connectors not already involved in the local community) and G (Holding back professional staff until a local vision had been developed) were found to be ineffective. The AHEAD Project had taken a pragmatic approach to resolving these issues through discussion as the project evolved. Community Builders had adapted to recruiting any suitable volunteers rather than those not already involved at a local level, and the project had continued to work with professional staff from public and voluntary sectors on the basis that they provided much-needed expertise and continuity within the project.
 - o Mechanisms E and F were more challenging, and the project had not evolved an alternative approach to these proposed stages in the ABCD cycle. Evidence from Case Study 1 suggested that community activity was not (yet) reaching a tipping point where residents were building association beyond their immediate community groups, and neither were the larger groups progressing to develop a local vision. Case Study 2 did provide evidence of Mechanism E activity, but this was found to pre-date the AHEAD project, with a healthy level of local activism already in evidence within the Case Study 2 neighbourhood.
- iii. Further research using the Capabilities Approach found that the area of **Participation and Voice was key to developing a more effective ABCD cycle at Mechanisms E and F**. The data proposed seven areas of work (see Table 3.1. below) which could be integrated across the ABCD Theory of Change cycle from Mechanism B right through to Mechanism F, thereby offering a solution to the problems associated with Mechanisms E/F stated above. These represented a pathway of activity that needed to start with the individual, and move towards wider democratic engagement with local decision-making. This pathway is in keeping with the ABCD ethos of enabling locally-owned change, but explicitly draws out specific points in the change pathway that need to be considered when developing an ABCD approach within disadvantaged communities. Further work is required at a local level on the activity types that could be matched to these specific Participation and Voice functionings, in order to offer a clear agenda for Community Builders.
- iv. Evidence on the four ABCD Assumptions revealed that:
 - o Assumption 1: Disadvantaged communities have suffered from state withdrawal of resources and further threat to such resources will cause further isolation.
 - o Assumption 2: Disadvantaged communities have a disproportionate number of vulnerable residents who need basic structural support before they are ready to get involved in the generation of local activity as ABCD participants.

Table 3.1. Capabilities Approach Domain 9: Participation and Voice (data from AHEAD Project on relevance of Capabilities to ABCD)

Capabilities Domain: Participation and Voice		
	Functioning area	ABCD Mechanism
1.	Make decisions affecting your own life	B
2.	Get together with others	C
3.	Participate in the local community	D
4.	Participate in locally-led decision making	E/F
5.	Participate in non-governmental organisations concerned with public and political life	E/F
6.	Form and join civil organisations and solidarity groups	E/F
7.	Participate in the formulation of government policy, locally and nationally	F

- Assumption 3: Disadvantaged communities need external support to generate power. The ABCD approach is helpful in offering an empowering approach, and the explicit recognition of the political nature of democratic engagement would be further positive development within the ABCD method.
 - Assumption 4: Communities are weaker without State support. ABCD approaches should not be used as a means of cutting budgets in disadvantaged communities.
- v. **Context is key.** Case Study 2 was able to gain traction with the ABCD method more quickly than Case Study 1 because of a number of key factors:
- **Socio-economic difficulties:**

Despite similar SIMD profiles, Case Study 1 experienced particular difficulties with issues of domestic violence and chaotic lifestyles associated with poverty, which prevented the most vulnerable residents from becoming involved in ABCD activity. However, respondents could see the benefit of the AHEAD project staff's flexible working, and with additional programmes to offer initial support, this was seen to be a positive and beneficial programme. Case Study 2 was also experiencing difficulties associated with poverty, such as the rise of food bank usage, but this barrier was not perceived as extreme as in Case Study 1. Again, respondents felt that, when combined with additional support for the most vulnerable such as money, housing and employment advice, the AHEAD project could offer an important stepping stone towards democratic engagement, education and employment.

- **Local resources:**

Case Study 2 was better resourced at a local level, with a locally-managed community venue and established activity programme on which the AHEAD Project could ‘piggyback.’ However, respondents noted that cuts to community education and the relocation of youth resources to a neighbouring site was impacting significantly on the number of younger local activists becoming involved.
- **Sharing power:**

Across both case study sites, there was a perception amongst local residents and Community Builders that public sector-led engagement structures did not always benefit the local community and/or take heed of local priorities for change. Case Study 2 had an active and experienced group of local activists who had already developed positive relationships with public sector, but were also confident in challenging public sector decisions (such as contesting budgetary cuts). This politicisation of activity was seen as an important indicator of a healthy and functioning community life, and offered evidence of the Participation and Voice pathway in action. The AHEAD Project was perceived as a helpful means of encouraging a more empowering approach amongst public sector staff, and could be offered more widely as training to public sector staff.

4. Recommendations

- i. ABCD offers a useful and proactive means of supporting empowerment in local communities and in training public sector staff.
- ii. The ABCD method could be helpfully re-modelled to take into account a twin track of change using data from the Participation and Voice pathway identified through research with the AHEAD Project.
- iii. Broader use of the Capabilities Approach in planning across localities and neighbourhoods would help to integrate essential socio-economic outcomes alongside the development of social networks and community activity.
- iv. Plans to utilise an ABCD approach must take heed of local context. Communities with very limited resources, no locally-owned venue and/or limited coordination of activity are likely to struggle to achieve outcomes using ABCD, unless additional resourcing is put in place.
- v. ABCD is not a means of reducing public sector expenditure in disadvantaged communities, and is only likely to generate a positive change where it is additional to existing resource, given the extent of the challenge in supporting vulnerable residents.

Appendix 3

Project Funding

NHS Ayrshire & Arran Endowment Trustees granted access to £698,000.00 from the NHS Ayrshire & Arran Endowments Fund to support the development of the asset based programme. East Ayrshire Council was provided with £50,000 from this funding stream to facilitate training and development in asset based working in support of them taking forward the Vibrant Communities approach.

The total expenditure was **£622,056.78¹⁹** as follows:

2014-2015 Expenditure

Salaries	110,002.00
Operational costs (i.e. telephones, accommodation, events)	4715.00
Activities (i.e. marketing, small spark activities)	10,000.00
Training and development	24,630.32
Evaluation	3268.00
Other (printing, room hire hospitality)	153.48
Total	£152,768.80

2015-2016 Expenditure

Salaries	104,821.00
Operational costs (i.e. telephones, accommodation, events)	14,373.32
Activities (i.e. marketing, small spark activities)	10,000.00
Training and development	21,079.00
Evaluation	2000.00
Other (printing, room hire hospitality)	2231.00
Total	£154,504.32

¹⁹ Not all of the funding allocated was used, largely due to two key factors. In the earlier stages of the project, there were vacancies in the team, meaning the salary costs were not as anticipated. Not all of the funding set aside for the activity fund was utilised.

2016-2017 Expenditure

Salaries	133,160.75
Operational costs (i.e. telephones, accommodation)	10,320.00
Activities (i.e. marketing, small spark activities)	0.00
Training and development	19,548.63
Evaluation	18,898.34
Other (printing, room hire hospitality)	12,951.43
Total	£194,879.15

2017-2018 Expenditure (from 1 April to 31 December 2017 only)

Salaries	89,675.34
Operational costs (i.e. telephones, accommodation)	6189.00
Activities (i.e. marketing, small spark activities)	7451.00
Training and development	0.00
Evaluation	15,389.17
Other (printing, room hire hospitality)	1200.00
Total	£119,904.51

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