RSA

Action and Research Centre

Community Capital

The Value of Connected Communities

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Authorship and acknowledgements

About the partners

The RSA (Royal Society for the encouragement of Arts, Manufactures and Commerce) believes that everyone should have the freedom and power to turn their ideas into reality – we call this the Power to Create. Through our ideas, research and 27,000-strong Fellowship, we seek to realise a society where creative power is distributed, where concentrations of power are confronted, and where creative values are nurtured. The RSA Action and Research Centre combines practical experimentation with rigorous research to achieve these goals.

The Centre for Citizenship and Community, directed by the University of Central Lancashire's Professor David Morris, provides support for policy, research, learning and local practice in community engagement and social inclusion across public policy areas and since its establishment, has been delivering a range of commissioned programmes based on application of the Connected Communities approach.

The Personal Social Services Research Unit at the London School of Economics (PSSRU) is one of the leading social care research groups, not just in the UK, but internationally. Since its establishment in 1974, PSSRU has had considerable impact on national social care policy in the UK and in a number of other countries. PSSRU has also established itself as the leading European group on mental health economics and policy, and has an excellent worldwide reputation for its work in this field.

Foreword

Since David Cameron became prime minister in 2010, the government has repeatedly espoused what we might loosely call a 'communitarian' philosophy. Most directly associated with the 'Big Society' mission of the coalition government, and present more recently in public service strategies such as the NHS *Five Year Forward View* and a raft of legislation from various government departments, such a philosophy puts forth the assumption – or at least the hope – that stronger, more civic-minded communities can contribute to making life better for local people whether the focus is on policing, libraries, health, the ageing population or people's happiness and quality of life.

For the past five years the RSA and our partners have been working to test this philosophy by understanding and strengthening communities in locations around the country, from County Durham to the West Sussex coast. This effective total of 35 years' practical experience enables us to speak with some authority on the trend toward communitarian principles in public policy. As detailed in this report, we have found that the assumptions of the communitarian public policy are broadly correct. It is possible to stimulate more flourishing communities, and 'community capital' can be drawn upon to generate great social value. In the course of our action and research we worked with communities in a way that contributed to significant increases in people's wellbeing, created economic dividends and opportunities for employment, promoted active citizenship and – even over short pilot projects – generated financial savings for the health service.

And yet we must also recognise that the other defining trend affecting local communities and their relationship to government over these last five years has been that of austerity. Local authorities have experienced cuts in funding of 40 percent since 2010. This has had a direct impact on the reach and size of public services and their ability work with and support communities with, to take one example, 350 youth centres closing between 2012 and 2014 and widespread reductions in staff, facilities, activities and funding across many other areas. Ahead of the government's autumn spending review, local authorities are preparing for another round of budget cuts of up to a further 40 percent – a scenario in which the Local Government Association has warned that "almost all of councils' money would have to be spent on explicit statutory responsibilities like social services, waste collection and concessionary travel, meaning that the money available for all other services, such as libraries, road maintenance and leisure facilities would have been cut by 90 percent."[1] The particular budgets that are most able to deliver

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1. LGA Media Office (2013) Government cuts risk *'failing communities'*. [press release] 9 May 2013. Available at: www.local.gov.uk/media-releases/-/journal_content/56/10180/3984939/NEWS

the communitarian goals of the government have been most directly exposed to cuts, and the risk is that the gap between stated government policy and realistic outcomes on the ground will widen.

We need to be honest about where the acceptable floor is below which public services do not have adequate funding to carry out government policy. The non-statutory duties of public services must not be seen simply as 'soft' extras that represent easy savings, but potentially crucial points of collaboration and engagement between the state and communities as well as strategic opportunities to prevent greater problems arising from social isolation. Our experience from the Connected Communities programme has led us to conclude that it takes engaged, deliberative, sometimes difficult work to release value from community capital. Effective communitarian public policy requires planning, careful engagement with people, the weaving and brokering of social networks, and ongoing support for communities. It cannot be assumed that we can simply cut back the state and expect perfectly-formed communities to spontaneously bloom and deliver the aims of the Big Society or to make up for funding shortfalls in the NHS.

Instead it is necessary to either invest directly in building communities, as we did in the Connected Communities programme, or to deliberately reform public services so that the very concept of public service is reshaped to deliver the communitarian goals of flourishing, supportive communities and a socially productive, mass civic society. Austerity remains a significant barrier to either of these routes, with public investment difficult to come by in the current policy context and the pressures of meeting demand with reduced resources meaning that many services feel that they do not have the luxury of planning innovative changes in strategy. One ray of hope appears to be the devolution agenda, where increased local control and merged budgets are potentially creating space for the kind of pro-community approaches that may be of benefit. And yet even here, some local authorities feel that without financial investment to go alongside their new powers, their expanded mandate is simply the devolution of power to make cuts. Again, the day to day pressures of balancing the books may prohibit serious long term thought about the purpose of public services.

Perhaps most potential for change lies in the social investment sphere, where funds like Big Society Capital and the supporters of this report, the Big Lottery Fund, are backing innovative community level projects at a grassroots scale that the government can find difficult to reach. A challenge will be how the social investment sector can move beyond its sometimes narrow focus on particular objectives, such as recidivism or employment, and towards a model that provokes a broader community impact which builds individual and community resilience in a way that is led and defined by the communities affected. Since the phasing out of the New Deal for Communities, there has been no successor programme approaching the issue of general regeneration for the benefit of whole communities. The issues of communitarian public service reform in a cold funding climate and a whole community approach to social investment and regeneration are matters that the RSA will be exploring further in the coming months.

Whether the move to put communitarian government policy into practice arises from national government investment, new thinking about what our public services are for, new models of engagement explored through devolved local government, or the increasingly vibrant social investment sector, we hope that this report provides rigorous and timely guidance for how all of those who believe in communitarian ideals can take steps to understand local communities, involve people in the decisions that affect their lives, and aim to promote connectedness as a means of achieving better lives for all.

Matthew Taylor
Chief Executive, RSA

Executive summary

Since 2010 the RSA and its partners at the University of Central Lancashire (UCLan) and the London School of Economics (LSE) have been working with communities in seven locations in England to research and strengthen relationships within communities. The vision of 'Connected Communities' is one in which people are embedded within local networks of social support; in which social isolation is reduced and people experience greater wellbeing and other benefits from the better understanding, mobilisation and growth of 'community capital' in their neighbourhoods. The Connected Communities programme explored this vision by surveying residents in ward-sized localities, analysing this data for insight into local social networks and wellbeing, and then working with local people to build projects that support social connections.

In the wake of severe austerity in public services and no sign of a more generous public funding settlement on the horizon, policymakers are increasingly looking to communities to play a bigger role in contributing to public life. From the Big Society to the NHS *Five Year Forward View*, the UK government has expressed the desire to see resilient communities that are better able to support themselves and reduce pressures on public services. The Connected Communities programme demonstrates that community-led action and targeted interventions can indeed strengthen local communities, and that substantial benefits can be derived as a result. The process of achieving these benefits, outlined in this report, is difficult and cannot be assumed to arise spontaneously. Instead we call for a strategic approach on the part of public service providers and others who have an interest in developing resilient communities. Furthermore the effects of social networks and the results of intervening to strengthen them are locally specific, unpredictable and non-linear. Overly idealistic or one-size-fits-all approaches will achieve little; but deliberative, intelligent and participatory engagement with communities can generate significant advantages for all involved. Context is key, and bespoke local engagement is required to successfully facilitate the growth of community capital.

Social relationships have a value. The activities and research presented in this report demonstrate that through working with communities this value can be grown by connecting people to one another in their local areas. We argue that investing in interventions which build and strengthen networks of social relationships will generate four kinds of social value or 'dividend' shared by people in the community:

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

the variable most consistently associated with having higher subjective wellbeing was 'feeling part of a community', and the variables most negatively associated with wellbeing were identifying something or somewhere locally that you avoid or something that stops you from taking part in a community.

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

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

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

These dividends can be derived by a managed approach to unleashing the value of *community capital*. Like other forms of capital, community capital can be increased, reserves of it can be unlocked, and putting it to use can bring about great social, economic and personal benefits.

All communities, social networks, and individuals have assets that can help to create community capital and generate social dividends. Here we present models of engagement that can help funders, civil society, public service providers and all those trying to drive social change to utilise these assets to the benefit of people and their communities.

Community Capital: The Value of Connected Communities

Some key findings at a glance

- Investing in community capital by supporting interventions that support social relationships produces measurable social value: greater wellbeing and empowerment, enhanced opportunities for employment and training, and the potential for savings in public service expenditure.
- People who said that they feel part of a community were the most likely to report high subjective wellbeing.
- People who said there was something stopping them from taking part in their community were the least likely to report high subjective wellbeing.
- Relationships are the key to wellbeing – more so than social status or life circumstances. People who lack certain kinds of social relationship – such as knowing somebody in a position to change things locally, or having somebody who can offer practical help – were more likely to report low subjective wellbeing than people who have a long term illness, are unemployed, or are a single parent.
- Access to community capital is uneven – 60 percent of people in our study reported that they did not know anybody who can influence others or change things locally.

1. Introduction

Community Capital: The Value of Connected Communities is the final report in the Big Lottery-funded Connected Communities for Mental Wellbeing and Social Inclusion programme of action and research that looked at how different interventions can contribute to the development of resilient, inclusive communities with higher subjective wellbeing. Between 2010 and 2015 the programme was delivered in partnership between the RSA, the Centre for Citizenship and Community at the University of Central Lancashire (UCLan) and the Personal Social Services Research Unit at the LSE.

Since the Connected Communities programme's launch we have worked with partners around the country to map, understand and build social networks within local areas. The programme was bold and complex: working in seven sites across England with an array of partners and a small army of volunteer community researchers; mapping the social networks of almost 3,000 people; and accounting for the benefits of an array of new social interventions. Yet its purpose was to test a deceptively simple assumption: **that people fare better when they have good relationships around them**.

The programme tested different types of practical interventions which aimed to build and strengthen those social connections in ways that support individual and collective wellbeing. Five years on from the inception of the programme, this final report reflects on process, progress and the changing context of policy.

This report consists of five main sections: an introductory section presenting the background and methodology from the research; case studies outlining the programme's practical work; a detailed presentation of the four kinds of value arising from connecting communities; a contribution to new insight into social networks; and a concluding section. Additional research materials can be obtained online.[2]

Why wellbeing?

A key assumption of this programme has been that finding ways to improve people's subjective wellbeing is a worthwhile aim. We are not alone in holding this view: theorists and creators of public policy from Aristotle through Mill and Bentham to today's multi-national agenda-setters such as the World Bank and OECD have, in different forms, stressed the wellbeing of citizens as a goal of policy and governance. Since 2010, the UK Office for National Statistics has collected data on the population's

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2. Connected Communities: Mental Wellbeing and Social Inclusion [online] Available at: www.thersa.org/action-and-research/rsa-projects/public-services-and-communities-folder/connected-communities-social-inclusion-and-mental-wellbeing/

reported wellbeing, and David Cameron declared in a speech in his first year as prime minister that government should "[measure] our progress as a country, not just by how our economy is growing, but by how our lives are improving; not just by our standard of living, but by our quality of life."[3] In 2014 the government set up a What Works Centre for Wellbeing, headed by the former cabinet secretary Sir Gus O'Donnell, to collect and assess evidence to inform policies to improve wellbeing.

These trends are broadly encouraging (although the resulting influence of wellbeing on policy-making has not always been obvious, at least in comparison to economic and fiscal priorities). Wellbeing is a key social value that can be generated by a socially productive (as opposed to merely financially efficient) approach to public policy, representing as it does the satisfaction that citizens have with their lives, the relative amounts of suffering or comfort they experience, and the realisation of their potential and aspirations. Improved subjective wellbeing, as well as improved social inclusion, was the primary goal of the Connected Communities interventions, and a main yardstick by which they were evaluated.

There is currently a strong government drive to encourage communities to take more responsibility for their collective wellbeing, and beyond this, for the delivery of public services. This was evident in the Big Society concept, introduced by David Cameron's coalition government in 2010, and remains a key theme in recent official discourse such as 2014's NHS *Five Year Forward View* which highlights the importance of the National Health Service drawing upon the "renewable energy presented by patients and communities".[4]

In a context of concern for the sustainability of public services due to shrinking public budgets and demographic pressures, the search is on to find ways of helping communities to better support themselves. Researchers and policy makers have for some time now been concerned with how a more relational and community-led approach might lead to greater resilience and better outcomes, particularly within those sectors currently experiencing the most acute funding concerns such as welfare,[5] social services,[6] policing,[7] local government[8] and health.[9]
With increasing urgency sparked by the ongoing period of austerity in the public sector in the UK, the question of how communities can be strengthened to contribute more equally and sustainably to these new agendas has become an increasing concern through the course of this research programme.

However, while contributing some practical ideas that respond to fiscally-driven policy priorities, this report also argues for a qualitative shift in focus onto the power of communities in supporting better lives that people have greater cause to value. In this context the programme has sought to explore the potential benefits and practicality of social network approaches, while also building capacity directly in communities. The

3. A transcript of a speech given by the Prime Minister on wellbeing on 25 November 2010, [online] Available at: www.gov.uk/government/speeches/pm-speech-on-wellbeing
4. Stephens, S. (2014) *NHS Five Year Forward View*.
5. Cottam, H. (2011) 'Relational Welfare', *Soundings* Number 48 Summer 2011.
6. Cooke, G. and Muir, R. (Eds.) (2012) *The Relational State*. IPPR.
7. Painter, A. (2015) *Safer Together: Policing a global city in 2020*. RSA.
8. Buddery, P. (2015) *Volunteering and Public Services*. RSA.
9. Stephens, S. (2014) op cit.

result of five years of action and research, the approaches advocated here are designed to enable people to feel more connected and understand how this happens so that they can play a proactive role in becoming better connected, supported and active in their local community. While there may be inherent value in this in itself, we also see the value of these approaches in shaping the longer term landscape for social policy, particularly in health, social care and housing. Planning for a future that will be significantly altered by multiple societal shifts, needs to include how we think about the way we do and could care for each other – and what the impacts of social networks in this might be.

Why community capital?

The notion that there are assets within communities – including the social relationships that form the basis of these communities – and that these assets can be mobilised to the benefit of the members of those communities, is the cornerstone of the Connected Communities approach.

Over the last two decades there has been a growing interest in policy and practice concerned with both how to nurture and tap into the benefits of increased 'social capital' (particularly within disadvantaged communities) and with the co-production of more personalised services, through increasing levels of community empowerment and/or cross-sector partnership working. This interest continues to grow apace, evidenced by the Office for National Statistics' ongoing work in monitoring social capital and its recent convening of a steering group to develop measurement tools.[10]

However, despite the growing interest in social capital across all government departments, there is currently little knowledge of how to invest in this. Equally, there are few practical examples as to where explicit interventions to build social capital can be causally linked to better wellbeing and inclusion outcomes, whereby communities work together to develop a united response to a shared concern.

In part this is because social capital is a complex and disputed concept. Different theories take it to denote community institutions such as clubs and churches, trust in others, 'civic' or pro-social behaviour, or mutual support; meanwhile there is disagreement as to whether it includes material assets, compensates for material disadvantage or can be used to acquire other kinds of advantage.[11]

In addressing this conceptual gap, we propose an understanding of what we call **'community capital'**, which refers more precisely to the *sum of assets including relationships in a community and the value that accrues from these*. Among the arguments of this report is that often it is social relationships that function as assets in community capital – and indeed are pre-requisite for the realisation of community capital, and it is from these relationships that benefits – or 'dividends' – are derived. The networks of people who recognise, support and assist each other; the

Often it is social relationships that function as assets in community capital – and indeed are pre-requisite for the realisation of community capital

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

11. See Fine, B. (2010) *The Theories of Social Capital: Researchers Behaving Badly*, Pluto Press, for a cogent analysis of the imprecision with which social capital is used and understood.

diverse and creative ideas that accrue through social interaction; and the comfort and enjoyment that people gain from being connected all have a significant and in some respects measureable impact on wellbeing. Social networks therefore have a value. **Connections, and even the *capacity to connect,* are assets that can and should be harnessed, appreciated, protected and cultivated.**

In this report we examine how interventions affect relationships and attitudes, and how relationships and attitudes affect individuals' and communities' propensity to foster various kinds of social value, including better wellbeing, greater citizenship and empowerment, improved capacity and economic advantages.

2. The Connected Communities approach

A key component of this empirical study was developing the Connected Communities approach to working with local communities in order to produce primary research and analysis, and co-design social interventions that would have a positive impact in the neighbourhoods in question. Two key concepts underpinning this approach are as follows:

1. **Asset-based community development**

   In a programme that seeks to realise the value of existing community assets – whether latent or manifest – we have sought throughout to uphold an asset-based approach. As outlined in the previous section, the practical aspects of this project were carried out in seven sites around England from the north-east to the south-west. They varied enormously in their character, demographic diversity and geography, from the village of Murton in County Durham to inner city Liverpool and New Cross in south-east London, and from the post-industrial Midlands town of Tipton to a housing estate on the outskirts of Littlehampton on the Sussex coast. What unified these sites was that they were all situated in localities that had been characterised by typical and multiple indicators of deprivation, borne out by various socioeconomic measures; frequently this deficit perspective was the dominant lens through which those charged and concerned with improving the areas had come to understand and describe them. However, our approach placed the primary focus on the strengths available to each local community, while acknowledging the needs and deficiencies in each area. In any given locality, such assets may include buildings or formal institutions such as libraries, community halls, children's centres, community development projects or sports clubs; or they may be individuals with official or otherwise locally acknowledged influence, and, crucially they include the social relationships between people.

2. **Coproduction**

   Central to the Connected Communities approach is the idea that things should be done with people, not to them, and that people and communities have assets that can help them realise their own needs and aspirations. For this reason, we endeavoured to coproduce the research with the communities in question at every stage. In each site we worked with two organisational partners, one

public sector and one voluntary sector, through which we recruited and trained locally based volunteer community researchers. These individuals conducted our survey research, and in many cases later became key participants in building projects in response to the findings. These intervention projects were also coproduced, being designed through participatory workshops and placing the emphasis on the participation of attendees as opposed to the straightforward receipt of services or goods.

3. **Sustainability**

    A key stimulus for this programme was the experience of decades of area-based initiatives that often failed to deliver sustainable improvement because they were top-down, revenue based interventions. A key part of the Connected Communities approach is to sustainably empower communities with the social infrastructure required to better understand themselves, address their own problems in partnership with other actors, and realise opportunities and aspirations.

Method

The Connected Communities methodology, tested and developed over the course of the programme as a means of building community capital, followed the same six-step process in each of the seven research localities:

1. **Train community researchers.** Cohorts of between eight and 12 volunteer community researchers were recruited through local voluntary sector partners. These individuals were resident in the communities being researched, and received accredited training in research methods, data protection and health and safety.

2. **Survey residents.** In each ward-sized locality (see map), the community researchers surveyed between 300–500 residents using a questionnaire completed via a face-to-face interview through door-to-door enquiries. A total of 2,840 surveys were carried out across the seven sites. The questionnaire captured the personal and demographic characteristics of each respondent (age, gender, employment status etc), and data about their subjective wellbeing through nationally validated wellbeing research survey tools. Respondents were asked to rate their life satisfaction, judge how worthwhile they felt the things they do in their lives to be, and answer a battery of seven questions which together form the Shorter Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS), a nationally validated research tool for eliciting self-assessments of people's state of mind and mental functioning.

    In order to gain an understanding of how people are connected to each other, the survey also included a 'name generator' section to collect data for social network analysis. These questions elicited respondents' important social relationships by asking them to name up to five people they know for each question. The questions prompted the respondent to name people they know in different ways, or who fulfil different roles in the respondent's network. For example, one question asked the respondent which

people they 'enjoy spending time with' or who they see socially, while another asked which people the respondent would ask to borrow money from if they found themselves suddenly without money as a result of loss of their wallet or purse.

3. **Social network analysis and wellbeing analysis.** All respondents' surveys in each area were later aggregated using social network analysis computer software (UCINET and Gephi), in order to create a 'network map' of all the social relationships reported by all the respondents in each locality, providing a visual representation of who knows who in the study area. This analysis enabled RSA researchers and affiliates to understand patterns of connectivity and isolation specific to each area and to identify key people, places and institutions that were (or had the potential to be) central assets within networks that bring people together. Additionally, statistical regression analysis was undertaken on the dataset to identify trends in wellbeing and other characteristics for each locality and for the 2,840 respondents as a whole.

Figure 2.1: An example of a social network map from a social network analysis of survey respondents in Murton
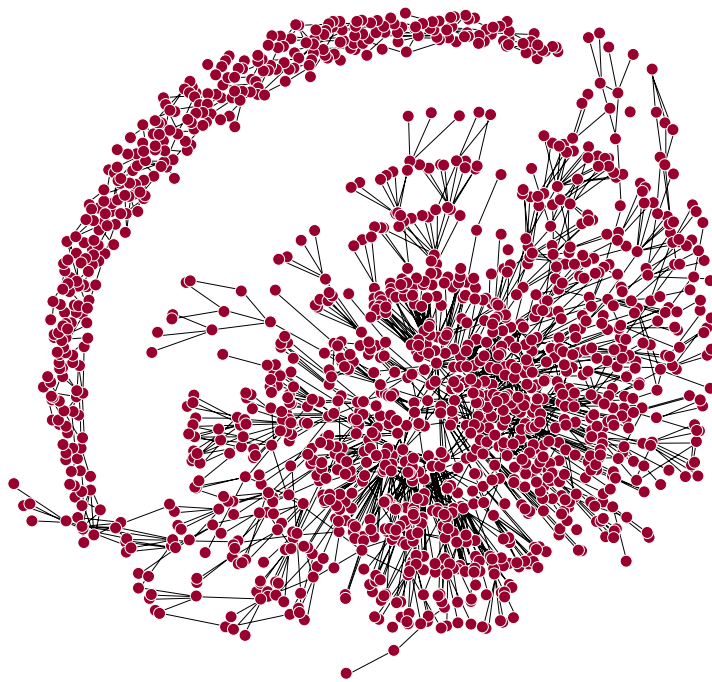
4. **Community playback.** After professional researchers from RSA and UCLan had analysed the data, they convened playback workshops in each locality to share the findings with local residents and partners, including the volunteer community researchers where possible. The reflexive conversations that were initiated by playing back this data, including visualisations of social network maps for each area, were a key catalyst for intervention projects which sought to use the community's assets to tackle local issues relating to social isolation or low wellbeing. This process helped to shift understandings of community from place

The process of change – relational and network-building – is in itself important

to relationships, and spark an explicit understanding of outcomes being dependent on social relationships. More broadly, the process of change – relational and network-building – is in itself important. It is not so much the specific interventions that are developed, but how and why they are developed and located and communicated that is seemingly most important.

5. **Co-production of intervention project.** Attendees at the playback workshop reflected upon the research findings, as well as their personal insights into local assets and problems, and worked with local partner organisations to design and run projects that attempted to respond to the issues that had been highlighted. These projects varied in scope and nature, but all sought to enhance social connections in the area, combat social isolation, and/or provide community resources to improve low wellbeing among participants.

6. **Evaluation and sustainability.** In three of the sites, local capacity and the existence of longitudinal data provided material for an evaluation of the projects' impact upon participants' social networks and wellbeing. Additional economic evaluation was later undertaken on these sites by researchers from the LSE. In all seven sites participants and local partners cooperated with diligence and monitoring processes, and produced sustainability plans to embed the benefits and lessons of the process in the local area.

Research localities

Connected Communities action and research was undertaken in seven ward-sized localities around England. Following the process outlined above the following local intervention projects were initiated in each of the sites (more detail on the research and intervention in each locality can be found in the case studies section in chapter 4).

MURTON
County Durham: Murton Mams

TOXTETH
Liverpool; Treasure Your Wellbeing

TIPTON
Sandwell: Community Chest

BRETTON
Peterborough: Local Nets

KNOWLE WEST
Bristol: Social Mirror

NEW CROSS GATE
London: Talk for Health

WICK
Littlehampton: Community organising

Murton, County Durham: Murton Mams

A co-produced social group for single parents called 'Murton Mams'. Single parents in the village were found to be particularly at risk of isolation and low wellbeing, so a focus-group of single mothers worked with our partner the East Durham Trust to design a club that would be accessible and enjoyable to those who needed it.

Knowle West, Bristol: Social Mirror

After research revealed that some people were relying on GPs rather than personal networks for social support, the RSA worked with the Nominet Trust and the Massachusetts Institute of Technology to create Social Mirror, the world's first digital social prescribing tool. Administered by health volunteers in GP surgery waiting rooms in a pilot project between 2013 and 2014, Social Mirror is a tablet app that asks users questions to determine if they might be experiencing social isolation before issuing 'prescriptions' to take part in local social activities where necessary.

Tipton, Sandwell: Community Chest

We worked with our sponsored RSA Academy in the town to help identify and bring forward local groups active in the area to work together. By creating a 'community chest' of funding available to groups who had project ideas that responded to our research findings, we were able to support a range of initiatives ranging from a peer-to-peer youth training scheme for car mechanics to an inter-cultural cooking competition. Since then, the groups have worked together to bring these diverse networks into contact with each other.

L8 postcode region of Liverpool: Treasure your wellbeing

Following research that revealed that certain ethnic communities typically experienced lower wellbeing than others, a group of Black African people who had worked with us as community researchers collaborated with the local NHS Trust to develop a wellbeing outreach programme appropriate to the varied and diverse communities in the area.

Bretton, Peterborough: LocalNets and the Community Mirror

We worked with a researcher from the Royal College of Art to further develop an online tool originally piloted in our Community Mirror project in Hounslow. 'LocalNets' gathered data from local blogs and social media from the Bretton area to identify individuals and institutions who were particularly civically active, or interested in community issues but not yet engaged. These individuals were invited to a public meeting where they were facilitated to design a response to local issues.

New Cross Gate, London: Talk for Health

We recruited a mix of isolated people, particularly well-connected people, and individuals working in frontline local community services to undergo basic mental health counselling training. After 32 hours of 'Talk for Health' training, the participants formed a peer-support group where they offer each other regular emotional support and hold structured conversations that are intended to have a positive effect on their mental health.

Wick, Littlehampton: Community organising

Volunteer community researchers from the Wick housing estate have joined forces through the local Residents Association to run a broad range of community activities that provide social support, bring different generations together, and promote local pride in the area.

3. Realising social value from community capital

Building on the primary research from this programme and academic and practitioner theories of social capital, we put forward the theory that *community capital is the sum of assets – including social relationships – in a community and the benefits that accrue from these assets.*

This is a significant departure from the existing theory of social capital. While social capital is a concept that has been discussed and used widely with the World Bank and UK Office for National Statistics among those who are looking to monitor and increase social capital, it is also the subject of uncertainty as to its theoretical and methodological clarity.[12] A new principle of community capital offers a concept that synthesises elements of competing social capital theories into a formulation that is more uniform and therefore methodologically useful at a community level.

Two major academics are most associated with the core theories of social capital, although in a number of important respects, these are mutually contradictory.

Robert Putnam's theory of social capital, which has been the more influential in public policy terms, posits social capital as a resource that is present within communities. It is represented in communitarian institutions such as churches and through membership organisations bound together by social trust which can be reinforced by community activities and events such as barbecues and street parties. As an economic metaphor, it is a reserve from which all can benefit, enabling people to trust each other and giving them a greater inclination to do things for one another.

Pierre Bourdieu's social capital refers to the "aggregate of the actual or potential resources which are linked to possession of a durable network of more or less institutionalised relationships of mutual acquaintance and recognition[…]".[13] With similarities to the idiomatic 'it's not what you know, it's who you know' or 'old boy's networks', Bourdieu's social capital is understood as the benefits which accrue from a person's social connections, for example to powerful or influential people – it is "a 'credential' which entitles them

12. See eg Fine, B. (2008) *Theories of Social Capital: Researchers Behaving Badly*, IIPE for a critique of divergent theories under the shared banner of 'social capital'.

13. Bourdieu, P. (1986) 'The forms of capital' In J. Richardson (Ed.) *Handbook of Theory and Research for the Sociology of Education* (New York, Greenwood), pp.241–258 via www.marxists.org/reference/subject/philosophy/works/fr/bourdieu-forms-capital.htm

to credit", in his words. It is metaphorically closer to economic capital than Putnam's conception in that it is distributed unevenly through the impact of relative disadvantage, and in Bourdieu's own analysis of this model it is usually linked to economic capital itself.

Community Capital bears some similarity to but also important differences from these theories. In simple terms, we use it to describe the sum of Putnam's social reserves and Bourdieu's instrumental advantage; it is the net of social assets and resources which, if managed through the socially productive means of supporting greater social connectivity, generates benefits for the members of a community. Like any capital, it consists of a stock of valuable goods (in this case, significantly, relationships), it can be accessed by people (the members of the community in which the relationships exist) and it can be used in the production of other goods or advantages.

Community capital, we suggest, is essential for wellbeing and social inclusion, and provides a range of other benefits – but it doesn't naturally distribute equitably. Currently, the cost of this is in part picked up by public services, and otherwise by individuals through the opportunity cost of unrealised individual and collective potential. The theory of change arising from the Connected Communities programme is that community capital should be increased through an informed and co-productive approach to increasing social connections as per this diagram:

Figure 3.1: Theory of change
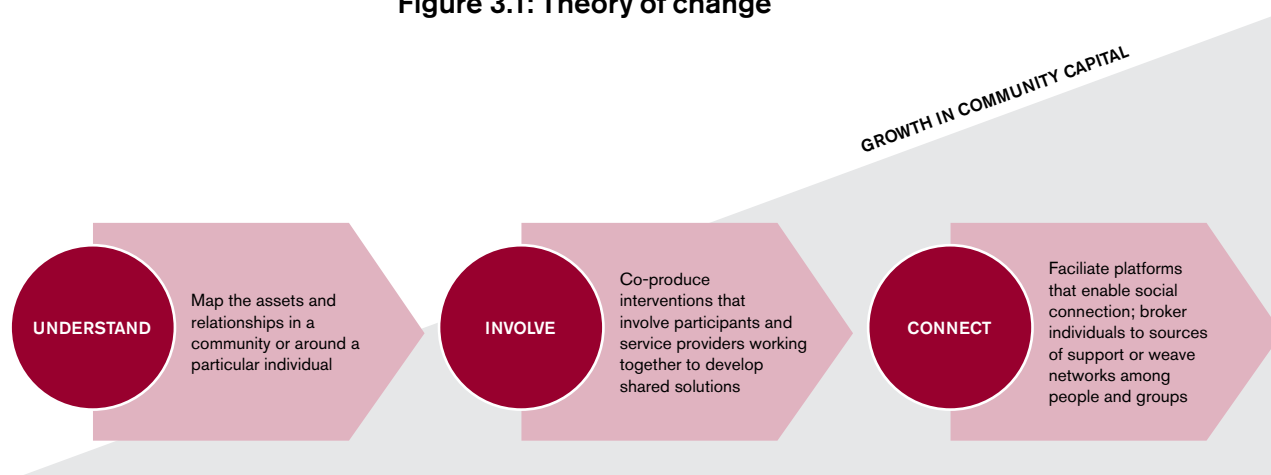
Our theory of change is that a growth in community capital can be achieved through efforts to understand, involve, and connect people within communities. Stakeholders with a desire to increase community capital – often local public service professionals and policymakers, but also individuals, community groups, charities or businesses – should first seek to understand the specific context within which they are operating and map the assets and social networks that currently exist. At a neighbourhood level, this may involve conducting a social network analysis, or taking a more qualitative approach to interviewing people or holding workshops to gauge what kinds of social support are most valued, and where patterns of vulnerability and isolation exist. Key partners with local influence or the potential to help facilitate new connections should

also be identified. For an individual, this process can take the form of a discussion about which friends, family, colleagues or neighbours provide important parts of the individual's network, including those who provide emotional support or who the individual enjoys spending time with, and more instrumental relationships such as people who provide important practical help and support when the individual experiences problems.

The intended beneficiaries of any intervention should then be fully engaged in the process of producing that intervention. The insights into the networks and assets available should be shared with the individual or community in question in order that they can benefit from the reflexivity of this insight, correct it and add further insight to it, and respond with solutions and approaches that draw upon their assets and relationships. Interventions should then be co-produced that support social relationships between participants. These interventions may take the form of weaving networks among individuals and groups; brokering individuals to sources of social support; providing platforms for people to connect; and defining successful outcomes as those that are relational.

The specific elements of this theory of change in practice will necessarily vary significantly depending on the situation and people involved and the outcomes desired, but the general Connected Communities principle, of working to support new and stronger social relationships through understanding and working in partnership with the intended beneficiaries, is one that can consistently be shown to build community capital and generate social dividends.

The next section provides seven case studies of this theory of change in action.

4. Case studies

Between 2010 and 2015 the Connected Communities research team worked with residents and local partners in seven locations around England to map social networks, research subjective wellbeing in the area, and design interventions to build community capital.

The following pages provide an account of the research and action in each of the seven localities, including a detailed presentation of the full action and research methodology from Murton, and an evaluation of the Nominet Trust funded social prescriptions pilot, Social Mirror. These case studies reflect a portion of the activity undertaken in each site, with specific aspects in each area chosen to illustrate key learning points and possibilities.

The seven sites were:

- Murton, Country Durham
- Knowle West, Bristol
- Wick, Littlehampton, West Sussex
- Liverpool
- New Cross Gate, London
- Tipton, Sandwell
- Bretton, Peterborough

Figure 4.1: The Connected Communities programme at a glance

CONNECTED COMMUNITIES RESEARCH LOCALITY	PRIMARY INTERVENTION	SUBSEQUENT ACTIVITY	OTHER CONNECTED COMMUNITIES ACTIVITY ADDITIONAL TO THE MAIN PROGRAMME
MURTON	MURTON MAMS	NHS funding to maintain and expand group after pilot and new mamzones in other villages	RSA community networks research in Hounslow led to the local authority establishing a new networks programme
LIVERPOOL	TREASURE YOUR WELLBEING PROJECT GROUP	BME action learning group testing wellbeing methods	Social Mirror has been piloted in Powys, Wales and is now a community interest company
TIPTON	COMMUNITY CHEST FUNDING • Come dine with neighbours • Older men's social events • Car maintenance for all • Friendship groups at library	Collaboration on new community newsletter	The Murton Mams have won an award from the Carnegie Enabling State Challenge
BRETTON	LOCAL NETS Social media mapping	Collaboration between local institutions	The Centre for Community and Citizenship has been established to take the Connected Communities method into academia and policy
KNOWLE WEST BRISTOL	SOCIAL MIRROR Community prescriptions	Local signage project to raise awareness of local areas and activities	
NEW CROSS GATE	TALK FOR HEALTH	Talking for health drop in sessions at community-run library	The RSA and Centre for Community and Citizenship continue to develop community insight and explore its applicability in health and social care
WICK, LITTLEHAMPTON	COMMUNITY ORGANISING PROGRAMME	An active community group • Campaiging for green spaces • Community-run cafe • Community vegetable garden • Carers support group • After school club	

Community Capital: The Value of Connected Communities

Case study: Murton, County Durham

Murton Mams is a social group in the village of Murton that was set up to provide enjoyable and supportive activities for single mothers, who were found in our research in the area to be vulnerable to isolation and low wellbeing. It is presented here as a case study to i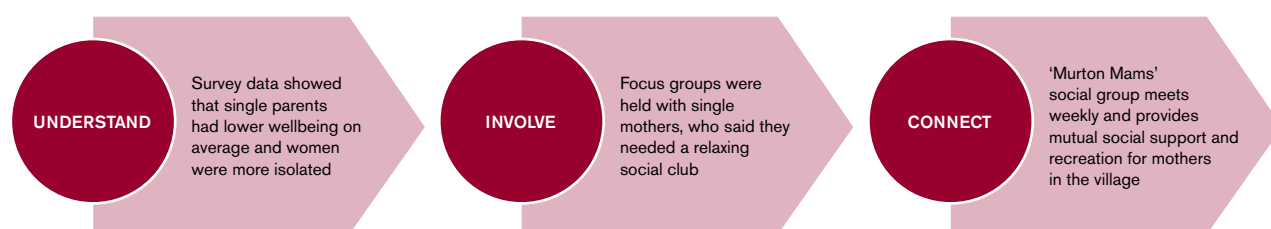llustrate the iterative Connected Communities method incorporating social network analysis and statistical analysis of subjective wellbeing data as a prompt for participants to co-produce a shared response.

Figure 4.2: The Connected Communities Approach in Murton

| UNDERSTAND | Survey data showed that single parents had lower wellbeing on average and women were more isolated | INVOLVE | Focus groups were held with single mothers, who said they needed a relaxing social club | CONNECT | 'Murton Mams' social group meets weekly and provides mutual social support and recreation for mothers in the village |

Background and initial findings

Murton is a village in County Durham in the north-east of England. Formerly a predominantly mining village until the pits were closed in the 1990s, it is ranked among the 10 percent of most deprived areas in the country. It nevertheless retains a vibrant community ethos around institutions such as pubs, clubs and the village cricket team. The multi-use, council-run Glebe Community Centre features prominently in local people's social networks, while East Durham Trust – the community development charity that was the Murton CVS partner in the Connected Communities project – works consciously to fulfil the solidaristic, social support role previously provided by trade unions and other forms of association based around the mining industry.

As in all the Connected Communities localities, the RSA and UCLan worked with local institutions to recruit and train local people to volunteer as community researchers. These researchers then conducted 493 interviews with residents in their homes using a survey designed to capture data about people's wellbeing and their social networks. The data were collated and submitted to social network analysis and multivariate wellbeing analysis. Key findings included the following associations:

- Living in a single-adult household was associated with lower self-reported wellbeing.
- Higher neighbourhood satisfaction was associated with higher wellbeing.
- Having at least one close friend was associated with higher life satisfaction.
- People who said they had somebody they enjoy spending time with were more likely to report higher wellbeing.
- Women were over-represented among those who were isolated or who had no social connections at all.

- Single parents reported lower than average wellbeing and life satisfaction – but this appeared to be mitigated by having a good social network – single parents had better wellbeing for each additional person they named in their social network.

The community response to the findings

At a public workshop attended by the volunteer community researchers and other local residents, findings about the particular risks to wellbeing for isolated single parents (and to single mothers in particular) resonated particularly strongly, and participants felt that this was something upon which it was within the capabilities of the local community to act.

Using intelligence from the social network analysis that revealed the locations and institutions most commonly accessed by single parents, researchers ran a targeted campaign to recruit single mothers to attend a series of focus groups to help co-design a response to the findings. Subsequent surveying among single parents in the area revealed 60 percent as having said that there were no activities or social groups in the village to engage them, and over half described themselves as 'not engaged at all' with the community.[14]

Together, the attendees at the focus groups decided that a social club should be established in which single mothers could relax and socialise. This club, Murton Mams, which was set up to 'provide a model of engagement for single mothers in Murton that extends the social networks of participants, improves social inclusion and makes a positive contribution to mental wellbeing,'[15] has now been running weekly sessions in a local community centre for two years. A paid facilitator arranges activities for the sessions, some of which are delivered by visiting professionals (such as cookery lessons or reiki-massage sessions), and some by the participants themselves (such as making Christmas cards). Attendance at the club has grown steadily since its first session in September 2013, with new Mams being recruited by the friends and family of those already attending, or in some instances being specially recruited by members who noticed that particular individuals in the community might be isolated.

The value of co-production

The insight of the attendees at these co-creation focus groups was invaluable in designing an intervention that was seen as valid and appropriate by the target group. Participants built on the data supplied, but brought crucial local insight to the discussion, ruling out certain central community assets from the social networks data that were deemed unsuitable by potential participants. Attendees at the meetings agreed that as a social club setting, the most prominent community centre, a modern, multi-purpose building in the centre of the village, was undesirable given its associations with formal, impersonal services and inappropriate given its proximity to a primary school, which prospective participants felt might give rise to stigma for those seen attending a 'single parent service'. Instead, a more modest, smaller and older council-owned community hall on the outskirts of the village, free of the cliques, associations and negative perceptions

Subsequent surveying among single parents in the area revealed 60 percent as having said that there were no activities or social groups in the village to engage them

14. East Durham Trust (2013) data provided through correspondence.
15. East Durham Trust original briefing document, 2013.

that some associated with other sites was favoured. Rather than creating the atmosphere of a municipal 'service' with the receptionist and check-in system that participants feared at the larger community centre, that of the village hall would be less intimidating, with a neutral atmosphere more akin to somebody's living room. Over time, the Murton Mams group has been able to make this space feel like their own, with the social club and crèche taking over the whole building every Friday morning and the attendees making free use of the kitchen and other facilities.

That the most obvious venue was not judged to be the most suitable for the project represents the kind of insight associated with the deliberative method of designing interventions in genuine partnership with participants and expected beneficiaries. That places or 'nodes' in a network have a qualitative value making them suitable for some purposes and not others is an important finding – and one that is less likely to arise from more quantitative approaches to social network analysis in which more emphasis is placed on the 'centrality' or influential position of a node in a network. If in this case the project had been based at the prospective venue with the highest 'centrality' – the large multi-use community centre that a significant number of local residents cited in their social networks – it would have been unlikely to have led to the positive impact that was, in the event, achieved.

The value of the Murton Mams club

The impact of the intervention on its participants has been significant. A number of these participants attribute dramatic improvements in their life circumstances to the increased confidence, networks and wellbeing that they have experienced since beginning to attend the group. These changes in attendees' circumstances include paid employment for some, a return to further and higher education for others: one member has enrolled on a GCSE English course, one at university, and another has completed a 'Preparing To Teach' (PTLLS) programme that she heard about while attending the community centre at which the Mams group is hosted. There have been health advantages for some attendees, with two participants attributing weight loss and withdrawal from antidepressants respectively to the influence of participating in the group.

In addition to these qualitative findings, survey data demonstrate increases in participant wellbeing. Though the data numbers are small,[16] they do point up consistently the project's value to its participants.

In a survey of participants prior to the inception of the Murton Mams project, on a ten point scale, 63 percent of respondents scored their agreement with the statement *"I feel part of something I would call a community"* at six or less. In follow-up surveys to evaluate project effectiveness, 100 percent scored their answer to this question at seven or higher, and every respondent specified the Murton Mams group as being a community that they felt part of. In the pre-intervention survey, only 12 percent of respondents said that they never feel 'excluded by the local community'; in later surveys of participants who had attended the Mam's group for six months, this had risen to 50 percent. Average subjective

16. Twenty-two participants were surveyed at the project's outset in September 2013; follow-up evaluation data was collected from eight participants in December 2013 and five in March 2014 at the end of the project's initial six month pilot period.

wellbeing (measured on the short Warwick Edinburgh Mental Wellbeing Scale) among those surveyed rose by 13.3 percent six months after the group's inception. Within this series of wellbeing factors, scores for the statement 'over the past two weeks I've been feeling relaxed' increased by an average of 20 percent among all participants, with the scores for feeling useful, dealing with problems well, thinking clearly and feeling close to other people all increasing – by averages of between 7.5 percent and 17.5 percent.

Meanwhile, the extent to which respondents said that they felt the things they do in life are worthwhile increased (again on a 10 point scale) from 5.7 at the programme's outset to 6.9 at the end of its initial six-month pilot – an increase of 21 percent in just six months – and average life satisfaction increasing from 5.3 to 6.4 or 20.8 percent over the same period. These findings need to be seen in the context of two significant caveats: the sample size is very small, and the post-pilot wellbeing scores are still lower than they are for the general population in Murton (in our baseline survey of 493 residents, average life satisfaction was found to be 8.2 and average life satisfaction in the UK is 7.4). But while the numbers involved are few and the intervention is not an immediate or complete panacea, the improvements to participants' wellbeing are consistent and positive.

As well as these personal wellbeing benefits, participation in the programme has led to increased participation in volunteering; the Murton Mams group has run fundraising coffee mornings for Macmillan Cancer Support, while two of the Mams are now formal volunteers for the community centre and involved in a range of activities beyond the group. Three participants have undergone training and are now volunteering as local 'Welfare Champions' in another Connected Communities project facilitated by the East Durham Trust, helping to connect other members of the community to the services and support they need. This transformation for the individuals in question – from being avowedly lacking in confidence to playing a major role in helping others in the community, is testament to the benefits of creating the conditions for people to connect and socialise.

Another key finding of the study is the apparent durability of the intervention. A number of the participants have taken an increasing role in co-managing the Murton Mams group itself. As well as increasingly organising and delivering some of the sessions themselves to supplement those led by external contractors (such as trained masseurs or cookery teachers for example), the participants have taken a leading role both in securing the immediate future of the group and in expanding the initiative to other areas. The Murton Mams group has become a formally incorporated organisation, with participants serving as Chair, Secretary and Treasurer. Three of the Mams prepared and delivered a successful pitch to the board of the local NHS Trust directed at winning additional funding to support and develop the group, and the participants have taken a leading role in scoping the expansion of the programme – both into the 'Mam Zones' (which replicate the Murton Mams model in the neighbouring villages of Wingate and Wheatley Hill) and by way of planned future projects which will aim to create a similarly supportive community for men in the local area.

Improvements to participants' wellbeing are consistent and positive

Case study: Knowle West, Bristol, and the Social Mirror

A pilot of a digital social prescribing tool, identifying socially isolated people and offering them the 'prescription' of a group membership.

Figure 4.3: The Connected Communities approach in Knowle West

UNDERSTAND Our survey showed that older people were vulnerable to acute isolation. There was evidence of older people going to the doctor for social support rather than conventional medical issues

INVOLVE Working groups of potential users and other local stakeholders coproduced a digital solution with software developers

CONNECT Social Mirror is a social prescribing app piloted in GP surgeries, offering 'prescriptions' to community activities

Social Mirror: Community Prescriptions is a tablet-based software that can issue localised social prescriptions in real-time, linking people to activities and groups in their area that could be beneficial for their wellbeing and health. The Social Mirror Community Prescriptions pilot was carried out as an experiment in using collaborative methods to provide better health and wellbeing outcomes from September 2012 to May 2014, in Knowle West, Bristol.

Social Mirror aimed to use specially created software to link people in Knowle West to activities and groups that might help or be of interest, thus addressing poor health, mental wellbeing and isolation. The project emerged from research findings that highlighted the fact that a number of local people seemed to be relying primarily on doctors and other medical and community professionals – rather than on community networks of friends, family or neighbours – for advice and emotional support.

Social Prescribing

A 'social prescription' links patients to non-medical interventions in their local area to help with their wellbeing, physical and mental health. The term 'social prescribing' covers individuals being signposted to, referred to, or 'prescribed' a range of non-medical interventions by medical professionals, case-workers or volunteers. It ranges from a GP suggesting an exercise group to a patient (signposting); to specific local schemes such as 'arts on prescription' or 'exercise on prescription'; to intensive schemes in which patients with multiple needs are referred to a social prescription worker.

Pilot social prescribing projects have shown early promise. Age Concern, working in Yorkshire and Humber found that those issued with social prescriptions reported an increase in their wellbeing.[17] The Bradford Health Trainer and Social Prescribing Service also conducted

17. Age Concern Yorkshire & Humber (2014) *Social Prescribing: A model for partnership working between primary care and the voluntary sector*, [online] Available at: www.ageconcernyorkshireandhumber.org.uk/uploads/files/Social%20Prescribing%20Report%20new.pdf

interviews with a small sample of users who were unanimously positive about the service they received.[18]

Other studies,[19] however, note that many GPs have been hostile to the social prescribing approach, worried that it may increase their already very busy workload, contrary to the intention that social prescribing could reduce demand on medical services in the long-term. Practically, this kind of intervention requires clinicians to have a knowledge of, or access to, the opportunities available in their areas, something which may require additional support. This might include social prescription facilitators, link workers, and up to date posters and literature about these types of interventions around the surgery. Through Social Mirror, the RSA explored how technology might assist clinicians with social prescribing, providing a real-time, intuitive and fun tablet application that produces personalised social prescriptions from a data bank of local services and activities loaded on the app.

Social Mirror in Knowle West

The Social Mirror project was co-produced over a number of months. It involved a steering group of local practitioners, a community testing event that attracted 100 attendees and two ten-person working groups: one for older people, and one for younger people.

The people who were approached by Social Mirror staff and volunteers over the course of the pilot were local residents who were approached in the GP's surgery, the Knowle West Health Park and other local places. They were asked a series of questions about their wellbeing, their interests, who they felt connected to socially, and where they went in the local area. The tool issued users with 'feedback' about their answers in real-time. If people's answers indicated that they had low wellbeing, poor social connections or one of a series of 'flagged' needs – such as being a carer, having hearing difficulties or wishing to quit smoking – the tool also issued them with a local prescription for an activity or group.

The pilot:

- There were 150 users of the app.
- 77 percent of users reported improved wellbeing or social networks after using the app.
- 13 percent of users went to social groups prescribed by Social Mirror.
- 43 percent of users said they felt more positively about their area after using Social Mirror.

Social Mirror was trialled with 150 people during the pilot period. Of these people, our evaluation suggests that 13 percent went on to do activities as a result of being 'prescribed' them by the Social Mirror system

Social Mirror worked best for people who had few or no social connections, or who felt isolated, and who were not currently taking part in their local area

18. White, J., Kinsella, K. and South, J. (2010) *An evaluation of social prescribing health trainers in south and west and Bradford*. Yorkshire & Humber Regional Health Trainer Hub, Leeds Metropolitan University, [online] Available at: www.nhsiq.nhs.uk/media/2687240/bradford_spht_report_201021.pdf

19. Kimberlee, R.H. (2013) *Developing a Social Prescribing approach for Bristol*, [online] Available at: www.voscur.org/system/files/Social%20Prescribing%20Report%202013.pdf

(note, the majority of users were not judged to need a prescription by the app), with 77 percent of users overall reporting feeling that using Social Mirror benefited them. Social Mirror worked best for people who had few or no social connections, or who felt isolated, and who were not currently taking part in their local area.

What changed as a result of Social Mirror?

1. **Wellbeing levels**
   People who reported going to groups as a result of Social Mirror showed the highest levels of health satisfaction and feeling life was worthwhile, as well as above-average life satisfaction. The data suggests that those who reported that Social Mirror had not benefited them were either already participating in social groups and did not need additional contact, or were part of a cohort that had higher needs than the system was designed for, with very low overall scores for life satisfaction, health satisfaction and feeling life was worthwhile.

2. **Community and loneliness**
   People who reported going to social groups and activities as a result of Social Mirror showed the highest levels of feeling part of the community, but were the most likely to report feeling lonely at times. The increases in community capital that Social Mirror provoked had profound effects on people's lives, as demonstrated in the words of participants, below:

Box 4.1:

A retired gentleman who had no social connections and who had an interest in being more active was issued a prescription to a walking group:

> "I can't say enough about it because it has changed my life. If I hadn't done it I wouldn't have known about these walking groups. After I retired I felt like a recluse, three days a week I didn't go out of the flat. I've now lost a stone in weight, I can talk to people quite freely which I didn't before. I've stopped drinking alcohol – I don't need it to help me sleep as the walks tire me out."

A young mother who is new to the area (so comes up with a low community score), and does not know many people locally (so has very sparse connections), was issued a prescription to a children's group:

> "Social Mirror has made a massive impact in my life because when I moved here I had nobody and nothing. Going to groups through Social Mirror started the ball rolling – I've been going to groups for my children and for myself, I've made friends, and I know the area better. My life is a lot happier and more content now and I don't feel so lonely."

Case study: Wick, Littlehampton

An organised network of local community changemakers creating service provision for themselves.

Figure 4.4: The Connected Communities approach in Wick

UNDERSTAND — Our data revealed that Wick had close-knit networks of people with lower than average wellbeing. There was a perception that the area was neglected by authorities and that no external help would be forthcoming

INVOLVE — Residents were trained as paid community organisers and worked to mobilise networks of people to solve shared problems

CONNECT — A very active residents' group is running a range of activities for local people, from community gardening to youth clubs and a cafe

Wick was historically a separate village but is now a suburb of Littlehampton in West Sussex. Littlehampton is a prosperous seaside town but Wick itself is officially recorded as being an area of high deprivation. Like some of the other research sites in this programme, it is something of an 'urban island', physically isolated from the rest of the town by being on the other side of a main road – the A259 (incidentally the most dangerous road in south-east England according to a 2008 survey[20]). Residents at Connected Communities focus groups spoke of a local sense that the area was seen negatively by outsiders – including local services, with one participant saying: "The council have written off the area and the people."

However, through our work with community researchers it emerged that there was an influential and interconnected group of people who were good at getting people together and who were frequently cited by others as being important sources of information. The social network and wellbeing research data collected locally revealed an interesting picture:

- Having higher health satisfaction and having people from whom you can get practical help were associated with higher mental wellbeing.
- Being unemployed, being a single parent and having previously had an addiction to drugs or alcohol were associated with lower wellbeing.
- Unemployed people and single parents tended to have more connections in their social networks and almost twice as many people they would trust to look after their homes if they were away, a measure of trusting relationships. People in council housing also had larger social networks than average.
- People who had previously been addicted to drugs or alcohol had higher than average numbers of overall contacts in their social networks, but fewer neighbourly connections.[21]

20. 'Britain's Highest Risk Roads by Government Region', EuroRAP 2008, [online] Archived at: https://web.archive.org/web/20120210151407/http://www.eurorap.org/library/pdfs/20080627_GB_High_RISK_Regional.pdf

21. Respondents were asked to describe each person in their social network by their primary relationship, eg friend, family, neighbour, colleague. People with a history of addiction were found to name fewer people in their networks who they described as 'neighbours' – this is not to say that they do not have close connections to people who live next door or on their street (such people could have been described as friends or family for instance) but the lack of relationships to people specified as neighbours does tell us something about a lack of more informal place-based relationships in the immediate community to people who aren't necessarily very close friends or family.

- There was a high prevalence of previously having had an addiction to drugs or alcohol among a core group of interconnected people.

A key question was if unemployed people and people with a history of substance misuse tended to experience lower wellbeing, was it possible to use the assets in their extensive networks to give these adept connectors more of the opportunities to benefit from the health satisfaction, employment and financial opportunities and access to people who can supply practical help that were associated with higher wellbeing?

Formal community organising

The RSA served as the local joint-host for the Cabinet Office-funded Community Organisers programme, in partnership with the local recovery user group EXACT and supported by the West Sussex Drug and Alcohol Team, and recruited a small team of community organisers locally to the research site. Two of those recruited lived in Wick, and the efforts of the community organisers concentrated on this area.[22]

Community organising in various forms has a lengthy history, particularly in the US,[23] but in the British iteration funded by the Cabinet Office and delivered by the civic action organisation Locality between 2011 and 2015, it primarily consisted of recruiting and training paid organisers to work consciously to build relationships within communities, and then to help to mobilise those relationships to achieve social or political change according to the themes that have arisen during the course of scores of structured conversations with local residents. As well as identifying common themes that concern or enthuse residents and working to bring people with shared concerns into contact with one another, the community organisers recruit volunteers to help cascade and expand their work while building a sustainable legacy of organisation in the area.

An organised community

In Wick, the community organisers became successfully networked with a newly-invigorated Tenants and Residents Association (TRA) on the main social housing estate in the area. The volunteers recruited from the community organising programme, members of the TRA and a number of well-connected people prominent in the Connected Communities social networks analysis became an effective and proactive interconnected network, primarily organising through the semi-formal architecture of the existing TRA.

Coordinated by a small number of key members and holding regular meetings to make plans and organise, this group has undertaken a wide range of successful interventions and initiatives to improve wellbeing and connection in the local area. These include:

- Volunteer-led affordable childcare and afterschool clubs for infants and children.
- Running a youth club and arranging day trips for older children to promote healthy lifestyles as opposed to drinking or taking drugs.

22. A small team was also hosted in nearby Bognor Regis, but this was not part of the official Connected Communities programme.

23. Fisher, R. and Romanofsky, P. (1981) *Community Organizing for Urban Social Change: A Historical Perspective*. Greenwood Press.

- A 'SmartArt' arts and crafts group attended by a mixed group including people who had otherwise been acutely isolated as a result of disabilities and mental illness.
- Converting a disused patch of land behind a community centre into an 'edible garden', with vegetables grown by children to encourage healthy eating.
- A peer-support group for people caring for family members (eg grandparents raising grandchildren), as a number of people in this position noted the lack of formal or financial support available for 'kinship carers'.
- Winning permission to turn a disused council building on the estate into an affordable café and mixed-use 'social space'. The café provides cheap food and a place to socialise, as well as small amounts of income for the group and employment opportunities for a small number of residents, while the social space provides a meeting place for the TRA and a venue for the SmartArt and other groups as well as special events for the community to come together such as parties and dances.
- Plans to take over a shop in Littlehampton town to sell items made or donated from the Wick community to raise funds for the group and begin to develop greater social and economic engagement with the town centre.

None of these projects in and of themselves constitute a discrete 'pilot' intervention that can be evaluated in project terms, but instead together they are testament to the vibrancy and variety of self-organised initiatives that can emerge from within a community as a result of networks of people collaborating to creatively meet their needs and objectives in a neighbourhood. Certain key individuals with the confidence and tenacity to make change happen have been important to this process (and resilient communities will be ones that find effective ways to share the load so as not to lead to 'burn-out' among such community leaders). But another source of these successes has been the reflexive process of deliberative attention to community building, through the Community Organising and wider Connected Communities programmes, of people coming to understand their local areas' needs and assets, and working with others to cooperate to make change happen.

Nationally, the Community Organisers programme has achieved some notable results, with 51 percent of people in 'Community Organiser patches' reporting that people pull together to improve the local community compared to 39 percent in areas without Community Organisers, while 56 percent of residents in 'patches' reported a stronger sense of belonging to their neighbourhoods compared to 46 percent in areas without Organisers.[24] These findings from the national programme are consistent with the citizenship dividend and wellbeing dividend we identify as stemming from community capital.

24. Cameron, D. et al (2015) *Community Organisers Programme*. NEF Consulting and Ipsos Mori.

Community Capital: The Value of Connected Communities

Case study: L8 postcode region of Liverpool

Brokering new relationships between health services and a previously isolated group of people from ethnic minorities.

Figure 4.5: The Connected Communities approach in Liverpool

UNDERSTAND — Our data suggested that members of certain ethnic minority groups – particularly Black African – were isolated from other parts of society and experienced lower than average wellbeing

INVOLVE — Individuals from BAME backgrounds collaborated with an NHS Trust to test an online wellbeing programme

CONNECT — Participants established an ongoing action-learning group to promote wellbeing initiatives in a diverse community setting

Of those we surveyed in Liverpool 8, a majority lived in the Princes Park ward, to the south of the city centre, while others lived in Picton, a demographically similar ward to the east.

Princes Park has the highest proportion of Black, Asian and minority ethnic (BAME) residents in the city. The population is younger than the national average, with a higher proportion of children and working age adults and fewer older people than the rest of the city. Economically it is one of the most deprived wards in Liverpool, with around 94 percent of the population falling into the most deprived 5 percent nationally. The ward has a significantly lower average income than the city average, and the highest number of children living in child poverty. Over 37 percent of residents are out of work and over 15 percent claiming various forms of unemployment support.

Certain key individuals with the confidence and tenacity to make change happen have been important to this process

Connected Communities in Liverpool

Our research pointed towards very low levels of community capital, with large numbers of people either reporting that they had no social connections, or refusing to answer questions about their social networks. Additional key findings included the following:

- Those who gave us no network information were three times more likely to be ill or unfit to work, and three times less likely to be in full-time paid employment.
- A sub-network of people with lower wellbeing was identified that was disproportionately Black African or Black Caribbean, suggesting that these ethnic minority groups in the area tended to have connections among themselves, but were isolated in respect of other groups in the area and more likely to experience low wellbeing.
- Factors cited as reasons people were unable to connect to the wider community included mobility/medical issues, money, and exclusion by others in the local area.
- Most survey respondents lacked connections to people who can get things done and/or have authority. This is important, because knowing local activists and people with authority was linked to improved mental health.

- Very unusually, those with higher education feel life is less worthwhile. This is noteworthy because it is the reversal of a national trend and could relate to a lack of local opportunities.

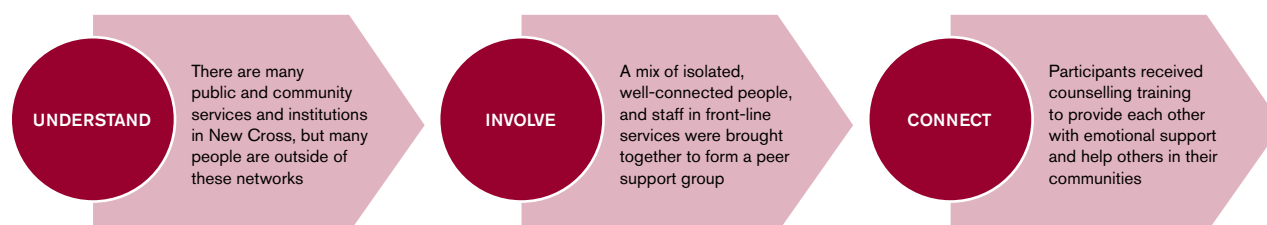**Working in partnership to respond to the findings**

Public workshops were organised in which diverse survey participants discussed their different understandings of wellbeing, cultural values and experiences. While many had initial difficulty talking about wellbeing, the meetings became an important way for locals to contribute their views, and a source of new friendships, connections and cultural exchange. Based on the meetings that took place, it was decided to work with MerseyCare, the NHS Trust and the Connected Communities programme's local partner, to test a new wellbeing oriented webpage called 'Treasure your Wellbeing' within a diverse local community.

Technical delays and setbacks meant that the Treasure Your Wellbeing website is yet to come to fruition. However, through the connections and discussions that were formed in the process of working on this intervention, a number of the individuals established an ongoing action-learning group, modelling positive wellbeing practices in the local community.

Case study: New Cross Gate, London

Training individuals in mental health counselling to build their personal resilience and enable them to support others in their community.

Figure 4.6: The Connected Communities Approach in New Cross Gate

UNDERSTAND — There are many public and community services and institutions in New Cross, but many people are outside of these networks

INVOLVE — A mix of isolated, well-connected people, and staff in front-line services were brought together to form a peer support group

CONNECT — Participants received counselling training to provide each other with emotional support and help others in their communities

New Cross Gate is a densely populated area within the borough of Lewisham in south-east London. In an area with a high number of services – both in the third sector and public sector – working on social issues including homelessness, community development, education and health, the Connected Communities programme initially came across difficulties working through existing organisations and service providers, in part due to the stretched capacity that these institutions were experiencing as a result of financial strain and reduced government funding.

Through the Connected Communities programme, several key organisations and individuals were identified and brought together to form a working group to provide greater social support for isolated elderly people in the area. Important and potentially durable new connections between professionals and volunteers in the community sector were formed during this process, but as yet the mooted project, transport and provision for an older people's social club specifically targeted to people referred due to their need, hosted by different charities and services each week so as to bring the members into contact with other groups and services they hadn't previously engaged with, has not yet been initiated as a result of these issues of funding and capacity.

Building a new close-knit network: the Talk for Health model

While these community organisations remained in touch and continued to seek opportunities to co-develop an intervention for older people, the Connected Communities team sought to explore a different approach in parallel, working with individuals rather than organisations, and working through a relational model rather than one relying on the acquisition of physical assets such as transport. The intention was to build a new network of 'super connectors' – people in influential network positions with many social contacts – and isolated people, and seed positive mental health counselling skills through the wider community.

Talk for Health is a training and community building programme delivered by the Positive Therapy company. It is based on the principle that, just as physical health can be improved through exercise and other attempts to stay healthy regardless of whether or not an individual considers themselves to be in 'good health', so can mental health be positively improved

in people who are not necessarily experiencing mental illness; that there are certain techniques and behaviours that can make people more mentally healthy and prevent some instances of mental ill-health. The components of the programme, led by a professional psychotherapist, include four days of training in the techniques and principles of mental health counselling including empathetic listening and therapeutic talk, in order that participants can better support their friends, family or colleagues with their emotional needs, and the establishment of a Talk For Health Group which provides a trusting environment for its members to attend regularly and talk to each other in a way that is good for their mental health.

Working with local partners, the Connected Communities team invited people to take part in the free training because of their strategic position either in front line community services such as a health centre and a carer's network, or their position in the network according to our social networks analysis of data collected by community researchers in the area at the outset of our programme, including some of the most – and least – connected.

Twelve participants attended the four days of training through four successive weekends in September 2013, before forming two smaller groups of seven and six that arranged to meet fortnightly thereafter in each other's homes. Both groups met regularly up until Christmas 2013, had a short break, and then reconnected in the spring after an evaluation meeting arranged by the Connected Communities team. One of the two groups then continued to meet monthly up to the time of this report's publication.

The average of all participants' sense that the things they do in their lives are worthwhile rose by 13 percent

Effects on wellbeing

Participants who undertook the Talk For Health training and who attended the groups thereafter were surveyed both before and after the training in order that their reported subjective mental wellbeing could be tracked over the course of the programme. What was notable was the extent to which the participants had bonded and formed a supportive emotional community between themselves; after the training, **all** respondents reported high scores (greater than seven out of 10) in agreement with the questionnaire statement: 'I feel I belong to something I would call a community' – in the pre-intervention survey only 60 percent of the participants gave high scores for this question.

Additionally, 90 percent of participants reported an improvement in their mental wellbeing, with 50 percent reporting a large improvement. Average reported life satisfaction among the group rose from 6 to 6.8, with nine out of 12 respondents reporting an improvement and two reporting an improvement of 40 percent. These improvements seemed to endure; in a follow up survey of six of the participants seven months after the end of the training, the average life satisfaction score was 7. The average of all participants' sense that the things they do in their lives are worthwhile rose by 13 percent from 5.9 to 7.2 out of 10.

Mean mental wellbeing scores on the SWEMWBS scale rose from 3.3 to 3.9 – an increase of 18 percent. Scores for 'thinking clearly' and 'feeling optimistic about the future' both went up by an average of 20 percent among all participants over the course of the training programme, with the scores for feeling useful, dealing with problems well, and feeling relaxed all increasing by averages of between 12.5 percent and 15 percent.

Loneliness and self-reflection

As in the pilot of the Murton Mams programme, the reported sense of feeling lonely worsened marginally – down 2.5 percent from 2.5 out of 4 to 2.4 out of 4. In Murton there was a quite dramatic decrease of 20 percent between the pre-intervention survey and a mid-intervention survey before rallying by the end of the initial 6-month pilot to 5 percent below the original score. In both programmes, it would be sensible not to read too much into the specific figures due to the very small sample sizes involved; however given the fact that all other variables appear to be on a positive trajectory, whereas loneliness appears to worsen slightly (or at least stay static within a margin for error), it is worth noting.

If we were to speculate as to why this might be, primarily we could suggest that this is further evidence that social isolation and loneliness are not necessarily the same thing – indicators of social isolation in these pilots show positive trends (such as participants tending to report feeling closer to other people and less likely to feel excluded), and wellbeing indicators are consistently showing an improvement too.

A possible explanation could be that there is some value in the self-reflective process that these interventions encourage, and people are more likely to *realise* that sometimes they feel lonely, while simultaneously enjoying the benefits of improved wellbeing and inclusion. If one benefits from having the opportunity to think consciously about one's social connections, as well as being equipped to act to improve these, then having a greater awareness of one's loneliness might not necessarily be a bad thing as the individual is simultaneously able to benefit from the ongoing support of new and beneficial social connections and given the means to make effective changes to better meet their social needs.

Case study: Tipton, Sandwell

Creating connections between community organisations.

Figure 4.7: The Connected Communities approach in Tipton

UNDERSTAND — Our data showed that various communities lacked connections to wider networks or sources of local influence, while those who lacked local information were disconnected from sources of influence

INVOLVE — Grants were awarded to small community organisations to allow them to initiate and expand interventions with local people

CONNECT — Existing community groups were supported to connect with each other and co-create a community newsletter, linking up fractured networks and spreading information about local community activities

Tipton is a former industrial town in the borough of Sandwell, nine miles outside of Birmingham. One of five RSA Academies is located here, and this was used as a base for much of the research. It is one of the **most deprived areas in England**, being in the bottom 5 percent of the Department for Communities and Local Government's (DCLG) index of multiple deprivation.

The first phase of the research project examined the social networks of those living within the catchment area of the RSA Academy but was broadened out to include areas such as Cotteridge Park, Smethwick and Wednesbury, in addition to Tipton.

The initial findings included:

- Men are far more likely than women to name no local sources of information.
- Men are slightly more likely than women to name few resources or places they get information from locally.
- Those who use few local resources seem twice as likely to have no social connections and are also more likely to lack connections to power.

Creating Connections

The steering group of local partners looked at ways to help increase connections for socially isolated individuals in the local community. Local stakeholders and community organisations were invited to give their insights as to what could work in Tipton. Those attending decided that, rather than attempting a single large intervention they would offer local community organisations small grants to create or enhance community relationships and offer something additional to attract socially isolated individuals residing in Tipton. The point was to experiment with various ideas to see what works – or even simply what can be learned about what doesn't work.

Several existing local organisations put forward proposals and these were considered on their merits by the steering group committee. Grants of between £500 and £1,000 were awarded to the successful organisations leading to several community projects including:

- Networking and social events aimed at older men run by a local 'Sons of Rest' community charity.

- A multicultural cooking-based activity, 'Come Dine with Neighbours' organised by the Bangladeshi Women's Association.
- A series of friendship groups and activities run by Friends of Tipton Library.
- A 'Car Maintenance for All' programme to train RSA Academy students with the aim that they could then share these skills with others in the community.
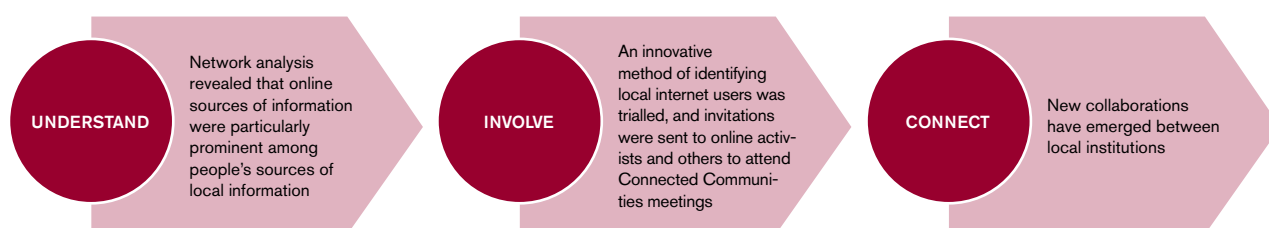
The community groups were invited to meet and connect with each other and share progress reports on several occasions. The groups focused on the sustainability of connections and decided that it was just as important for local organisations to stay connected as to attract local residents to their activities. The groups stayed in touch and formulated a local Tipton community newsletter which is now being produced and circulated on a quarterly basis to more widely disseminate information about local activities.

A number of other successful outcomes have also occurred with some of the community groups securing further funding to continue the activities they developed with the small grants awarded as part of this programme. The most successful being a grant of £350,000 to the Bangladeshi Women's Association to continue the Come Dine with Neighbours initiative they delivered involving several ethnic minority communities.

Case study: Bretton, Peterborough and LocalNets

Bringing internet users and local institutions together to coproduce solutions to local problems.

Figure 4.8: Connected Communities approach in Bretton

UNDERSTAND — Network analysis revealed that online sources of information were particularly prominent among people's sources of local information

INVOLVE — An innovative method of identifying local internet users was trialled, and invitations were sent to online activists and others to attend Connected Communities meetings

CONNECT — New collaborations have emerged between local institutions

Background and initial findings

Bretton is a 'New Town' a few miles outside of Peterborough in the east of England. It is an area with high deprivation and during our research we learned that in the last few years there had been an influx of non-English speaking communities, particularly from eastern Europe.

The initial findings in the research suggested that:

- Women in Bretton report higher life satisfaction than men.
- People of all age groups over 25 report lower life satisfaction than under 25s.
- Unemployed people have lower life satisfaction than others, though its significance varies depending on other factors.
- Neighbourhood satisfaction does not appear to correlate with life satisfaction in Bretton.
- There are very few civic society organisations in this suburban settlement; most organised community activity (through charities and clubs) takes place in Peterborough city centre.

LocalNets – connecting local assets

Given the relative lack of community institutions in the area, and with our data showing a notable preponderance for residents seeking local information on the internet, we sought to reach out to people who were more used to engaging online than through community groups. We collaborated with the Royal College of Art (RCA) using their innovative LocalNets. org[25] application which surveys social media and blogging sites to identify individuals who communicate about local issues. Online research with the LocalNets tool identified a number of individuals online, who were invited to meet representatives of local institutions to discuss local issues.

A community event was organised with the aim of bringing together the key stakeholders and institutions that were identified. This included a variety of individuals representing different local community sectors,

25. For more information on the LocalNets tool, see an account of the RSA and RCA pilot of the project in Marcus, G. and Tidey, J. (2015) *Community Mirror: A Data-Driven Method for 'Below the Radar' Research.* Nesta, [online] Available at: www.nesta.org.uk/publications/community-mirror-data-driven-method-below-radar-research#sthash.7lI3krqk.dpuf

such as the parish council, local schools and community service providers, including the local library and various arts and leisure organisations.

A pressing local issue identified at these events was that some individuals from local communities, especially those who struggled with English, were being excluded in civic participation and that there was a need to address how members from these communities could better connect with local service providers and increase their links to authority. Participants were invited to suggest ways they thought this issue could be addressed and lead to local change. One of the ways the group attempted to reach community members who are currently excluded due to language barriers was by supporting and promoting those with bilingual skills to help in engaging those who would otherwise have little or no opportunity to have their voice heard. To this end, local sixth form students were trained to administer an existing Parish Council survey which sought to ascertain Bretton residents' views on local matters. Some of the students were bi-lingual and so used these skills while others knew ethnic minority residents and completed the survey using face-to-face interviews. Through drawing upon the skills of bilingual students, otherwise excluded communities had an opportunity to have their say in the council survey.

The benefits of the interventions which took place in Bretton have meant that new collaborations have been formed and a number of outcomes have been achieved which include:

- The project has successfully contributed to the goals of strengthening communities and promoting more active citizenship amongst community members, bridging the gap between online communities and local networks.
- The connections made between the various stakeholders, and the subsequent engagement of the school and local service providers, shows how networks can be developed through a variety of locally defined activities, which utilise social support models, social networking and community development.

5. Reflections and insights on the Big Society

The action and research projects outlined in chapter 4 were built on some key assumptions set out in the RSA's 2010 report *Connected Communities: How Social networks power and sustain the Big Society*.[26] This report looked at the Big Society agenda through the lens of social networks science and defined the hypothesis for a networks-led theory of change as well as forming the basis for the Connected Communities approach to community development that this programme tested.

In 2010, we had defined seven working assumptions about social networks, and today we have been able to review these assumptions in light of the data collected during this programme, and we have derived the following insights:

1. **2010 assumption:** *'Six degrees of separation, three degrees of influence'* – Most people are connected to each other by six degrees of separation[27] and people have influence over people up to three degrees of separation.[28]
   Our 2015 data says: If these notional connections exist, people do not seem to be aware of them in practice. Networks of influence are more fragmented at a local level than the neat chains of connections suggested in the 'six degrees' model. 56 percent of people we surveyed didn't know anybody who could help them contact another person with the influence to change things locally, and it seems unlikely that they would otherwise have the knowledge to negotiate additional degrees of separation to reach a person of influence.

2. **2010 assumption:** *'Birds of a feather flock together'* – There is a tendency for people to prefer to bond with people they consider to be in some way like themselves.
   Our 2015 data says: A lack of diversity in networks can be damaging. We have observed the disadvantages of isolated groups with limited networks to different sources of influence or opportunity, and the tendency for people with similar attributes to associate

26. Rowson, J. et al (2010) *Connected Communities: How Social Networks Power and Sustain the Big Society*. RSA.

27. Watts, D., Dodds, P. and Newmand, M. (2002) 'Identity and Search in Social Networks, *Science* 296 (5571) pp. 1302–1305.

28. Christakis, N. and Fowler, J. (2009) *Connected: The Amazing Power of Social Networks and How they Shape Our Lives*. Little, Brown and Company.

primarily with each other can be very restrictive if these attributes are ones that are not advantageous, such as unemployment, or the clustering of low wellbeing we observed among some BME groups in Liverpool. However, we also repeatedly found that shared identity or shared purpose are essential to successful community formation. This ranged from a shared status in the sense of being from a minority ethnic group in Liverpool, to a recognition of the common experience of being an isolated 'Mam' or mother in Murton, to a shared stake in improving a particular place in a number of our sites.

3. **2010 assumption:** *'Location, location, location'* – The location of a person or asset within a network is important, for example there can be advantages to being 'central' in a network – ie having a lot of influence within the network as a result of having many relationships in common with others and thereby being in a key position.

   Our 2015 data says: While we found distinct disadvantages for those isolated people on the peripheries of networks, we also found disadvantages to communities when certain people or assets were *too* central. Chapter 4 discusses how a particular community centre in Murton was deemed unsuitable for a project because of its prominence in local networks, while elsewhere we found that an excess of 'centrality' could represent either a lack of diversity or over-burdened networks where significant pressure falls on a small number of individuals. Diversity and flexibility seem to be as important as centrality.

4. **2010 assumption:** *Imitation drives design*, and **5.** It's not what you know, it's who they know – These theories show how influence ripples through networks. People imitate those they have close contact with, and people who one is connected to but who are not known directly can have an impact on one's life.

   Our 2015 data says: It takes time to build and observe these cumulative networked impacts, but participants in our projects reported favourable outcomes for their children and other family members benefiting from the group activities of the participant.

6. **2010 assumption:** *Experimentation gets results* – Working with and through networks can be unpredictable and outcomes may be difficult to define in advance.

   Our 2015 data says: The array of projects that emerged from this programme, through bringing people together to form networks rather than delivering a pre-conceived model of service to an area, is testament to the value of such an approach.

7. **2010 assumption:** *Weak ties get you working* – Social connections are particularly effective when they form bridges between well-bonded groups.

   Our 2015 data says: Some of the interventions in the Connected Communities programme involved networking networks – bringing different *groups* into contact with each other rather than simply building a new community of individuals. Trialled most notably in Tipton, a number of different clubs and charities are now collaborating together on a community newsletter and a variety of other community initiatives.

New insights beyond the Big Society assumptions:

Feeling part of something – and not feeling that you're prevented from being part of something – matters.
Among all of the data collected as part of this project, the variable **most associated with having higher subjective wellbeing was 'feeling part of a community'**, and the variables most negatively associated with wellbeing were identifying something or somewhere locally that you avoid or something that stops you from taking part in the community. It is not necessarily the raw number of social connections that seems to influence wellbeing as much as being able to make sense of those connections in terms of their amounting to a recognisable felt sense of a community that you belong to, or conversely feeling inhibited or obstructed from belonging to.

Context matters – certain groups are more prone to being isolated within certain areas, and isolation affects them differently.
In each of the seven sites, there were distinct social characteristics governing who tended to experience lower wellbeing and relative social isolation in different ways. For example, in New Cross Gate older people tended to have higher wellbeing *unless* they were isolated, in which case they had particularly low wellbeing. Meanwhile in Murton being a single parent correlated with having lower wellbeing, but this was 'buffered' by social relationships, with single parents reporting higher wellbeing proportionally with each additional person they identified in their network.

This is not the same as saying that single parents in Murton or elderly people in New Cross Gate are isolated. Instead, it is that *not* **being isolated is** *especially* **important** for these groups in those areas. As such, institutions that wish to address social isolation need to consider not just who is more likely to be isolated, but who is most likely to be particularly damaged if they are isolated.

A misalignment between individual and collective aspirations or characteristics can be damaging.
Our findings suggest that low wellbeing can be associated with being in some way 'different', or having experiences or aspirations that are different to the values or characteristics of the majority of people in local community networks.

For example, we found that people with higher qualifications in our research site in central Liverpool reported lower life satisfaction (as did people in Tipton who had higher qualifications but were unemployed), while single parents had low wellbeing in Murton but relatively high wellbeing in New Cross Gate.

Social networks are one part of a three dimensional system of interrelated phenomena.
Our data revealed that people's satisfaction with their neighbourhood, satisfaction with their health, life satisfaction, and access to social support within their networks were all linked. Causality may run in several directions concurrently but evidently social networks are an important part of this complexity. As such there is an essential good-sense in the principles of 'whole community' approaches that take a holistic approach

to social interventions in a similar manner to the successful Troubled Families programme in England; people's health, social networks and satisfaction with different domains of their lives are linked in ways that influence and reinforce each other. At a community level, working to build social networks is one way of unlocking the community capital that generates value in these interrelated domains.

6. The dividends of community capital

The Connected Communities programme has worked with local residents and partner organisations to develop new responses to the patterns of social isolation and low wellbeing that were revealed through research in each area. An array of social interventions were piloted that aimed to help new social connections to form between people.

Our evaluation of these interventions tests the theory of change and reveals that investing in community capital in this way produces a range of benefits, which we draw together as four kinds of social value: a wellbeing dividend, a citizenship dividend, a capacity dividend, and an economic dividend.

The dividends that we associate with community capital can each be thought of as either intrinsic or instrumental in their benefits, but together form four key aspects of a well-functioning system. The economic dividend is instrumental, in that it the savings and economic benefits our interventions generate that contribute to people's financial situation and the efficiency of public services. The capacity dividend is also instrumental, describing the tendency of networks to facilitate the ability to achieve desired outcomes efficiently. Wellbeing on the other hand is primarily an intrinsic dividend; a population of happier, healthier and more satisfied citizens is good in and of itself. The citizenship dividend meanwhile is both a good in itself to individuals – as it describes personal empowerment – as well as contributing to the civic health of their community as a whole.
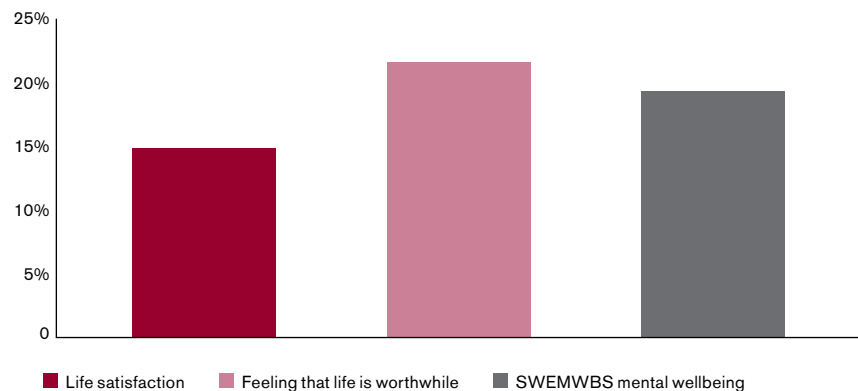
In the following pages we look in detail at what these dividends mean to their beneficiaries.

The dividends of community capital: The wellbeing dividend

Figure 6.1: The wellbeing dividend

Figure 6.2: Participants average increase in wellbeing measures after Connected Communities pilot interventions

Investing to connect communities has the potential to generate significant benefits for people's subjective wellbeing. Our research demonstrates the links between feeling connected to a community and experiencing greater satisfaction with life, as well as the importance to wellbeing of having certain kinds of social relationships. Indeed, our research suggests that social connectedness may correlate more strongly with wellbeing than social or economic characteristics such as unemployment.

Wellbeing is a notion used to describe what is non-instrumentally or ultimately 'good' for a person,[29] but its 'goodness' is not only of an ethical or abstract nature. Wellbeing has been shown to be a causal factor in various 'successful outcomes' such as increases in income, employment, better health and improvements to family life.[30] In addition to the private benefits to individuals that can be understood through the lens

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29. Crisp, R. (2001, revised 2013) in Zalta, E. *Well-Being*. Stanford Encyclopedia of Philosophy Archive Summer 2015 Edition [online] Available at: http://plato.stanford.edu/archives/sum2015/entries/well-being/

30. Lyubomirsky, S., King, L. et al (2005) 'The benefits of frequent positive affect: does happiness lead to success?' *Psychol Bull* 131(6), pp.803–855; Binder, M. and Coad, A. (2010). 'An examination of the dynamics of well-being and life events using vector autoregressions.' *Journal of Economic Behavior & Organization* 76(2), pp.352–371.

of wellbeing, the material links between wellbeing and health are by now well-established,[31] and in a context of an ageing population and increasing financial burdens of long-term medical conditions on the National Health Service, the potential for greater wellbeing to drive better health outcomes and to reduce pressure on services cannot be ignored. We explore this theme further in the chapter on Economic Dividends, below.

Subjective wellbeing and the Power to Create

Subjective wellbeing is an important part of the RSA's theory around the Power to Create – the belief that everybody should have the ability to turn their ideas and aspirations into reality, to be 'authors of their own lives'[32] and be equipped to meet their own needs and aspirations. Though the concept of wellbeing is a sometimes imprecise and always imperfect one,[33] it is useful for a number of reasons. It aims towards being holistic, referring to the overall satisfactoriness or otherwise of an individual's experience of life, rather than one particular variable, and it is a subjective measure in that it is understood from a subject's self-assessment, as opposed to more objective criteria like income or health diagnoses (which may reinforce normative judgements or give an incomplete picture of a person's personal quality of life). Variations in personal or cultural values, life experience, expectations and disposition mean that evaluations by individuals in apparently similar objective life circumstances may differ dramatically. As such, in the words of the psychologist Ed Diener: "the subjective element is essential".[34]

In assessing one's satisfaction with life, an individual may take into account a range of interlinked factors that shape their lives to a greater or lesser extent, including wealth, health, environment, mood, character and other events and circumstances. The factor that is of most interest to the Connected Communities programme is of course the nature and amount of social connections a person has, and how working to increase or improve these connections might generate social value.

The importance of social connections to wellbeing

Many studies have demonstrated the links between loneliness and negative health and wellbeing outcomes. Research suggests that loneliness is as bad for one's health as smoking fifteen cigarettes a day and moderate alcohol abuse,[35] and has twice the impact of obesity in causing premature death.[36] As such, loneliness is a clear public health problem and alleviat-

31. Department of Health (2014) 'The Relationship Between Wellbeing and Health', *A compendium of Factsheets: Wellbeing across the Lifecourse*.

32. Taylor, M. (2014) The Power to Create (in about 5 minutes) *thersa.org* Matthew Taylor's blog, [blog] 21 July. Available at: www.thersa.org/discover/publications-and-articles/matthew-taylor-blog/2014/07/the-power-to-create-in-about-5-minutes/

33. See, for example, Davies, W. (2015) *The Happiness Industry: How the Government and Big Business Sold Us Well-being*. Verso. Also Carlisle, S. and Hanlon, P. (2008) "Well-being' as a focus for Public Health? A critique and defence'. *Critical Public Health*, 18(3), pp.263–270.

34. Diener, E. et al (1999) 'Subjective Well-Being: Three Decades of Progress', *Psychological Bulletin*. 125(2), pp.276–302.

35. Holt-Lunstad, J. et al (2010) 'Social Relationships and Mortality Risk: A Meta-Analytic Review'. *PLoS Med*, 7(7) e1000316.

36. Cacioppo, J. (2014) *Rewarding Social Connections Promote Successful Aging*. Annual Meeting of the American Association for the Advancement of Science, Chicago, USA, 16 February 2014.

ing it through promoting and supporting opportunities to form social connections is likely to generate great benefits in terms of wellbeing. However we are also interested in the wellbeing gains that can be realised from addressing relative social isolation, rather than only loneliness, and supporting **greater connectedness** for the wellbeing benefits that this can bring, whether or not somebody feels especially lonely.

Generally, human beings are 'social animals' who benefit from frequent and meaningful contact with others. Exactly what the causal relationship between social connections and wellbeing is, is still not fully clear.[37] Evidence from biology and neuroscience is driving a range of theories that add factors such as neural shaping or chemical or hormonal responses to social and psychological explanations for the respective impact of social engagement and isolation.[38] What seems to be beyond dispute is the centrality of social relationships in upholding wellbeing, with broad consensus on this point from the self-help tools promoted by the New Economics Foundation[39] and a range of academic literature. RSA analysis of the recently available Office for National Statistics *Understanding Society* data reveals clear links between people's reported number of close friends and their health and life satisfaction: people who say they have no, or only one, close friend are 8 percent more likely to be dissatisfied with their lives than those with between two and 10 close friends.[40]

The Connected Communties programme has found that social connectedness is of *greater* importance to wellbeing than other life impact factors:

- Analysis of our 2,840 respondents pointed towards structural disadvantage within particular local contexts (eg single parents tended towards lower wellbeing in Murton but not in New Cross) but none of these factors were as consistently correlated with wellbeing as social connectedness.
- People who said that there was something stopping them from taking part in their community, and those who did not know anybody in their networks who could put them in touch with somebody in a position of local influence, tended to report lower subjective wellbeing in a way that is statistically significant.
- People who said they knew somebody who could give them practical help when required had significantly higher subjective wellbeing than those who didn't.
- People who were mentioned in other people's social networks had significantly higher subjective wellbeing – a strong and clear finding to support the theory that close social relationships and greater wellbeing are linked.

37. Helliwell, J. and Putnam, R. (2004) 'The Social Context of Well-being' *Philosophical Transactions of the Royal Society, 359* (1449), pp.1435–1446.

38. For example, Cacioppo, J. T. and Patrick, W. (2008). *Loneliness: human nature and the need for social connection*. New York; London; Norton. W.W. and Luhrmann, T.M. (2007) 'Social Defeat and the Culture of Chronicity'. *Culture, Medicine and Psychiatry*, 31, pp.135–172.

39. Aked, J. et al (2008) *Five Ways To Wellbeing*. New Economic Foundation.

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

Social connections are more consistently linked to subjective wellbeing than any of these features

- High neighbourhood satisfaction was connected to greater health satisfaction, higher subjective wellbeing and lower levels of anxiety, and those who expressed the greatest levels of satisfaction with their neighbourhood had 20 percent higher life satisfaction than those who were least satisfied with their neighbourhood.

- Having social support seems to act as a 'buffer' against low wellbeing in certain otherwise vulnerable life situations. That there is no strong correlation between being in any particular demographic group across all of the seven sites, despite the evidence of vulnerability associated with membership of certain groups within localities, appears to be accounted for by statistical analysis which reveal strong 'positive interaction effects' observed during linear regression analysis. People with long-term illness, who live alone, who are single parents, or who are elderly **do not experience significantly worse wellbeing on average if they have close friends**.

These findings are supported by some academic research and represent a notable development of others. For example, one study found that a well integrated friendship network was good for the wellbeing of middle aged adults, independent of education, gender, psychological health or wealth,[41] while numerous others stress the importance of social connections in buffering the otherwise negative impact of stressful life events and statuses.[42] Helliwell and Putnam, in an often-cited article, note that features predictive of subjective wellbeing include marital status, race, education and age.[43] However, in our research, social connections are more consistently linked to subjective wellbeing than any of these features. This is not to downplay the effects of material disadvantage; indeed unemployment was the one life factor against whose negative wellbeing impact social connection did not protect, while low satisfaction with health was the most significant wellbeing variable in our model. But an important conclusion is that where there are 'social risks' for people due to characteristics that could make them vulnerable, it is isolation added to these characteristics that has the significant negative impact on their wellbeing.[44]

The wellbeing dividends of community capital
Our pilot interventions point to the potential to derive important wellbeing dividends from the connections and networks that form community capital, as well as the potential and as yet unrealised connections that exist as latent assets in a community. Through intervening to support new or stronger social connections, several of our local pilot projects have caused participants to report **improved subjective wellbeing**.

In the projects we evaluated for their impact on wellbeing (Talk for Health in New Cross, Murton Mams in Murton and Social Mirror in

41. Cable, N. et al (2013) 'Friends are equally important to men and women, but family matters more for men's well-being'. *Journal of Epidemiology and Community Health*, 67(2), pp.166–71.
42. House, J. S., Umberson, D. et al (1988) 'Structures and Processes of Social Support'. *Annual Review of Sociology*, 14, pp.293–318.
43. Helliwell, J. and Putnam, R.D. (2004) ibid.
44. For an excellent example of how isolation and other social factors compounds and worsens vulnerable characteristics, see TM Luhrmann's (ibid) ethnographic work with homeless schizophrenia sufferers in Chicago.

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Knowle West), life satisfaction among participants rose from an average of 6.1 to 7 out of 10, an increase of 14.75 percent.[45] Those projects which worked with a small number of people to build up strong relationships in a focused manner – as did Murton Mams and New Cross Talk For Health with their regular, small group bonding interactions – had particularly notable results. Participants' sense that the things they do in life are worthwhile increased by an average of 21.68 percent across the two projects, while mean wellbeing ratings on the SWEMWBS scale increased by an average of 19.35 percent, from an average of 3.1 before the interventions to 3.7 at the end of the pilot. To put these figures in context, average UK life satisfaction is 7.4[46] and mean SWEMWBS ratings across the UK is 3.7.[47] Our sample sizes are small so the figures should be read with caution but they appear to reveal a positive trend wherein working with groups of people with below-average subjective wellbeing and supporting them to connect to one another over a period of time sees their wellbeing rise to a level close to that of the national average. These increases in wellbeing among the participants over a relatively short period of time are evidence in support of our theory that investing time, effort or resources into interventions that build social connections can have a positive impact on people's wellbeing.

Figure 6.3: Average reported subjective wellbeing among Connected Communities pilot intervention participants
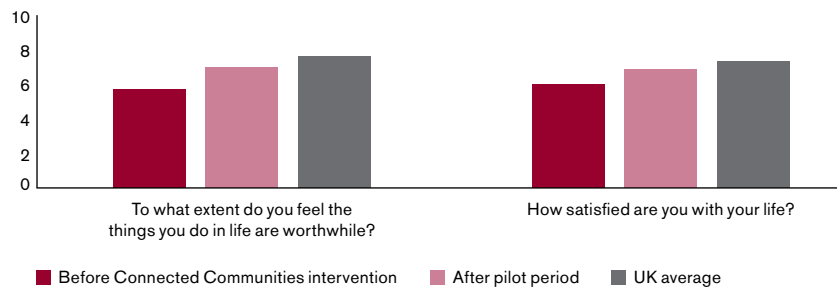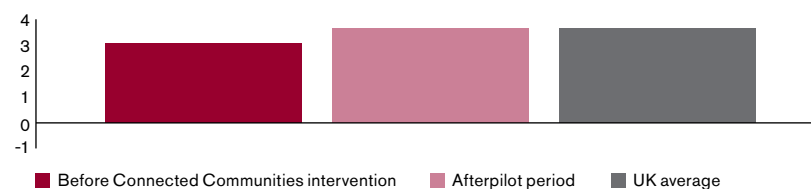

Figure 6.4: Average self-assessed mental wellbeing among Connected Communities pilot intervention participants (Shorter Warwick Edinburgh Mental Wellbeing Scale)

45. Note the sample sizes are small: 12 in New Cross, five in Murton and Knowle West. Only figures for Social Mirror users in Knowle West who attended a social prescription are included in these figures.
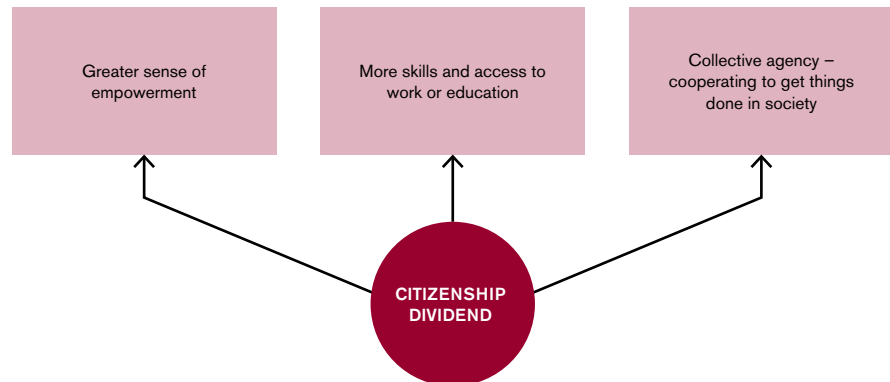46. ONS 2014.
47. WEMWBS 'Index score as Mean equivalent'. *Health Survey for England – 2012*, [online] Available at: www.hscic.gov.uk/catalogue/PUB13218/HSE2012-Ch5-Wellbeing.pdf

The dividends of community capital: The citizenship dividend

Figure 6.5: The citizenship dividend

Box 6.1: Key stats

- Across all seven sites, respondents who reported that they had no social contacts scored themselves on average 6 percent lower on measures of empowerment than the sample as a whole.
- Six months into the Murton intervention project, the proportion of participants in employment increased five-fold and the proportion engaged in volunteering increased eight-fold, compared to the beginning of the project.
- In two of the evaluated interventions, participants' self-assessed measures of feeling useful, dealing with problems, and being able to make up their minds about things improved by an average of 13 percent over the course of the pilot study.

Community capital generates empowerment among citizens, leading to greater levels of civic participation. Our research reveals the relationship between the strength of a person's social network and the degree to which he or she feels empowered to be socially active and have a positive influence beyond his or her own immediate circumstances. By facilitating connections between people and supporting them to feel like socially included citizens, the Connected Communities interventions empowered people to act in the world, making them more confident, providing them with new skills, improving their employment prospects and increasing their interest in education and volunteering.

What is empowerment?

Empowerment, as the word suggests, refers to the act of increasing the amount of power available to individuals or groups. But defining what this 'power' being conferred actually is, and how it is shared, is a rather more complex task. Developing a person's sense of self and agency to both act as and be recognised as a full citizen in society requires addressing various barriers. Such barriers may be internalised, such as a lack of confidence, or shame and apathy. Addressing these internal or psychological barriers is, however, only part of empowerment. While an individual can become more confident in themselves and their situation, he or she cannot be said to be truly empowered unless they possess the knowledge and resources

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needed to act effectively as citizens. These include an awareness of local institutions and influencers, in-demand skills, and material wealth. Those elements of social exclusions that block access to knowledge and resources are what we might call 'external barriers' – external in that solving them requires looking beyond the psychology of a single individual. A full conception of empowerment therefore demands engagement with both the internal and external dimensions of human activity.

How social networks empower citizens
Accepting that barriers to empowerment are located in the external social world as much as in the individual, what does this mean for the practice of empowerment in a social context? How can the role of social networks in peoples' lives be leveraged so that those who belong to them feel more confident, skilled and feel the benefits of active citizenship? To begin with, the simple act of participating in a group setting empowers people who have lived through challenging situations by connecting them to those with similar experiences. Examples of successful peer-support groups include people in recovery from substance misuse participating in the RSA's Whole Person Recovery programme,[48] or the single parents who took part in the Connected Communities intervention in Murton. Studies suggest that peer support is vital to empowerment. Peers provide people with "a basis of social support through the change process, with a format for providing mutual aid, with the opportunity to learn new skills through role modelling, and with a potential power base for future action."[49] By participating in empowering community settings, people can pick up 'contagious' attitudes of hopefulness and determination. Group settings allow for the transmission of knowledge and skills that are a key component of individual empowerment, as well as the collective efficacy and social inclusion that are key components of active citizenship.

The Citizenship Dividend in the Connected Communities Localities
In order to measure citizenship, we focus on a small selection of our survey indicators which best capture the characteristics that we associate with empowerment. From the survey's wellbeing questions, we consider those related to how useful a person feels, how able they feel themselves to be in making up their mind, and how effectively they feel they are in dealing with problems, to be particularly relevant in measuring their sense of personal empowerment. Meanwhile survey items related to the strength of a person's sense of local influence, their ability to acquire local information, the number of local groups that they are aware of, the people they know who organise and influence, and the total number of people who they know are the key indicators in our study of the citizen's empowerment to effect change beyond the self. Additionally, these indicators were cross referenced with employment status (whether a person was employed

48.   See www.thersa.org/action-and-research/rsa-projects/public-services-and-communities-folder/whole-person-recovery/ and forthcoming report (November 2015). Since 2013 the RSA has been working with people in recovery from drug and alcohol misuse in west Kent helping to build supportive communities around the individual.

49.   Gutierrez, L. (1994). 'Beyond Coping: An Empowerment Perspective on Stressful Life Events'. *The Journal of Sociology & Social Welfare*, 21.3, Article 13.

or unemployed) to measure the link of employment to empowerment, and that of employment to access to information.

Pre-intervention baseline data collected from all 2,840 respondents across the Connected Communities programme revealed that unemployment is consistently linked across the sites with a lesser degree of empowerment. Unemployed people (not including retired, or sick people, carers, and those in education) reported feeling less useful, less able to deal with problems, and having lower life satisfaction. Unemployed people whom we surveyed reported having knowledge of fewer local sources of information, local groups, people who influence or organise things, and fewer social connections overall. This suggests that those who are unemployed tend to have a weaker sense of empowerment and weaker social networks, limiting their ability to act as full citizens with the power to realise their needs and aspirations or to positively engage with others in society.

Comparing the number of people a person knows with our measures of empowerment and social networks also yields interesting results. Those who reported not knowing a single person had consistently lower scores (by an average of 6 percent) in measures of empowerment such as feeling useful, dealing with problems, and feeling able to make up their minds than those who knew between one and three people. For those who reported knowing a larger number of people (four or more) however, their agency scores were on average only slightly higher (by 4 percent) than those of people reporting no acquaintances, and lower (by 3 percent) than those of the 'a few people' group, suggesting that when social networks get too large they lose some of their beneficial properties, or perhaps that those with important connections to lots of other people are those who are seeking additional support due to their low wellbeing needs. Those who reported knowing more people also reported knowing more local sources of information, more local groups, and more people who organise and influence things – here large numbers did not have a negative effect.

Our survey also measured the existence of barriers to people fulfilling their potential as citizens, which are broadly congruous with the 'external' barriers to empowerment discussed earlier. Respondents who perceive barriers to participating in the community or who avoid certain places in the local area tend to have lower life satisfaction.

Empowering Interventions

The group interventions at our sites were designed to get local citizens more involved in supporting themselves and vulnerable people in their communities – in other words to make social welfare a more empowering and participative process. Participation in group settings can empower people by introducing them to those who have similar lived experiences, so long as the dynamics of the group are inclusive and amenable to empowering the members. They are more likely to find acceptance and relief from their sources of anxiety, acquire new skills and information, and develop attitudes like hopefulness and determination that can help them solve problems for themselves and their communities. Our interventions sought to provide precisely this environment to participants – those with similar experiences, whether as single mothers (Murton) or as isolated elderly people (Knowle West), were brought together to collectively tackle

common problems. The self-reflexive design of the interventions in which local citizens were invited to reflect upon and engage with the initial survey data of their area and then customise programmes based on local needs, were key in giving participants a sense of power and ownership over the process.

Overall, the Connected Communities interventions were effective in targeting the indicators which we associate with empowerment. In both Murton and New Cross Gate, those surveyed post-intervention reported feeling more useful, dealing better with problems, and saying that they were better able to make up their minds about things (13 percent improvement on average across the three indicators) than those surveyed pre-intervention, with the increase being particularly pronounced in New Cross Gate (17 percent improvement). In Murton, where the intervention took the form of a regular social club co-produced by a group of isolated single mothers, more than half of those surveyed post-intervention felt that they could easily access information about what happens in their local area, compared with less than a quarter pre-intervention. The proportion of people in education or training increased fivefold and the proportion of active volunteers eightfold. At the beginning of the project, when asked which communities they felt a part of, the mothers cited places and organisations not shared by other participants, if they cited any at all. After Murton Mams had been established however, every single mother surveyed cited the group as a community they felt a part of.

Many of the participants evidenced signs of participating in their communities as more active citizens. For example, after joining the group, several of the Mams have gained employment and cite the confidence built up through attending the sessions as being an important factor in this. Some felt so empowered by their experience that they took up roles as Welfare Champions in the local area, receiving training to enable them to act as visible, helpful citizens in the local community, providing advice and support for people requiring additional assistance from public services.

In light of the RSA's world view of the Power to Create it is particularly encouraging to observe the extent to which these projects increased the feeling of empowerment among participants. An important conclusion is that participating in mutual support and interaction in groups is an effective component in developing greater personal empowerment. This is a valuable corrective to some more individualising narratives of how individuals find empowerment through 'self-help' or individual capacities, and points to a 'citizenship dividend' whereby community capital generates both a great sense of empowerment and self-efficacy in individuals as well as a greater ability to act as an empowered citizen.

The dividends of community capital: The capacity dividend

Figure 6.6: The capacity dividend
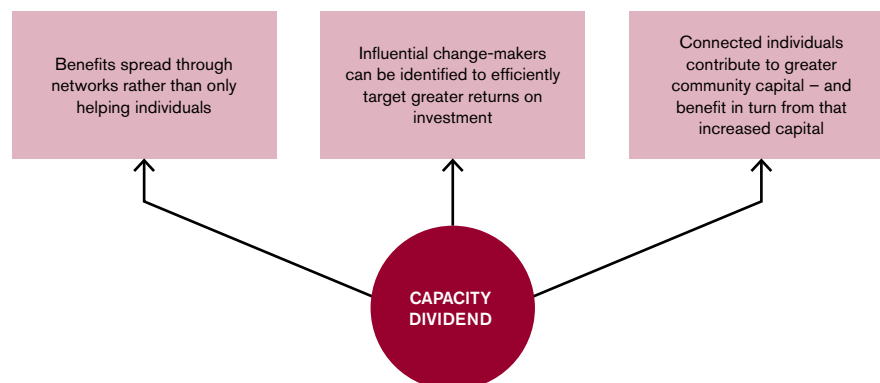
Many of the benefits outlined in this section on the dividends of community capital have focused primarily on the benefits to the individual. However, we need not see this individual beneficiary as the 'end user' in these processes. Social value spreads *through* social networks as well as being created by them. The benefits of community capital are not only linear, impacting a particular person; they are networked, spreading through social connections and achieving impact for numerous other people in the network, adding greatly to the capacity for social interventions to be increased through networks.

This increase in the capacity for benefits to spread through networks is known as the 'network effect'. The network effect is a phenomenon that has been observed, primarily in the field of telecommunications, since the work of Alexander Graham Bell and Theodore Vail in the early 20th century in establishing the phone network. They argued that the greater the number of network members, the greater the benefits for everybody in that network – in their case, the more people there are with telephones, the greater the value of each telephone in the network and the greater the value of the network overall. More recently, internet and social media have benefited from the network effect wherein utility and user benefit increase in proportion to the volume of other users of the service, with a cumulative increase in capacity as more members join the network.

Something similar can be said to occur within face-to-face communities. Although the relationship between the number of people connected to each other in a community cannot be said to be matched in a linear or direct way to the amount of social value produced by that community, and very large networks might begin to create diminishing returns, in general terms the overall strength of the community does benefit its members as individuals. The advantages (and also disadvantages) that accrue to certain individuals within a community can also impact other people to whom they are connected.

There is an abundance of examples from around the world of the spread of characteristics as diverse as happiness, wealth, and obesity through networks. In one example – an anti-poverty programme that

gave business training and free resources to women in Bangladesh – LSE researchers found that not only did those women directly involved enjoy greater income as a result, but their friends and family did too. A year on from the programme, consumption had risen by 20 percent among participants' friends, and people not directly involved in the programme but merely linked to it through friends and family reported greater confidence in their business skills.[50] In the US, a comprehensive social network analysis known as the Framingham Heart Study found that people were 15.3 percent more likely to be happy if just one other person in their network was happy – and 9 percent more likely to be happy if a friend of a friend was happy.[51] There are a number of possible causes for such phenomena: happier people may be better able to help others or simply be better company and thus directly improve the wellbeing of others; positive moods and behaviours may be imitated or copied by others and the relationship to each other may be directly mutually beneficial, improving the positive outcomes for both.

Figure 6.7: The virtuous circle of the capacity dividend
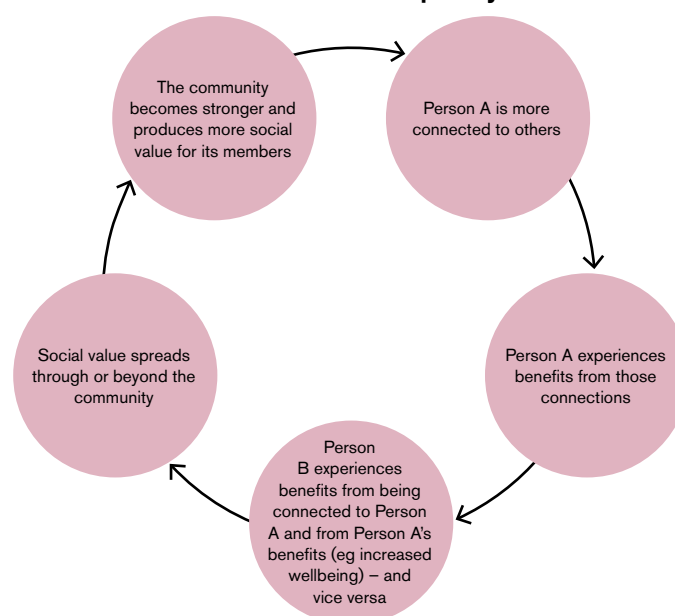
The network effect in communities

This spread of characteristics through networks has been described as 'contagion'.[52] Just as a contagious virus can spread through a community through physical contact, so can the positive effects of being a member of a community spread to other members of that community through social contact. If understood and harnessed, the potential of the network effect can lead to great social returns on investment or a 'capacity dividend'

50. Bandiera, O. et al (2009) *Community Networks and Poverty Reduction Programmes: Evidence from Bangladesh*. Economic Organisation and Public Policy Programme, London School of Economics and Political Science.

51. Fowler, J.H. and Christakis, N.A. (2008) 'Dynamic spread of happiness in a large social network: longitudinal analysis over 20 years in the Framingham Heart Study'. *BMJ*, 337:a2338.

52. Hatfield, E., Cacioppo, J.T. and Rapson, R.L. (1994) *Emotional Contagion*. New York: Cambridge University Press.

– as the network scientist Nicholas Christakis puts it: "You can target 5 percent of the population and 80 percent of the people change."[53]

The implications of this for policy and community development are potentially significant, as discussed in previous RSA publications.[54] Two major implications that we explored in this particular programme are that:

a. In some instances, it can be more effective to achieve policy goals through targeting networks rather than individuals.
b. Certain individuals whose influential position in networks means they are particularly adept at spreading the capacity dividend through communities can be targeted. In other RSA projects, we have called these influential individuals 'ChangeMakers'.

The capacity dividend in practice

Several of the participants in the Murton Mams social group described how the wellbeing, economic and citizenship dividends that they personally enjoyed were leading to 'ripple effects' which benefited children due to their mothers' improved mood and wellbeing. This was explicitly acknowledged by the local NHS Trust that funded the Murton Mams group as it sought to utilise the experience of the group in its activities to improve the wellbeing of children in the area – one of its key organisational objectives. On this basis it came to a positive reassessment of the value of funding the parent social group as leading to a capacity dividend which would ultimately benefit individual children.

In New Cross Gate, we used the insight of the social network analysis to specifically recruit people whose 'central' network position marked them as potentially influential people who could help to spread positive behaviours and skills (such as talking in a way that is beneficial to mental health and being comfortable and confident in supporting others emotionally). As well as forming strong bonds with other participants in the Talk For Health programme which taught them lay-counselling skills, several of the participants described themselves as being better equipped to support family members with their problems, while one member of the group, a full time carer for a family member, reported fewer arguments and a better relationship with their partner.

In both the successful programmes in Murton and New Cross, the participants expressed a desire for other people to benefit from their new network – the Murton Mams participants have been working with the East Durham Trust to set up similar 'Mam Zones' in other villages in Durham and scope a parallel project targeted at isolated men in Murton, while the Talk For Health trainees in New Cross have collaborated with a local community library to run talking for positive mental health drop-in sessions for visitors to the library.

In Bretton, Liverpool, Littlehampton and Tipton, rather than facilitating the establishment of new communities to provide social support to individuals directly, the Connected Communities projects instead sought

53. Quoted in Lewis, H. (2014) 'Choose your friends wisely – not least because their friends affect your health and happiness'. *New Statesman* 31 October – 6 November 2014.
54. See Ormerod, P. (2010) N *Squared: Public policy and the power of networks*. RSA, and Rowson, J. et al (2010) *Connected Communities: How social networks power and sustain the Big Society*. RSA.

Even during the short periods the Connected Communities interventions were piloted, there was evidence that mutual benefits were being spread through networks

to 'network the networks' – reap network effect dividends through linking existing networks together in order that they can share and expand their community capital and derive new benefits from access to the new networks. These expanded networks are still quite recent in formation and so their full impact cannot yet be comprehensively judged, but the capacity dividend can, nonetheless, be observed in many ways. These include, in Littlehampton, the existence of a dynamic community group running a wide range of beneficial activities following a community organising programme; in Liverpool, the mutually beneficial links between health services and Black, Asian and minority ethnic advocacy groups and in Tipton, a new town-wide network of collaborating community groups and charities.

Network effects are difficult to measure and define accurately without further longitudinal social network analysis. However, even during the short periods the Connected Communities interventions were piloted, there was evidence that mutual benefits were being spread through networks. As participants in communities benefit from being connected to each other, the overall community becomes stronger and more connected, and the benefits accruing to one are indirectly enjoyed by others in the network. This network effect is useful in maximising the capacity of the other 'dividends', but its role in making interventions and communities more than the sum of their parts should be recognised as a further capacity dividend in itself.

Figure 6.6: The economic dividend
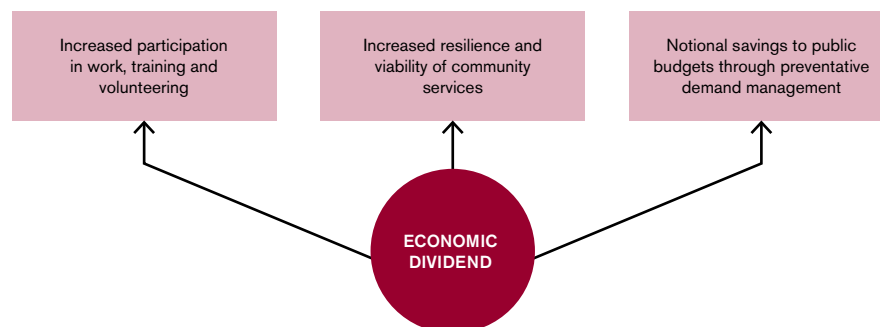
Box 6.2: Key stats

- Participants in one of our interventions were statistically significantly more likely to be using local training and employment services than they were before the project.
- In the Murton Mams single parents intervention, two participants (out of a baseline sample of twelve) found employment during the pilot project and attributed their success in the job market to the confidence and networks they gained from the project.
- Health service costs per person in one pilot programme were reduced by 34 percent – or £131 per person per year.

This chapter has defined and discussed the main types of 'dividend' observed in the evaluation of the Connected Communities programme. The fourth and final of these dividends relates to the economic impact of our place-based activities designed to combat social isolation. That is, how connecting people within their community can, over the short and longer term, do the following:

1. Increase participation in activities with financial consequences:
   a. **In the labour market:** helping to reduce reliance on welfare benefits, lowering the cost to the taxpayer and expanding their professional and personal networks as well as enhancing individual self-esteem and life satisfaction.
   b. **In volunteering activities:** helping to expand individuals' professional and personal networks, so building community capital and the ability for individuals to access it. Volunteering also increases people's exposure to education and training opportunities.
   c. **Increase participation in education or training:** helping to improve the quality of individuals' human capital, boost household real wages and contribute to higher levels of local productivity.
2. Enhance service value and cost effectiveness
   a. **Improve viability of community services:** by linking to other local resources and drawing upon higher levels of volunteering to keep community facilities open.
   b. **Improve the efficient allocation of public (or private) resources** over the long term by helping to shift investment to

preventative and community-based approaches to welfare and support. For example, lowering the cost of mental health care services by enabling communities to provide peer-support, prevent social isolation (often a compounding factor in anxiety and depression) and manage down demand for acute care.

The economic benefits of connectedness were observed during the programme, although these were modest given the short-term nature of the evaluation, while others created a legacy of potential longer-term economic gains. For example, 'social inclusion' was the benefit of the Murton Mams programme most commonly stated by participants in evaluation interviews, with individuals reporting that they were less socially isolated and had significantly wider social networks when compared with their situation before the programme. Many were now actively encouraging others to take part in community projects.

The interventions set a context in which individuals could feel encouraged to engage (or re-engage) in paid or unpaid employment and in a variety of volunteering activities. Volunteering creates additional capacity which is often of social and economic value in its own right.[55, 56, 57] In addition, some participants went back to education or training, which would be expected to improve longer-term opportunities to secure paid employment. Participants in Murton, as well as being more significantly engaged in groups and activities were significantly more likely to be using local training schemes and employment advisory services compared to the situation before the Mams projects started. They were better informed about opportunities and more confident in their employment or education aspirations. In Littlehampton, the new social space itself directly created employment opportunities for local residents.

Gains of a similar kind have been found in other studies of community programmes, and of course some of the earliest work on social capital pointed to links with human capital: associations between levels of social networks and trust, on the one hand, and educational engagement and attainment.[58, 59] Healthwise Hull – a community empowerment project that trained local residents on lifestyle modification strategies such as nutrition, physical activity and mental well-being, and then invited them to transfer their learning to friends, family and neighbours – improved the employability of the trained peer-volunteers.[60] The well-known Beacon Estate community development project in Cornwall saw reductions in the number of adults out of work and claiming Jobseeker's Allowance.[61] Some of the Neighbourhood

55. Knapp, M. (1990) *Time is Money: The Costs of Volunteering in Britain Today.* The Volunteer Centre, Berkhamsted.

56. Wilton, C. (2012) *Building Community Capacity: Evidence, Efficiency and Cost-Effectiveness.* Think Local Act Personal, London.

57. Knapp, M., Bauer, A., Perkins, M. and Snell, T. (2013) Building community capital in social care: Is there an economic case? *Community Development Journal*, 48, pp.313–331.

58. Bourdieu, P. (1983) Forms of capital, in J. C. Richards (Ed.) *Handbook of Theory and Research for the Sociology of Education.* Greenwood Press, New York.

59. Coleman, J.C. (1988) Social capital in the creation of human capital. *American Journal of Sociology*, 94, pp.S95–S120.

60. Gregson, R. and Court, L. (2010) *Building healthy communities: A community empowerment approach.* London: Community Development Foundation.

61. Stuteley, H. and Parish, R. (2010) *The emergence of the H.E.L.P. practice model: from apathy to anger to positive energy.* Health Empowerment Leverage Project, London.

Community Budget Pilots were credited with reducing the number of young people not in education, employment or training (NEET).[62] Towards the other end of the age spectrum, some of the LinkAge projects developed employment, self-help and volunteering opportunities for older people.[63]

In the time-scale possible for our evaluation we were unlikely to see major changes in patterns of employment or engagement in education and training, but the longer-term prospects look encouraging given the observed levels of volunteering, participation in confidence-generating and learning activities, and gains in health and wellbeing (see above).

Wider benefits to participation

Health gains can generate economic gains through higher employment-related productivity, inter-generational benefits through encouraging better health through parenting, and reductions in health service use

Tackling isolation can increase life satisfaction by one point on a ten-point scale and this improvement can have a positive externality effect on the reported life satisfaction and wellbeing of other family members, particularly children. Fifteen of the 19 respondents to a follow-up questionnaire reported positive impacts of the Mams programme on their children's behaviours (interaction with others, making new friends) and emotional health (feeling more confident and happier). Intergenerational benefits of this kind can strengthen the resilience of communities. Meanwhile, encouraging greater use of green spaces, as in the case of the social prescriptions offered by the Social Mirror Connected Communities pilot in Knowle West, is likely to have increased physical activity levels and wellbeing.[64]

There were also some early indications of self-reported health improvement, which may in part link to the now quite plentiful evidence that social isolation is a risk factor for loneliness and poor health, including depression, cardiovascular and cognitive decline.[65, 66] Befriending can reduce depressive symptoms.[67] More generally, health gains – while of value in their own right – can generate economic gains through higher employment-related productivity, inter-generational benefits through encouraging better health through parenting, and reductions in health service use.

Previously in this section we have seen that activities designed to increase connectedness within communities can increase rates of local volunteering. As well as enhancing the health and wellbeing of others, it has previously also been shown that volunteering can generate health gains for volunteers themselves. A report from Volunteering England,[68] summarising a wide-ranging systematic review of evidence on the links between volunteering and health found many

62. Rutherford, R., Spurling, L., Busby, A. and Watts, B. (2013) *Neighbourhood Community Budget Pilot Programme: research, learning, evaluation and lessons*. Department of Communities and Local Government, London.

63. Willis, M. and Dalziel, R. (2009) *LinkAge Plus: capacity building: enabling and empowering older people as independent and active citizens*. Research Report 571, Department for Work and Pensions, London.

64. Watts, P., Phillips, G., Petticrew. M. et al (2013) Physical activity in deprived communities in London: examining individual and neighbourhood-level factors. *PLoS ONE* 8(7), e69472. (10.1371/journal.pone.0069472).

65. Steptoe, A., Shankar, A., Demakakos, P. and Wardle, J. (2013) Social isolation, loneliness, and all-cause mortality in older men and women, *PNAS*, 110, pp.5797–5801.

66. Courtin, E. and Knapp, M. (2015) Social isolation, loneliness and health in old age: a scoping review. *Health and Social Care in the Community*, forthcoming.

67. Mead, N., Lester, H., Chew-Graham, C., Gask, L. and Bower, P. (2010) Effects of befriending on depressive symptoms and distress: systematic review and meta-analysis. *British Journal of Psychiatry*, 196, pp.96–101.

68. Volunteering England (2008) *Volunteering and health: what impact does it have?* Volunteering England, London.

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positive health outcomes: increased self-esteem and confidence; better social interaction, integration and support; improved disease management; reduced depression; less intense response to grief; reduced burden on carers; decreased anxiety; longer survival times for hospice patients; improved cognitive function; increased uptake and duration of breastfeeding; more childhood immunisations; improved mental health of children; better parenting skills; improved physical health and functioning; increased levels of physical activity; improved diet; compliance with medication and clinic attendance; fewer hospital visits; and improved relationships between patients and health professionals.[69]

Enhancing service value and cost effectiveness

As well as increasing levels of community participation, an important direct benefit of some of the local projects was their contribution to keeping community facilities open and economically viable, also creating option demand benefits for other individuals and groups. In Murton, the local community centre offered a comfortable, supportive and convenient venue for participants; in return the Mams project helped to fill vacant capacity, linking with other local community programmes. The Wick, Littlehampton project turned a disused council building into a social amenity for multiple uses.

The Murton and Knowle West projects offered mixes of group-based activities, allowing individuals to make choices dependent on availability, health status, need (eg for childcare) and preference. More than a third of respondents to our follow-up questionnaire expressed a wish for more opportunities to meet, and for more structured activities. Provision of childcare services made it possible for individuals to take up opportunities offered by the Murton Mams programme.

Expanding the range of choice and opportunities for local communities also helped to empower individuals (see the 'citizenship dividend'). Although of intrinsic value in itself, such empowerment can also have knock-on economic benefits achieved through greater efficiency in the use of public resources, as was found with the early experiments with personal budgets for social care[70, 71, 72] and personal health budgets[73] – allowing people with social care needs or long-term conditions to engage positively as citizens rather than passive recipients of public services. Further empirical evidence seems to support the relationship between different forms of community empowerment and efficiency gains, including participatory budgets,[74] neighbourhood budgets,[75] and local area coordination.[76]

69. Not every quantitative study covered by the review found significant positive outcomes, but no study reported *negative* health effects from volunteering.

70. Netten, A., Jones, K., Knapp, M., Fernández, J.L., Challis, D., Glendinning, C., Jacobs, S., Manthorpe, J., Moran, N., Stevens, M. and Wilberforce, M. (2012) Personalisation through Individual Budgets: does it work and for whom? *British Journal of Social Work*, 42, pp.1556–73.

71. Jones, K., Netten, A., Fernández, J.L., Knapp, M., Challis, D., Glendinning, C., Jacobs, S., Manthorpe, J., Moran, N., Stevens, M., Wilberforce, M. et al (2012) The impact of individual budgets on the targeting of support: findings from a national evaluation of pilot projects in England. *Public Money and Management*, 32, pp.417–24.

72. Wilton (2013) op cit.

73. Forder, J., Jones, K., Glendinning, C., Caiels, J., Welch, E., Baxter, K., Davidson, J., Windle, K., Irvine, A., King, D. and Dolan, P. (2012) *Evaluation of the Personal Health Budget Pilot Programme*. Department of Health, London.

74. Gregson et al (2010) op cit.

75. Rutherford et al (2013) op cit.

76. Broad, R. (2015) *People, Places, Possibilities: Progress on Local Area Coordination in England and Wales*. Centre for Welfare Reform, London.

Short term vs. long term costs

Successful community projects could have two quite divergent impacts on public sector costs. By making individuals better aware of the services available in their locality and their entitlements to them, and by building self-confidence and breaking down other barriers so that individuals do actually use them, the projects could push up costs. And by helping individuals to avoid the need for some services (such as social care support or mental health treatments) through good preventive strategies or by averting crises, the projects could at the same time pull down costs.

The former stem from the appropriate, needs-based, entitlement-driven utilisation of (say) primary health care and the take-up of welfare benefits; while the latter are associated with services that are accessed because needs or crises have not been prevented, such as A&E or child protection. In the longer term an aim of many community initiatives would be – should be – to pull down costs through appropriate preventative means, bringing down overall public expenditure levels.

As such, it is important to stress that higher costs are not necessarily 'bad', just as lowering costs is not necessarily 'good'. What we can report from the Connected Communities research is that there were changes in the patterns and levels of costs in those sites where we were able to collect suitable data. For example, participants in Murton appeared to be better aware of benefit entitlements and training opportunities – which are likely to generate longer-term economic benefits through employment-driven productivity gains, for example. There were also some reductions in health service costs when comparing self-reported utilisation patterns before and after participation in the Murton Mams project. Among our sample, these savings averaged £131 (which represented a 34 percent reduction).[77] In Knowle West there also appeared to be some cost savings from reduced use of health services after people had participated in the Social Mirror programme.

Other studies have found changes in service use and costs: the LinkAge projects promoted partnership working to improve access of older people to services;[78] the Beacon Estate community development project increased benefit take-up;[79] some of the Neighbourhood Community Budget Pilots achieved some service use reductions;[80] schemes to link health service patients to community-based support generated improvements in psychological and social wellbeing, and also reduced use of health services;[81] the Kirklees Community Partnerships programme generated savings through some reductions in service use, although the main economic gains were said to come through volunteer contributions and the value attached to positive functioning, supportive relationships and trust;[82] and it has also

77. This difference was not statistically significant, but this is undoubtedly partly because of the small sample (n=19) and the notoriously skewed nature of health care cost data. Looking at the components, there was a significant if small difference in nurse costs over time.
78. Willis and Dalziel (2009) op cit.
79. Stuteley and Parish (2009) op cit.
80. Rutherford et al (2013) op cit.
81. Mossabir, R. et al (2014) 'A scoping review to understand the effectiveness of linking schemes from healthcare providers to community resources to improve the health and well-being of people with long-term conditions'. *Health and Social Care in the Community*, 23(5), pp.467–484.
82. Wright, T. and Schifferes, J. (2012) *Growing Social Capital: A Social Return on Investment Analysis of the Impact of Voluntary and Community Sector Activities Funded by Grant Aid*. nef consulting, London.

been suggested that there is a cost-benefit case for local area coordination from two recent local evaluations.[83]

Finally, we note that cost-effectiveness 'conclusions' are conventionally quite reductionist, and such an approach might not be suitable in the circumstances of the Connected Communities programme. A number of methodological challenges are discussed below but the main source of difficulty is the ambiguous nature of any observed short-term changes in patterns and levels of service use and their associated costs in the immediate and longer term.

It is perhaps holding community projects to overly-high expectations to hope that they achieve immediate cashable savings. After all, there will be initial 'start up' costs associated with any project which limits its immediate profitability, and in the case of the Connected Communities programme the interventions were conceived of as research pilots rather than robustly-costed financial solutions. However, the indications that participants enjoyed better health and experienced improved wellbeing while being exposed to wider networks of information and opportunity supported these people to get closer to the job market and become more active in their communities. At scale, there is thus reason to expect that working to connect people in communities could lead to significant economic dividends through greater levels of employment, as well as creating the potential for savings to public service expenditure due to a reduction in avoidable demand.

Box 6.4:

There were methodological challenges involved in evaluating the economic impact of this work. These challenges mean that we present our findings with caution, highlighting:

- **Limited sample** – our empirical evidence comes from a small number of local projects, and small numbers of people within them.
- **Short-term evaluation** – we can only speculate the longer-term consequences of short-term achievements measured here; we do not know how durable the benefits are from the projects, or even whether the longer-term consequences could be negative. (We believe it reasonable to assume that helping individuals to acquire new skills and to build links within their communities could have longer-term personal and social advantages.)
- **System impact** – given the short time-scales of these local projects and their evaluation, we assume that helping to build better synergies between different systems (such as health and social care) could improve future integrated working over the longer term.
- **Network effects** – another longer-term consequence could be that the benefits of social networking and participation cascade to other individuals, as current participants become local 'champions' for others engaging in the future.
- **Scale** – many of the implementation costs are fixed (eg identifying local needs)[84] and increasing coverage or uptake rates would help to bring cost per person down.

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83. Broad (2015) op cit.

84. For example, in Murton, 20 percent of the identified budget for the project was spent on activities to identify local needs and how to best meet them; this could be seen as an investment that would not immediately need to be repeated. We do not know how many more individuals would have wanted or been able to join these activities before capacity was reached or before the wellbeing or other benefits for current participants started to be compromised.

7. Conclusions

Communities are crucial to achieving shared social outcomes and better lives, and connectedness is crucial for communities.

The diverse work described in this report serves to illustrate the case for a Connected Communities approach to growing community capital. This approach, which can be practically distilled to the 'Understand, Involve, Connect' process (see Theory of Change and case studies, above), can be undertaken by public service professionals, socially-minded businesses,[85] NGOs, community groups and others working with communities to create a range of social dividends. These dividends are shared to the benefit of the members of the community from which they are derived.

Investing in community capital involves understanding what assets and deficits exist within a community – including the relationships between people and patterns of social connection and exclusion – and working with the members of the community to create new connections to create additional dividends in which all can share.

By investing in community capital in this way, public services and other bodies can expect to:

- Improve people's health, wellbeing, and quality of life.
- Increase employability.
- Achieve a more equitable distribution of democracy and power, through supporting people to be more empowered.
- Achieve efficient networked impact, with the benefits that accrue from community capital spreading through communities rather than affecting a single end-user.
- Make savings from excess demand on certain public services, through supporting resilient communities that prevent some of the problems that otherwise isolated people might face.

A better context for policy goals

Over the period of this study, we have seen the growth of a broad agreement, both within and outside of government, on the importance of engaging citizens in the design of public services as a way of promoting sustainability and accountability for those services. Often, though, these methods of 'co-production' have been seen primarily as ameliorative responses to austerity rather than for their potential to *create* social value. There has been little focus on how to realise the community dividends of citizen engagement as a resource for the wellbeing both of communities as a whole and for citizens who are otherwise excluded. Meanwhile, the greater emphasis on the relationships within communities has much to

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85. See Schifferes, J. (2014) *Shopping for Shared Value*, RSA, for an exploration of how businesses including supermarkets can support stronger communities.

Our work has spawned some thinking on the technologies that might be drawn on to advance Understand, Involve, Connect principles

offer in creating a social context in which individual needs can be better served, whether through increasingly 'personalised' services or in preventing the need for service use. Later in 2015 the Centre for Citizenship and Community and the RSA will explore the potential of greater connectedness within communities in supporting better outcomes in specific policy areas through work on housing with Orbit Housing Association and health and social care with Macmillan Cancer Care.

This presents community capital as a way of thinking about the involvement of communities that goes beyond isolated initiatives that can easily be seen as limited, inequitable or both. The power of connectivity within and between the many communities to which people may belong is there to be realised, and realising it in a way that is inclusive and deliberative – that pays proper heed to the often complex nature of its origins and make up – can produce real social value. These 'dividends' both create new benefits and enable us to collectively tackle the major public health challenge of social isolation.

Connected Communities as an approach, and the Understand, Involve, Connect process that underpins it, has enabled us to formulate the characteristics of community capital that will help us in this task. We have worked with communities to identify, train and support the individual and organisational members of those communities who can most effectively research the community's patterns of connection, help the community more widely to understand these as assets and, based on this understanding, through brokering, network weaving or channelling, facilitate the formation of new groups and communities.

Connected Communities in practice

The Connected Communities principles of Understand, Involve, Connect can be found in multiple places and practices, such as for example, of the Wigan social worker, who, from a discussion with an isolated older woman on the assets to which she saw herself as having access (she could identify none), went on to work with her in translating the limitations of her homebound isolation itself into an asset; marketing the dependability of her domestic situation as a local community resource – in this case as a reliable setting for neighbourhood mail that would be otherwise undeliverable. Rather than driving to the post office to collect their mail items, her neighbours now go to the home of a previously isolated community member to do so, in turn providing regular, reciprocal and valued social support with real potential to prevent the costly residential care admission that would otherwise have been imminent.

Equally, our work has spawned some thinking on the technologies that might be drawn on to advance Understand, Involve, Connect principles. One example here is Social Mirror. A mobile device app for use by public service workers in the growing area of social prescribing, Social Mirror was designed to enable patients in doctors' surgeries to match tailored opportunities for social participation and activity to those in which, reflecting on their own networks, they wished to participate so as to become more connected. Yet we also know from the work of a GP consortium in Bradford that similarly structured conversations can and of course, are held by GPs without recourse to the technology but alert to the realities of isolation and the local activities in respect of which they can act as broker for their patients.
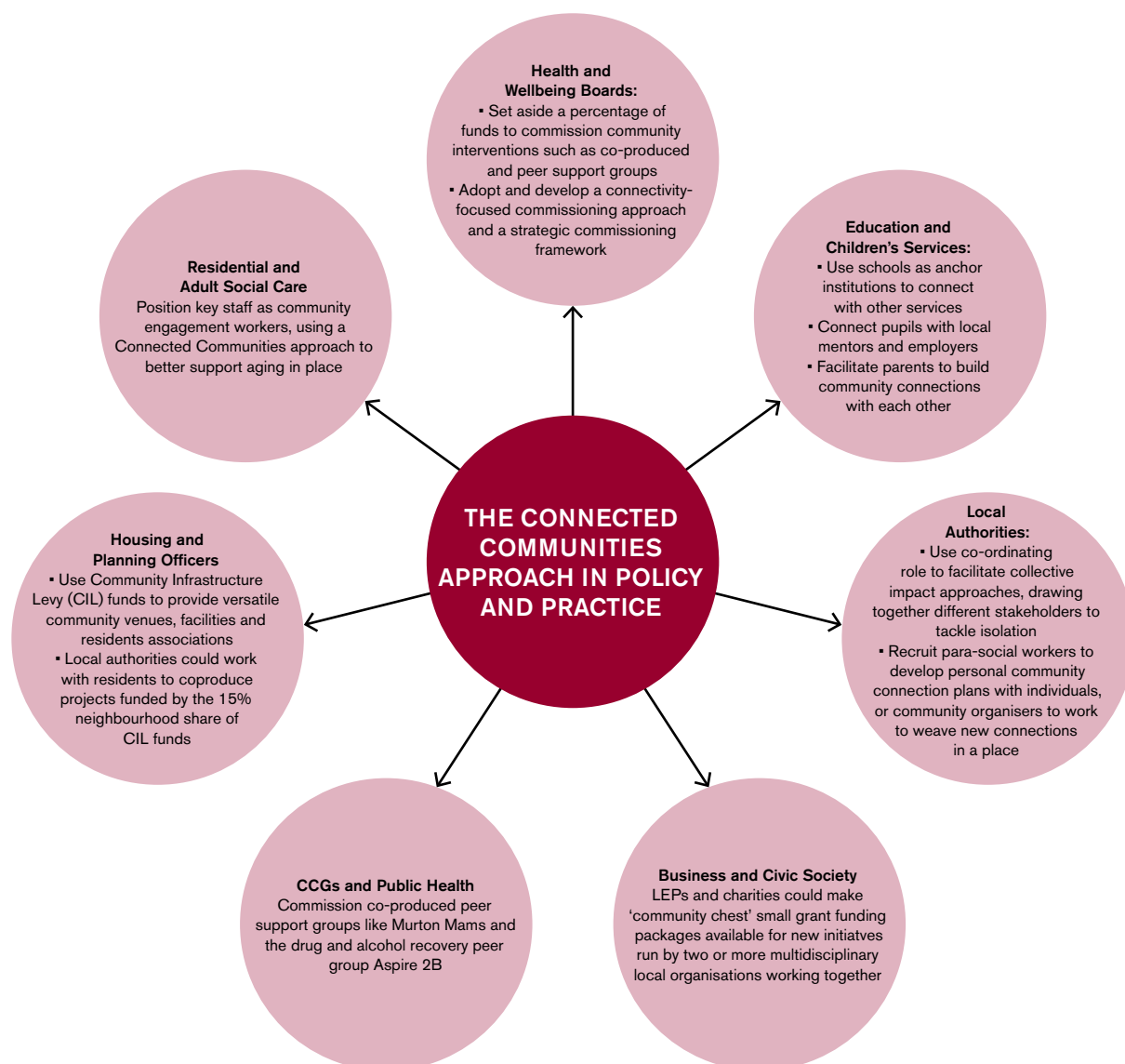
Elsewhere, we know of voluntary organisations and agencies working alongside professional workers to provide access for service users to opportunities which hard-pressed professional staff no longer feel able to provide. The Local Links programme in Leeds, which employs a new team of para-social workers to work with individuals after their social care assessments to build personal plans for how to connect with their communities, represents one of many examples.

A new way of working in public services

We propose that Connected Communities can be a new way of working in public services – particularly for those whose daily activity entails work with the impact of social isolation – and a new perspective from which to understand and pursue public service quality and outcomes. This may entail a re-shaping of public servant roles to include a greater emphasis on being weavers and enablers of social networks to support inclusion and wellbeing. Examples of how diverse stakeholders might seek to grow community capital are suggested in the figure below. This will involve developing a Connected Communities approach – modelled on the Theory of Change presented in the introduction to this report – in diverse public service settings. Recommendations might include:

- Conceive improved subjective wellbeing as an expressed goal of public services. Life satisfaction should be used an indicator of public service success.
- Health and Wellbeing Boards and Clinical Commissioning Groups (CCGs) should set aside funding and develop strategic commissioning frameworks which prioritise co-produced peer support groups for various patient groups, as well as within non-patient communities in order to invest upstream in the preventative power of community capital dividends.
- Local authorities, housing associations, and adult social service providers should position their staff or, budget allowing, hire new staff to perform community engagement roles aimed at weaving social networks within communities and especially around vulnerable or isolated people. Hounslow Borough Council's new network officer and the Local Links social work brokerage programme are innovative examples of this kind of approach being modelled in local authorities.
- Finally, innovative approaches to identifying and spending new sources of funding should be explored, such as local authorities co-producing community projects with residents using the 15 percent of Community Infrastructure Levies reserved for neighbourhoods, or through Local Enterprise Partnerships and charitable trusts specifically making small grant funding available for previously unconnected local organisations working in partnership.

Community Capital: The Value of Connected Communities

Figure 7.1: Suggestions for growing community capital

Health and Wellbeing Boards:
• Set aside a percentage of funds to commission community interventions such as co-produced and peer support groups
• Adopt and develop a connectivity-focused commissioning approach and a strategic commissioning framework

Residential and Adult Social Care
Position key staff as community engagement workers, using a Connected Communities approach to better support aging in place

Education and Children's Services:
• Use schools as anchor institutions to connect with other services
• Connect pupils with local mentors and employers
• Facilitate parents to build community connections with each other

Housing and Planning Officers
• Use Community Infrastructure Levy (CIL) funds to provide versatile community venues, facilities and residents associations
• Local authorities could work with residents to coproduce projects funded by the 15% neighbourhood share of CIL funds

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Local Authorities:
• Use co-ordinating role to facilitate collective impact approaches, drawing together different stakeholders to tackle isolation
• Recruit para-social workers to develop personal community connection plans with individuals, or community organisers to work to weave new connections in a place

CCGs and Public Health
Commission co-produced peer support groups like Murton Mams and the drug and alcohol recovery peer group Aspire 2B

Business and Civic Society
LEPs and charities could make 'community chest' small grant funding packages available for new initiatves run by two or more multidisciplinary local organisations working together

Putting community capital at the core of public service discourse

Political priorities and their impact on the funding of conventional service models carry implications for the ways in which we think about service effectiveness and the means of articulating it through conventional economic modelling. But the argument for investing in community capital – to engage widely both in setting priorities for wellbeing and inclusion and in determining innovative ways of promoting it through supporting relationships – stands clearly on its own merit. Our report points to the need to think creatively about the challenges of making this investment effective: how should public services be commissioned to prioritise provision that enhances connectivity? How can community-based and wellbeing outcome objectives[86] replace or integrate with service-based measures?

86. The EU's BRAINPOol project – Bringing Alternative Indicators into Policy programme – has done valuable work in arguing the case for the application of new indicators including those that measure wellbeing and life satisfaction. See Whitby, A. et al (2014) *The BRAINPOol Project: Summary, Recommendations and Next Steps*, [online] Available at: www.brainpoolproject.eu

Connected Communities as an action and research programme is intended to set the scene for the transformation that we regard as necessary to making the most of the networks all around us. In doing so, our aim has been to connect with you; on the basis of this report, to invite you to ask the everyday questions for Connected Communities:

- What means do public, private and third sector bodies have at their disposal to support individuals to connect to each other to best effect?
- What does this mean for how we re-frame the relationship of public services and communities?

We hope that this study has added strength to the policy case for building Connected Communities through articulating their value from experimentation in the field, and that it provokes fresh thinking in respect of the above questions. We invite your participation in adding power to the creation of Connected Communities in practice.

Community Capital: The Value of Connected Communities

The RSA (Royal Society for the encouragement of Arts, Manufactures and Commerce) believes that everyone should have the freedom and power to turn their ideas into reality – we call this the Power to Create. Through our ideas, research and 27,000-strong Fellowship, we seek to realise a society where creative power is distributed, where concentrations of power are confronted, and where creative values are nurtured. The RSA Action and Research Centre combines practical experimentation with rigorous research to achieve these goals.

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