

A Report on Early Experiences of Project Smith

October 2018

1. Executive summary

Healthwatch Lambeth has helped to evaluate the first two years of Project Smith, by gathering feedback from people taking part in activities supported by the Lambeth Wellbeing Fund and those involved in the Community Connectors scheme.

Despite interviewee recruitment challenges - particularly for the Connector service - those we did speak to were generous with the amount of feedback they gave. This allowed for some rich insights into both strands of the programme, spanning service experiences and outcomes for people. We were also able to build some collective profile pictures to indicate the reach achieved in these early phases of the programme.

Certainly, the breadth of contact with individual community members and the range of signposting leads recalled by the Community Connectors we spoke to was particularly impressive. We were also pleased to see in the second year of the grants programme, stronger evidence of activities reaching the intended target audiences of more isolated individuals and those experiencing poorer health and wellbeing.

Feedback on service experiences was almost universally positive across both strands of the programme. Interviewees told us that the support offered by Connectors was proactive but also sensitive to their needs, and our general impression of the funded projects was of good quality activities that were well run and well received.

Our 46 interviewees (including the Connectors themselves) were also able to report tangible benefits from these interventions which, collectively, could be mapped against all three of the planned programme outcomes: connectivity, resilience, and health and wellbeing self-management. We were also interested to see evidence of broader societal benefits from the Connectors scheme, both as a means for local people to model 'good citizenship' and to contribute to the wider community infrastructure through signposting and connecting organisations, as well as residents.

Overall, this community investment approach already appears to be paying dividends and we look forward to seeing further creative ideas and health and wellbeing benefits fostered by the programme across the borough.

Healthwatch offers three recommendations for consideration in the further development of the programme:

1. Explore opportunities to equip both programme strands to promote public health messages more overtly, to support the planned outcome of better self-management of health and wellbeing.
2. Continue to challenge and support Fund grantees to identify and reach the most vulnerable and isolated members of the community.
3. Consider whether the Connector scheme could or should have a stronger focus on older people.

2. Introduction

Between March 2016 and February 2018, Healthwatch Lambeth gathered a range of feedback from local people participating in the early phases of Project Smith. This ongoing programme has two work streams:

- the Lambeth Wellbeing Fund, a small grants scheme for local events and activities
- the Community Connectors initiative, which trains and supports local individuals to signpost people to activities and services.

The Project is funded by Lambeth Council and NHS Lambeth Clinical Commissioning Group (CCG) from the Better Care Fund¹ and has three overarching aims:

- To support people to manage their own health and wellbeing
- To help people avoid a crisis
- To reduce social isolation and build stronger community ties.

The principal target audiences are older people and others who may be vulnerable.

Healthwatch's involvement in the Project grew out of an interest in exploring ways to make signposting services more dynamic than traditional models, and in response to our ongoing focus on tackling loneliness and social isolation. Each phase of our findings has been shared with Project Smith's advisory group, and the CCG and Council Committees in Common for mental health and older people. This intelligence has helped to refine the criteria for the grants programme and provided early evidence of the scope and nature of signposting support carried out by the first Connector cohorts.

This report presents a summary of all our findings from the Project over the past two years, including an overview of the self-reported outcomes for scheme beneficiaries (as well as the Connectors themselves). We hope this will provide useful early context for the further development of the programme and the full evaluation which has now begun.

3. Methodology

Healthwatch gathered feedback on local people's experiences of both work streams of Project Smith.

Lambeth Wellbeing Fund -
In March and April 2016, we conducted individual interviews with 24 people who had participated in seven of the 13 projects funded in the 2015-16 grants programme, plus a focus group from an eighth project.

Programme work stream	No. of interviewees
Lambeth Wellbeing Fund 2015-16	24 plus focus group
Lambeth Wellbeing Fund 2016-17	11
Community Connectors	5
Community Connector beneficiaries	6
Total	46 plus focus group

This was the first round of Lambeth Wellbeing Fund grant awards. The following year, we spoke to 11 participants from six of the 18 supported initiatives, between November 2017 and January 2018. The projects chosen for these feedback exercises were selected to

¹ Better Care Fund information: <https://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/>

reflect the breadth of funded activities (see Appendices I and II). Interviews were carried out either face-to-face or by phone.

Community Connectors - We collected individual face-to-face feedback from five trained Connectors in autumn 2016 (six months after their initial training) and again in spring 2017. We also spoke to six people who had been supported by Connectors. One of these interviews was conducted in May 2017, while the others were carried out between January and February 2018. Four were conducted over the phone and two face-to-face.

Beneficiary interviews for both programme strands explored the service experience and any perceived benefits, against the programme's planned outcomes. The 'five ways to wellbeing' model was used as a set of complementary indicators. The interview topic guide also attempted to garner interviewees' self-reported general levels of loneliness and social isolation, health, and resilience, in an attempt to track the programme's reach to those who might benefit most from the programme.

Connector interviews covered their views on the role, recent connections they had made and any impact that participation in the project had made on their own lives.

Our early work on this initiative was resourced from Healthwatch's core funding and the second phase of feedback gathering was commissioned by the Project Smith team.

3.1 Limitations

Small numbers of interviewees - Interviewee leads were limited for some aspects of the project, particularly for people who had received support from Connectors. This was partly due to the transient nature of the contact Connectors had with some of those they supported and also reflected some Connector reticence to ask for feedback. Their reasons included: this type of formal request did not fit well with the casual nature of the service, the request could intrude on the personal relationship a Connector might have with an individual e.g. a neighbour or friend, other contact with someone a Connector didn't know was likely to be fleeting, and the interview offer was difficult to explain. A freepost feedback leaflet was co-designed with Connectors in response to these concerns, but at the point of writing only one had been returned (after our field work was completed) and passed to the external evaluator. Of those we did speak to, two people had received support from the same Connector.

Partial records - In preparation for their interviews, Community Connectors were asked to record their interactions with connectees in the preceding month. However, only two did so, and the majority of feedback drew on the Connectors' impressions rather than written records.

No sampling and mental capacity considerations - For the grant-funded project beneficiary interviews, project leads provided a limited number of participant contacts which did not allow for sampling and not all leads were fruitful. For example, two people chose to opt out of the evaluation after their interview and several other interviews were cut short due to noisy and/or time-limited conditions, including the focus group which occurred unplanned in place of individual interviews. Two interviewees were unable to recall the specifics of the activity they had participated in and another interview was terminated due to mental capacity limitations assessed by the interviewer. Ad hoc feedback captured

during a visit to a dementia club was excluded for the same reason. Family carer interview leads were requested from this project as an alternative but none were forthcoming.

4. Findings

4.1 Community Connectors

In this section, we provide insight on the range of individuals who had received support from the Community Connectors, the type and quality of support provided, the outcomes for beneficiaries, and the impact of participating in the programme for the Connectors themselves. Evidence is drawn both from beneficiary feedback and from the Connectors' own recollections and reflections.

4.1.1 Connection profiles

Source of connection - Of the six people who gave feedback about the support they received from a Connector, four had known their Connector for some time before receiving the help they described. The others met their Connector through a mental health service referral to a community project and at an advice service's community outreach session. Our interviewees knew their Connector as either a colleague (past or present), project volunteer or neighbour.

Range of connections - The Connectors themselves also provided insight into the range of people they engaged with. In September 2016 for example, the five Connectors we spoke to reported supporting an estimated 27 people over the month, and in spring 2017, a similar number over a six-week period. They described interacting with a range of individuals:

- drug and alcohol support service clients
- someone with a curfew tag
- older people
- those with mental health support needs
- lonely people
- people with English as an additional language/no English
- homeless people
- a wheelchair user
- community entrepreneurs
- neighbours
- friends of friends
- parents
- members of a church group
- other new Connectors
- service and organisation representatives eg Patient Participation Group members, GP practice managers, Vassall and Coldharbour Forum staff and a deaf person's organisation
- their own family members.

Given the low numbers of beneficiaries we spoke to and our reliance on Connector recall, it is difficult to draw any conclusions on the overall reach of the Connector scheme from

the list presented here. However, the breadth of contacts described in these early months of the project is striking.

Length and depth of connection - Healthwatch later attempted to categorise the length of the initial connections reported in 2016: about half of these interactions were one-off meetings, while others were split evenly between repeated and longer-term connections. There was a balanced spread of shallow, medium and in-depth interactions, from stopping to speak to rough sleepers or chatting in the GP waiting room, to sharing experiences of relationship breakdown.

Proactive and reactive approaches - These early connections appeared to be largely made during the course of the Connectors' daily lives or through their existing volunteer roles, rather than through additional planned outreach activity. Indeed, when reflecting on their role, several Connectors stressed the organic nature of their activities: *'We're not wearing capes jumping out of phone boxes to find people puffing away or holding beer cans.'* But others described actively looking for people to help: *'I was targeting homeless people because they were visible'* and *'I'm looking out for need [in my church group].'* One Connector had been concerned that she wasn't finding sufficient people to help at one point: *'I wasn't contributing enough - I thought about stopping'*. But another was reassured that there was no pressure to do anything specific beyond attending the safaris (group mentoring and information sessions for Connectors hosted by a range of local services).

Organisational connections - Over the course of the Connector interview period, we noted an increase in the number of service providers in the connection profiles - perhaps suggesting that the Connectors were building an understanding of the local community infrastructure - and heard how they were actively identifying opportunities to assist organisations as well as individuals. One told us, *'I try to make one connection [with an organisation] a week - it's a challenge I've set myself.'* This was also reflected in the profile of the beneficiaries we later interviewed, which included two voluntary and community organisation representatives who received support from a Connector for their organisation.

Information and signposting - Most of the Connector interactions we heard about involved signposting to specific services and community projects:

- Loughborough Farm and Cafe
- Age UK community centre
- Talking Therapies service
- a wellbeing course and other counselling services
- Friends of Burgess Park
- IRMO career support service
- Stockwell Partnership (for housing advice)
- One Housing
- Brixton Soup Kitchen
- Brixton Rec classes
- Gumtree (for a bunkbed)
- a free lunch at the Florence Pub
- DASL and other organisations at We Are 336
- school-based support for children's behaviour problems

- volunteering opportunities with Paxton Green Time Ban Spires and with a Christmas Day meal project for homeless people
- a work experience opportunity
- Hyde Housing's CV service
- tai chi
- temporary accommodation for enterprises
- the Remakery
- a creative writing project
- men-in-sheds projects
- Bounce Back (ex-offender training scheme)
- Spires
- Lambeth Council (for a furniture grant)
- the Connectors scheme itself and its safari hosts.

In our view, this is an impressive range, indicating that these early Connectors had a good breadth of knowledge about local support services and opportunities. Whether this was pre-existing intelligence or new information gathered through the programme is unclear - though as described below, the Connectors were clearly actively expanding their knowledge bank. The list above also suggests a creative and dynamic approach to the signposting role, perhaps reflecting the Connectors' freedom to respond to those they met as a peer rather than a support provider, and to interpret their brief according to their own interests.

Of the interactions that did not include signposting, most revolved around sharing experiences and/or reflection to solve personal problems. One connection involved setting up a school community noticeboard (itself a platform for further information and signposting) and another included giving information on food/diet (though this seemed to be based on the Connector's personal preferences and experience rather than public health related messages).

Several Connectors also supported their contacts to access particular services, for example by helping to write a letter of complaint to a telecommunications company, or accompanying people to GP appointments, meetings and project activities: *'[The Connector] knocks for me or if I go on my own, I imagine her with me.'*

4.1.2 Service experience

Beneficiary perspective - When asked about the quality of support they received from the Connector, most of our beneficiary interviewees gave very positive feedback, using terms such as *'passionate'*, *'honest'*, *'calm'* and *'a good listener'* to describe the person who had helped them. Interviewees told us these Connectors were proactive but also sensitive to their needs: *'She doesn't push me, she knows what I want,'* and *'She was real, she understood, I felt I'd known her for ages.'* Several also commented on the quality of information provided: *'She's got lots of useful knowledge,'* and *'She'll investigate then come back to me - she never stops studying... everyone trusts her.'*

Only one person felt they wouldn't go back to their Connector for further help, or recommend them: *'X is a nice person but lacks communication skills... I've no confidence in what they offer.'*

The five interviewees who would recommend their Connector had ongoing contact with them but for the sixth, the signposting information they received marked the end of their regular contact (although that person found the lead itself useful).

Connector perspective - Connectors themselves shared some insightful reflections on their ability to fulfil their role. For example, some talked about anticipating need in order to develop a support offer over time: *'I'm observing [the young people] rather than connecting for now. Some have housing issues - how do we signpost for that?'* and *'I'm looking to suggest that group members who are neighbours meet up for coffee - I want friendships to develop.'* Another described identifying a range of individual needs within one family, spanning mental health, work opportunities, lack of self-confidence and housing issues, all of which they were able to offer leads for. One Connector, echoing the beneficiary feedback, also stressed the research she does: *'I do my own personal homework... I want to answer a query as fully as I can. I hate not knowing.'*

This strategic approach also extends to the wider community, through the Connectors' growing awareness of the local infrastructure and an eagerness to help sustain it. When one Connector signposted a local brewery to new premises nearby, her motivation was, *'It'll be good for the community.'* Other examples include: bringing organisations together to explore an idea for a collaborative DIY skills project, promoting a new cycling tour of local social enterprises, and brokering introductions to new hosts for connector training and safaris.

However, these Connectors also seemed to experience some ambivalence about the status of the role. Some were starting to own the title: *'She introduced me to a neighbour as a Connector - it felt natural.'* But others had some concerns: *'I'm hesitant about using the term because people assume you think they need help.'* One Connector described the team as *'ghosts roaming around Loughborough Junction.'*

One Connector also said that she didn't feel confident to signpost to health-related services, explaining, *'I don't have the expertise to assess someone's situation but I'm happy to say "sounds like you'd enjoy this..."'* But others seemed more comfortable to do so, for example a Connector described engaging a neighbour about his smoking: *'I've raised it with him tactfully - asked him if he's ever thought of giving up, thought about the effects of it.'*

All of the Connectors told us that they were consciously using skills from their initial training in these interactions. They referenced the listening and questioning techniques they learned and the importance of boundaries and self-care: *'I need to be in the right place to phone her. She talks at you - it's fine, she needs to. But I'll need half an hour and a cup of tea first.'*

Combined with the wide range of signposting knowledge evidenced earlier, these early Connectors demonstrated strong interpersonal skills and integrity in their approach to their role, investing time in understanding need and exploring relevant signposting options. This quality approach was clearly recognised and appreciated by those they supported and, as explored below, delivered tangible outcomes for individuals.

4.1.3 Service outcomes

Several Connectors stressed that the transient nature of many of their interactions meant that they couldn't always know what happened to the people they met, or to what extent

their input played a part in any change: *'She probably went to the Age UK centre. If she did she'll feel more connected but I can't put words in her mouth.'*

However, each of the six beneficiaries we spoke to all confirmed that they had received useful support from their Connector, as detailed below against the project outcomes. Those signposted to particular initiatives each reported that they had made contact with and joined the programme they had been told about, which had brought them numerous benefits such as self-development and opportunities to progress business or employment ideas: *'I've developed listening skills, to see other points of view - I really did learn that'* and *'I'm a painter/decorator by trade and we're going to try running monthly DIY skills sessions.'*

Some of the Connectors were also able to report tangible results from their signposting work, for example one person had found a new counselling service, others had taken up volunteer roles and work skills training, a family had been awarded a grant for furniture, and a local brewery was moving to new premises in the area.

Each Connector was also able to describe specific perceived project outcomes for some of the people they had supported, as could the beneficiaries we interviewed:

Connectivity outcomes - All five Connectors felt confident that the people they had engaged would be more connected as a direct result of their interactions, either because of the signposting information provided and/or the quality of the time they spent with the Connector. One Connector had also supported people to get involved in two community projects she helped to run: Loughborough Farm and a community café. One of the beneficiary interviewees described the strong personal connections they made through this development: *'I socialise with people at the cafe - we banter. I met X and X at the farm - I wouldn't have made friends with them otherwise [because] I don't go to the pub. They're friends for life.'*

Similarly, the two beneficiaries we spoke to who received Connector support for their organisation rather than for themselves described how they had benefited from new networking leads with other local organisations, helping both their service users and the organisation. For example, one was to host an upcoming Connector training course and safari (which they felt might encourage their service users to apply to the scheme) while also exploring the possibility of delivering a complementary course on positive thinking through the programme. The other explained, *'Her information helps the elderly [my organisation's beneficiaries] to know what's happening... She provides phone numbers and addresses of services and points them to We Are 336.'*

Resilience outcomes - Some of the Connectors indicated their contacts would also feel more resilient as a result of their input. They recounted seeing their contacts become empowered. For example, the person who became involved in the community café *'rang her support worker and was proudly relaying what she was doing.'* This was later verified in an interview with this individual who reported that these activities *'took me out of my isolation... I'm in a good place now.'*

Similarly, another interviewee described how they were feeling before a Connector helped them to resolve a housing issue by accompanying them to a meeting with the housing provider and signposting them to the local MP: *'I was dying alone. It was really eating me up. It really affected my health.'* Other Connectors also described supporting people to build their confidence: *'It hadn't occurred to her to give feedback -*

after we talked about it, she did and got a different counsellor.' One explained how she helped a younger male family member to create a *'safety net of men in the family'*.

Health and wellbeing outcomes - Evidence of increased health and wellbeing self-management was less clear to the Connectors, although several interactions had led people to access relevant services.

One person had fed back to a Connector that they were happy with an ESOL class referral the Connector had made. Others received support from Talking Therapies and a health and wellbeing course after Connectors told them they could either be referred by their GP or self-refer. After a Connector called an ambulance, a rough sleeper with pneumonia was admitted to hospital, and other Connectors supported people to access benefits, deal with financial and housing problems and attend GP appointments. The two interviewees who were signposted to the Connector programme were also able to articulate tangible wellbeing benefits for themselves (explored further in the section below).

Wider impact - Connectors also reported other interactions where their modelling of what could be described as 'good citizenship' was having a broader impact on the wider community through a ripple effect. For example, when one Connector assisted a bus passenger who was in distress after falling over, she noticed that passers-by followed her lead in showing sympathy and support. The Connector's two grandsons who witnessed the interaction also commented on it afterwards on separate occasions, saying *'That's nice [to help the person]'* and *'If I saw someone at school in trouble like that, I'd know what to do.'* This intergenerational influence was noticed by another Connector who heard her daughter relaying mental wellbeing information to her friends after their own conversation earlier.

4.1.4 Outcomes for Connectors

As the Connectors themselves are Lambeth residents, we were also interested to explore whether they reported their own personal benefits from this volunteer role, linked to the project outcomes.

Connectivity outcomes: Several Connectors said friendships and social connections have been built within the cohort: *'The others are inspirational - the group as a whole has humility, love, support.'* They also stressed the benefits of peer learning at the safaris and the chance to find out about the different services they visit. Some also reported feeling more connected within the community, although two indicated that their new connections were to local voluntary sector organisations rather than individual people: *'The organisations give me leaflets and I always carry them round with me. I tailor the packages to the audience.'*

Resilience outcomes: Most of the reported benefits for the Connectors were linked to increased resilience, particularly a growth in self-confidence from helping others, even in the type of casual 'good citizenship' encounters mentioned previously such as helping someone at the bus-stop or with unloading shopping at the till: *'I wasn't so ready to help people before becoming a Connector... It feels good to help - natural and normal.'*

One person described how talking someone else through options had made them feel more resilient as they now felt able to use the same technique for their own life choices. Others felt empowered to have their say or more confident to ask for help themselves:

'I'm getting the courage to contact [a childminder], to admit I'm vulnerable and climbing the walls at times.'

Others also reported better communication in their personal life and a sense that the experience is supporting their career development. For example, a Connector described how he had referenced the scheme's methodology and techniques in job applications and interviews, and had been motivated by his Connector experience to look for a new volunteer role using his professional counselling skills. Others were also looking to expand to new roles or explore business ideas: *'It's made me think about what I want to do career-wise to move forward... I've got my productivity back - extra oomph to give it a go, get my business moving again.'*

Health and wellbeing outcomes: Several Connectors reported that the programme had improved their wellbeing: *'It's been a place to be. It's good for my mental health, being more active.'* Another reported an increased self-awareness as a result of the programme which brought major health benefits: *'I'm listening [to myself] more. I'm recognising a lot quicker when I have a crisis - I'm able to get help sooner.'* A third who was interviewed as a beneficiary and later became a Connector themselves, was able to demonstrate benefits to match each of the Five Ways to Wellbeing model², including being more active, as they travel around the borough on foot, networking with different services.

4.2 Health and Wellbeing Grants

The Health and Wellbeing Grants programme was aligned to the same outcomes and target groups as the Connectors scheme.

4.2.1 Participant profiles

Given the greater number of interviews carried out for this half of the programme, we were able to discern some profile patterns as an early indication of the initiative's reach. The majority of interviewees from the first round of feedback did not match the target profile, as most told us they were in good health, able to manage their wellbeing and felt well connected. However, the following year's cohort was more mixed, with at least half the interviewees reporting limited outings and few connections. People's health was also more variable and only half felt confident about their resilience. However, the majority of both cohorts were over 50, matching the programme's other core focus on older people.

4.2.2 Project experience

Most interviewees took part regularly in the projects they fed back on, although 10 people in the first cohort (of 24) attended one-off activities (see appendices for the full list of funded activities and those we received feedback on).

Strikingly, everyone we spoke to reported positive experiences of the project they participated in, due to a range of factors:

² www.gov.uk/government/publications/five-ways-to-mental-wellbeing

- Enjoyable sessions: *'The sessions helped people socialise and they really enjoy the music'* and *'I went to more than one which suggests I liked it!'* and *It's a great idea to cook together and try new recipes.*
- Opportunities to learn: *'I improved my writing'* and *'It was an opportunity to look at holistic wellbeing'* and *'They offered me the chance to do an Indian head massage course... I now do massages for others at the sessions.'*
- Appropriate and good quality activities: *'It was the right pace for the group'* and *'It was a beautiful feast - the food was fantastic'* *'I particularly like the fact that [the tai chi] is in the open air as the Chinese do it - it's more authentic.'*
- Good facilitation: *'She's very skilled in dealing with older people and those with particular needs'* and *'The people made you so welcome. When you are older, people treat you like you do not exist'* and *'You get 1:1 attention from the facilitator.'*
- No session charges: *'Most people are reluctant to pay for this type of activity so it was good that it was free'* and *'The free sessions have stopped so we're paying a bit of money to continue. It's no problem for me but it is for others.'*
- Bringing people together: *'The community spirit was wonderful'* and *'We created a safe space for people to express all the things they were feeling'* and *'We support each other. You feel you're not alone.'*

Only two people (both extra care scheme residents attending on-site projects) gave tempered endorsements, telling us, *'It was interesting but I was doing it because it's there,'* and *'Anything to get us out.'*

A number of interviewees from the first cohort also fed back on particular aspects of projects that they didn't like. Some people felt activities were unsuitable for them, for example none of the male members of an older people's club took part in the funded aerobics sessions, others found a series of yoga classes too basic and the mix of learning needs at an ESOL class didn't suit one learner. Others felt some activity sessions were too short, or too early or not suitable for wintertime. There were also a few venue problems for a number of projects such as an annoying doorbell, a cold room, no kitchen facilities, and the wrong utensils/crockery for a meal. A couple of interviewees also felt the projects didn't reach enough people: *'Would have been nice with more people'* and *'It needed longer lead in times and notices outside... the posters are in the wrong place'.* Meanwhile, there was no negative feedback from any of the second cohort interviewees.

Overall, our impression from this feedback was of good quality activities that were well run and well received.

4.2.3 Activity outcomes

Connectivity outcomes - All but two of the project participants we interviewed told us they met new people through the activities they engaged in - and for several, all the other participants were new faces to them. Some from the first cohort said they did not talk much to other participants - noticeably those attending the yoga classes and receiving food from Brixton People's Kitchen - and one person said that although there were *'small groupings'* at the tai chi sessions, *'We're all being rather English,'* suggesting limited conversations. But others described the formation of strong, deep friendships: *'Everyone*

looks forward to meeting each other. When you have a bad day it makes you happy - we share problems together' and 'We talk about everything.'

Some interviewees said that they planned to or already had followed up with people they had met after the project, including those who had rekindled old connections and another who had met more neighbours than they had known previously: *'I met lots of my neighbours... yes, I'll stay in touch - I can't avoid it!'* Others told us they were already connecting with other participants outside of ongoing project sessions: *'I'm in contact with people by phone and text - others meet up - I'm quite busy but I'm planning to meet up with someone for a coffee'* and *'We visit each other, when people are ill or have difficulties.'* Contacts from one project were also sustained in a more formal way through a community steering group which emerged from an event about dealing with grief.

Resilience outcomes - Four people from the second cohort reported that they now felt more equipped or had learned things from the project they took part in, which would help them to deal with crisis situations. Those attending Carers4Carers sessions pointed to the project facilitators as a source of help - *'They offer for us to ring them any time,'* - while others described how different projects brought in external speakers to provide information about support services such as Dial-a-Ride and GP service information.

Another interviewee reported learning particular coping skills: *'The meditation makes me calmer and stronger. It's a way of controlling the chitter chatter in the mind. It helps you to remember [how to stay calm] particularly in a crisis.'*

While the first cohort weren't asked specifically about gaining resilience, several did report that they had gained relevant communication skills from their project. For example, an ESOL student told us, *'I can describe a housing problem - how to put in a request for a repair. I know how to explain something to a doctor or ask questions.'* Others reflected, *'I'm a very fiery, straight-forward person but it's made me mindful about how I speak to my kids'* and *'The event taught me to have confidence that other people will be experiencing feelings of grief and not to be scared to talk about it... You can have misconceptions about needing to be strong and carry on, not talking about issues.'*

Health and wellbeing outcomes - People also reported learning about a range of other topics through the projects, which they felt helped them to keep well, including: exercising (such as yoga and walking), breathing techniques, improving balance, healthy food and diet, gaining spirituality, managing mental wellbeing, and the communication and connection skills mentioned above.

Almost all the second cohort and some of the first interviewees reported that they had applied their learning since or outside the project, and several others said they would like to but were prevented by time. Several also mentioned the particular benefits of concentration that the project activities required: *'It gives you discipline'* and *'It turned the grey cells... otherwise you go dormant. It makes you feel euphoric otherwise it's just the TV.'*

Additionally, when asked whether they did any more of the 'five ways to wellbeing' as a result of taking part in the funded projects, again, most of the second cohort were able to offer practical examples, as did some of the first cohort.

Connect: In addition to the contacts and friendships already mentioned, people also felt empowered to follow through connections: *'If I happen across the mobile kitchen again I would stop and chat'* and *'Now if I saw the other people in the street I would say hello like normal people'* and *'I called someone last week to ask are you OK?'*

Be active: While several people said they were also more active as a result - such as starting a daily five-minute yoga and stretching routine - some interviewees included sedentary activities such as art classes and attending meetings in evidencing their answer.

Take notice: Some interviewees and the focus group said that following the project, they take more notice of things - of their body, breathing, state of mind, other people, as well as the local environment and even seasonal vegetables: *'When I'm walking I notice how the air feels and how I'm feeling'* and *'I'm more aware of people in my area now - I take notice of the faces around me and look for familiar ones'* and *'I like to go to the Rookery and look at the colours and feel the energy and beauty. I'm more conscious and more able to remember stuff in the short term.'*

Keep learning: A number said they are learning more, or intend to, as a result: *'I now want to train in grief counselling - I'm looking at what's available'* and *'I'm using the herbalism knowledge I gained'* and *'I'm reading more on FGM - I want to educate myself as I'm hearing about other cultures at the sessions.'*

Give: Several felt they had given more since the project, both in terms of formal volunteering opportunities (which one project in particular promoted to participants) and the development of softer skills: *'I'm more patient now - kinder. Before the art class I was really a bit of a snob,'* and *'I feel better for me, which makes me feel grateful, which makes me more giving myself naturally.'* Several others reported that they already contributed a lot and hadn't increased their giving since the project, or felt they had given their share in the past.

4.3 Summary analysis of programme outcomes

In this final section, we consider the range of benefits reported by all our interviewees across the programme's three outcomes. Looking across both strands of this programme, there is clear evidence from the feedback featured here that Project Smith is delivering results in line with its intended outcomes.

Although some interviewees (8) from the grant funded activities did not report any clear benefits, the majority that did were - like those supported by the Connectors - able to articulate tangible improvements, both in terms of accessing services and experiencing positive changes. The benefits experienced by the Connectors themselves is equally significant.

While recognising that the feedback featured in this report represents only a small proportion of project participant experiences, there are some interesting comparisons to note against each project outcome. However, comparisons between the grant-funded activities did not reveal significant differences beyond the obvious benefits offered by those with physical fitness elements.

Connectivity - We saw a broad range of connectivity experiences reported by interviewees. For participants in the grant-funded activities, this spectrum was particularly evident, with some describing superficial interactions such as the polite exchanges at tai chi classes to the creation of much deeper friendships and support networks of the carers project, for example. Connectors and their beneficiaries also reported significant and long-lasting connections with people they found inspiring and those they would consider to be lifelong friends.

The productive connections with and between organisations were also interesting to note, for example the establishment of the community steering group after the grief event, the premises move for the brewery and the service development opportunities for the local charity linked into Project Smith itself.

Resilience - There was less self-identified evidence from the grants programme of increased resilience amongst participants, and Community Connectors also felt less confident to claim these benefits for those they had supported. However, our analysis of the feedback reveals that a number of participants from across the programme had identified some core resilience skills, even though they weren't identified as such. For example, people from all four interview cohorts told us they had developed their self-expression and put in place or learned about preventative or coping mechanisms, such as a family support network and meditation skills. The Connectors programme also delivered benefits for people in terms of increased self-confidence, development of solutions-focussed approaches to problems and career development opportunities.

Meanwhile, the broader development of 'good citizenship' behaviours reported by the Connectors and other less tangible ripple effects from the programme, such as the link between feeling better, then grateful and more likely to give back (as described by one tai chi participant) should also be recognised as valuable contributions to building community-wide resilience alongside the formal programme activities themselves.

Health and wellbeing - The specific examples people gave in response to our questions about the 'five ways to wellbeing' themes demonstrates the range of practical learning and life changes this programme has begun to generate for local individuals. A number of these benefits overlap with the other two programme outcomes - particularly those linked to mental health and wellbeing - but we also saw practical steps offering specific health-related benefits, for example through the various physical activity classes and the Connector conversations about smoking cessation and diet. However, it is unclear whether these advice-based interventions were aligned with public health messages and in our recommendations below, we suggest that a stronger link to statutory guidance could be worthwhile.

5. Conclusion

The feedback summarised here of course represents only a small proportion of views compared with the many other local people who will also have had some form of involvement with Project Smith in its first two years.

However, we have been struck by the impressive consistency of feedback from our interviewees reporting good quality support and activity experiences across both strands of this programme and a significant range and quantity of outcomes for the participants - as well as some organisations. This is particularly noteworthy given the open nature of the framework in which both schemes operate, balancing opportunities for community empowerment and creativity with the possibility of ineffective and perhaps even inappropriate approaches. The programme is still relatively young, but this risk-taking investment approach already appears to be paying off.

We were also pleased to see clear signs, particularly from the Connector reports and profiles of the second grant cohort interviewees, that the programme appears to be reaching its target audiences of older, isolated and vulnerable community members. However, given the breadth of contacts reported by the Connectors in this report, a stronger focus on older people might be worth consideration, as suggested in our recommendations. Further use of the Connector mapping tools will help to verify this question as the programme develops. Meanwhile, the networking connections with local agencies was also a very positive sign for community development more broadly.

We hope our findings provide a useful bank of early evidence to offer encouragement for the continuation and further development of this programme. We are confident that the feedback so far has begun to demonstrate the range of value that this grassroots community approach can bring, from friendships and life skills, to active citizenship and improved wellbeing.

Healthwatch will continue to sit on the Project Smith advisory group to help ensure that people's experience of the programme plays a central role in shaping its direction. In the meantime, we offer a few recommendations for consideration by the Project team:

6. Recommendations

1. Explore opportunities to equip both strands to promote public health messages more overtly, to support the planned outcome of better self-management of health and wellbeing.
2. Continue to challenge and support grantees to identify and reach the most vulnerable and isolated members of the community.
3. Consider whether the Connector scheme could or should have a stronger focus on older people.

Appendix I: Lambeth Wellbeing Fund 2015/16 - Recipients

Interviews were conducted with participants from projects in bold.

Inclusion Arts	To run creative arts and health and nutrition workshops for older people living on the Moorland and Loughborough estates.
Happy Drums	To run a series of drumming classes for older men living in the Vassall and Coldharbour area.
Effra Residents	To run health and well-being information, advice and network sessions for local residents.
Stockwell Good Neighbours	To run 12 week aerobics classes for local older residents living in the Vassall and Coldharbour Wards.
Myatt's Fields Park Project	To run a Grief and well-being event for local resident living on the Angell Town estate.
Longfield Hall Trust	To run beginners dance session for local isolated residents.
Vassall Senior Citizens Association	To run a series of Tai Chi classes for older people.
Loughborough Estate Tenants And Residents Association	To run ESOL classes for local residents who have English as a second language.
Brixton Peoples Kitchen	To produce a series of information leaflets to be delivered door to door with ideas on how to reduce domestic food waste, places to find fresh fruit and veg, nutrition etc, to encourage social engagement with older people .
Friends of Tate Library Brixton	To run an integrated health and wellbeing project for older people and vulnerable adults that access the Tate Library Brixton.
Maria Moran	To run yoga classes for local residents living on the Loughborough estate and surrounding areas.
Loughborough Junction Action Group	To run a peer-to-peer craft learning project for older residents living on the Loughborough estate.
On the Record Community Interest Company	To run a healthy meal community events for isolated older people living in the Vassall ward area.

Appendix II: Lambeth Wellbeing Fund 2016/17 - Recipients

Interviews were conducted with participants from projects in bold.

Carers4Carers	To employ an Outreach and Development Worker to engage new carers in Lambeth.
Christian International Peace Service	To fund mental health training for a youth work team, additional mentoring time and a storytelling club for young people from the Angell Town estate, Brixton
Friends Of Windmill Gardens	To fund 45 tai chi classes in Windmill Gardens for 75 Lambeth residents
Inclusion Arts	For an art project at Helmi House extra care scheme including weekly sessions and trips.
Loughborough Junction Action Group	To fund 36 craft workshops for up to 40 local people in the Loughborough Junction area.
Loughborough Junction Action Group	To act as a nurture organisation for Charlotte O'Connor to provide a weekly community café for nine months where local volunteers cook healthy vegetarian meals for the community.
Paxton Green Time Bank	To act as a nurture organisation for Jenny Jones to create a community garden at Hillyard House extra care scheme which is open to the wider community.
Paxton Green Time Bank	To act as a nurture organisation for Malika Maza to provide a health and wellbeing programme for a women's support group with a majority of participants from the Muslim community.
Pegasus Opera Company	To develop an intergenerational community choir which improves health and wellbeing through participation in group singing.
Project Yogi Heart	For two parent and child yoga classes in the Brixton area, one of which will be for women who are victims of domestic abuse.
Sixteenfeet Productions	To deliver seven creative writing workshops and an oral history project for 15 Lambeth elders, culminating in a presentation at the Lambeth Readers and Writers Festival.
South London and Maudsley NHS Foundation Trust	To act as a nurture organisation for Brixton Pumas, a peer-led football project run by mental health service-users.
Stockwell Park Community Trust Ltd	To act as a nurture organisation for Katherine Keeble-Fawcett to provide a boot camp, three days per week on the Stockwell Park Estate and Slade Gardens, for local people to build their confidence by getting fit.
Stockwell Park Community Trust Ltd	To act as a nurture organisation for Kirsty Oliveira to provide a pilates class for carers where the person they care for also participates in activities.
Stockwell Partnership	To act as a nurture organisation for Ori-Shemma Ofuyaekpone to deliver a Zumba and physical exercise programme for older people at three locations across Lambeth including Helmi House extra care scheme.
The Fresh Visions People Ltd	To provide an older people's project including movement, dance and opportunities to socialise, with an aim to improve balance and reduce falls.
The Healthy Living Club	To employ a Lunchtime Community Development Worker-come-Cook to provide a daily lunch club at Lingham Court, offering healthy meals and creating a family mealtime atmosphere.
Vassall Senior Citizens Association	To provide two weekly physical activities - a falls prevention programme and Tai Chi.

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