



# Project Smith Evaluation 2017–2019

## Executive Summary



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August 2019

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**Client:** Lambeth Clinical Commissioning Group and Lambeth Council

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## The Project Smith programme

Project Smith is a community development project in the London Borough of Lambeth. It takes a local approach, working at street and neighbourhood level, to support the community and its people in building and improving their own capabilities and local connections and thereby improving their health and wellbeing and that of others. The project is designed using a person-centred approach where the ethos of coproduction is applied throughout each of its stages (design, delivery, and review).

Project Smith is working in 11 wards across Lambeth: Vassall, Coldharbour, Larkhall, Stockwell, Ferndale, Streatham Hill, Streatham Wells, St Leonard’s, Gipsy Hill, Streatham South and Thornton. It is part of Lambeth’s Better Care Fund and sits within integrated commissioning (Figure 1).

Figure 1: Project Smith locations in Lambeth<sup>1</sup>



<sup>1</sup> Ward map sourced from GEOPUNK.

Project Smith is part of a mixed-model approach supporting social prescribing in Lambeth. NEF Consulting was commissioned by the Lambeth Clinical Commissioning Group (CCG) and Lambeth Council to conduct an evaluation of the programme for the period 2017–2019. The evaluation focused on understanding the impact of the programme's two work streams:

- (i) Local Community Connectors – local people who give their time to support individuals and connect them to each other, as well as to relevant community groups and statutory services. Training in the Royal Society of Public Health (RSPH), *Supporting Behaviour Change*, is provided before they become a Community Connector. Community Connectors attend regular safaris, which bring them together as a group, and is an opportunity to visit support services and projects in Lambeth.
- (ii) A small-grants fund that supports a range of activities, which can be grouped into the four broad categories: physical activity, arts and crafts, community activities, and digital / IT skills. Most of the projects received funding ranging from £2,000 to £5,000.

The two work streams are designed to support change in outcomes related the Wheel of Well-being (Figure 1), and three 'I statements' developed with Lambeth residents which indicate what is important to them:

'I can manage my own health and wellbeing (or condition) and I am supported to do this, including having access to information and being able to stay healthy.'

'I have systems in place to help at an early stage to avoid crisis and as small a disruption as possible if a crisis happens and I live independently.'

'I feel part of a community.'

# The evaluation

Reflecting the requirement of the evaluation brief to develop a holistic approach to evaluating Project Smith, a range of qualitative methods were used to address seven evaluation questions:

## *Outcomes*

- Is the Project Smith model having a positive impact on participants?
- What sort of impacts are being demonstrated and on whom?
- Do the impacts reflect the six ways to wellbeing?
- Are these impacts sustainable?

## *Approach*

- Does the approach/model influence impact?

## *Value for money*

- Can the impacts demonstrated provide value for money (VFM)?
- Why should we continue to invest in Project Smith?

# The findings

## Outcomes

*Is the Project Smith model having a positive impact on participants? What sort of impacts are being demonstrated and on whom?*

**The Community Connector programme has mobilised 80 Community Connectors who are working at street and neighbourhood level.** The evaluation demonstrated that the Project Smith model is having a positive impact on Community Connectors and on the people being connected.

**The initial assumption behind the Community Connector role was that they would be instruments for change for others. Our findings suggest that significant impact is experienced by the Community Connectors** as a result of participating in RSPH training, developing their role, and from regularly coming together as part of the safaris. Community Connectors were able to identify a range of outcomes they experienced as a result of taking on the Community Connector role. The most commonly reported outcomes included increased social connections/reduction in isolation; increased sense of belonging/feeling connected/part of the community; increased sense of meaning and purpose; improved physical health and mental health; increased knowledge; and increased confidence.

**Connectees reported a range of outcomes they had experienced as a result of their interactions with their Community Connector** including increased access to the services and activities they needed through effective signposting; increased social connections and feeling more connected within the community; increased knowledge and skills to make a health behaviour change; improved emotional wellbeing; and, improved mental and physical health.

For very small amounts of investment in the projects, **all the small-grants-funded projects** have been able to report positive change for the people participating in their activities. Most of the beneficiaries were older people (aged 65 and over).

**All nine projects funded in Year 1 supported participants to reduce their sense of isolation.** The nine grant-funded projects can be grouped into three broad categories of physical activity (3), arts and crafts (2), and community activities (4). Most projects also supported participants to improve their mental and emotional health and wellbeing (78% of projects) and improve community cohesion (89% of projects).

**Being connected and keeping learning were the most common outcome areas supported by projects funded in Year 2.** The most commonly reported outcomes for participants across the funded projects included experiencing an increased sense of belonging, making new friendship groups, and developing new skills/increased knowledge. Outcomes related

to the environment were the least reported outcomes, with only one project reporting participants increased their awareness of the need to take action for environment.

*Do the impacts reflect the six ways to wellbeing? Are these impacts sustainable?*

**The evaluation evidenced outcomes which can be mapped against all six ways to wellbeing** (Figure 2). However only one project reported environmental outcomes.

**The findings of the evaluation emphasise the importance of the micro-local scale of the project** in terms of supporting, and continuing to support, the connections between people, and improving access to prevention and early intervention activities.

**Sustainability of the impacts needs to be considered within a wider context.** First, connectees reported experiencing structural and systemic issues such as homelessness, income insecurity, and health inequality which may quickly undermine the progress people have been able to make through the programme. Second, the current funding environment and competing priorities for that funding which could reduce the number and scale of local activities available and funding for the programme, were identified as the most significant threats facing the programme.

Figure 2: Wheel of Well-being impacts



## Approach

*Does the approach/model influence impact?*

**Using a coproduced approach throughout the design, delivery, and review process has meant that the model has been designed to support outcomes that are important to residents** as reflected in the three I statements, and the Wheel of Well-being. The people-centred practice applied in the model focuses on developing meaningful human connections between residents within the community, and builds on community assets by funding micro-local projects.

**Community Connectors were motivated to take on the role by a range of personal development and altruistic reasons.** Being able to draw on their lived experience allows people to relate to them more quickly. They come from a diverse range of backgrounds and many have experienced mental or physical health issues. Community Connectors have found that their lived experience is like the experience of some of the people they support, and the fact that they are described as residents, rather than volunteers, allows people to more quickly relate to them.

**Community Connectors identified seven features of the model that positively impacted on them.** **Regular meetings** and the **micro-locality** of the approach supported them in developing close and sustained relationships with other Community Connectors. This resulted in their confidence growing and their sense of belonging increasing. **The non-prescriptive role** meant that it could fit around their lives and responsibilities, and **their lived experience** meant they were able to quickly relate to the people they were connecting. **Structured behaviour change training and support** from the Project Smith facilitators and **safaris** enabled the Community Connectors to build a better understanding of the available support in their area, alongside the **constant flow of information** between them using WhatsApp, a freeware, cross-platform messaging and Voice over IP service.

**The flexibility of the Community Connector model also raised several challenges.** Some Community Connectors reported they found it difficult to connect with people outside of their immediate circle, and that setting boundaries with the people they supported was difficult. This should be addressed as part of the initial training and then further supported in the safaris. Community Connectors taking part in the evaluation were only able to evidence limited connections with the statutory sector, which may be the result of the small sample size. They were not necessarily aware of all the grant-funded projects, which potential reduced the connections that they could be making. There is scope to address this in the safaris with the provision of information sheets on the grant-funded projects and awareness raising.

**The Commissioner and project manager have been very engaged in the project.** Feedback from stakeholders has emphasised that the coproduced approach changes the nature of the Commissioner-project relationship to one that is more engaged and collaborative. The



Commissioner attended safaris and visited projects alongside being part of the steering group for the programme. The project manager role required someone who goes out into the community and works at street level to build trust with the Community Connectors.

**A proportionate approach is used to monitor the small-grants programme.** Support is provided through development days to help projects through the application process, and in a training session on measuring impact. Projects, some of which are receiving funding for the first time, are asked to select outcomes and indicators at the start of the project from a list of outcomes reflecting the Wheel of Well-being outcomes, and report on them at the close of the project. The London Community Foundation administers the grant funding.

## Value for money

*Can the impacts demonstrated provide VFM?*

**The project case studies demonstrate that that the projects funded by the small-grants programme provide VFM.** The three case study projects were selected as illustrative examples of the three categories of projects supported through the small-grants programme: physical activity, community activities, and arts and crafts. Each of the projects was able to evidence that participants experienced change as a direct result of being involved the project. The outcomes experienced were broad ranging and included increased social connections, increased sense of belonging to a community, increased skills and knowledge, increased self-esteem, and increased physical activity. Using conservative assumptions, the three case studies found that the value created is between £1.31 and £5.32 for every £1 invested.

- **Physical activity:** Fit and Friendly, run by Lambeth Patient Participation Group Network (LPPGN), supports people over 60 who have felt lonely and isolated to be more physically active through weekly chair-based exercise. The case study demonstrated that for every £1 invested in the project, an estimated £5.32 in social value is generated.
- **Community activities:** Better Fridays, run by Brockwell Community Greenhouse, provides horticulture therapy projects for adults with mental health problems and their carers. The case study demonstrated that for every £1 invested in the project, an estimated £1.58 in social value is generated.
- **Arts and crafts:** South London Knits, run by Paxton Timebank/The SpaceCraft, provides weekly knitting sessions for older people who may feel lonely and isolated. The case study demonstrated that for every £1 invested in the project, an estimated £1.31 in social value is generated.

*Why should we continue to invest in Project Smith?*

This evaluation has demonstrated that the two workstreams have achieved outcomes that residents indicated are important to them in terms of wellbeing. The roll-out of the model

has demonstrated that it is possible to scale out the micro-locality approach with central co-ordination support and proactive engagement by the Commissioner without compromising the coproduction principles which underpin the success of the model. An analysis of a selection of small-grants-funded projects has demonstrated that they provide VFM, even when conservative values are applied.

Individuals with a strategic oversight of Project Smith interviewed as part of the evaluation identified three core strengths of the approach.

**Project Smith has demonstrated that it is a viable social prescribing model.** The programme has a much wider reach into the community than other initiatives (e.g. Healthwatch, Patient Participation Groups). This includes the people who have become Community Connectors, the people they have been in contact with, and some of the people leading the projects funded by the Wellbeing Fund. The Community Connectors themselves are reaching out to people and sharing the positive experiences they have had as a result of the role, which then attracts more connectees to the role.

**The coproduction model reconnects individuals to the community, thereby building individual and community resilience.** Working in the most deprived areas of Lambeth to achieve local objectives and outcomes with a strong community focus and some community design is a core element of the model.

Several of those from the wider stakeholder group who took part in the evaluation, including a GP, indicated that **the model has been embraced by health and social care professionals.**

Extending the programme and mainstreaming it at the neighbourhood level and encouraging the CCGs and Primary Care Networks to adopt the model, building on the momentum already achieved, were identified as key opportunities. However, it was also noted that integrating it with more formal statutory provision, for example through GP practices, risks losing or diluting the principles on which the project is built, such as coproduction, the micro-locality focus, and working closely with residents as opposed to volunteers or formal employees.

## Reflections

Regarding the evaluation, our aim was to design a data collection approach which was feasible (reflecting the scale of funding under the small-grants funding, and role of the Community Connector) and robust. We have used a wide range of methodologies in this evaluation, which have been co-designed with participants; however the quality of the data and the convenience sampling has limited the scope of the evaluation, particularly in relation to conducting a wider VFM assessment of the programme.

If VFM analyses are to be used in the future, the small-grants data could be improved by:

- Recording the sample size of those who complete survey questions.
- Reporting on both positive and negative responses (e.g. the number of people reporting on each point of a Likert scale).
- Providing data where it is possible to track survey responses to individuals as opposed to reporting an aggregate response.

Training should continue to be offered to project leads awarded a small grant on selecting outcomes and indicators detailed on the small-grants impact assessment form. Some additional guidance should be given in the training on how to collect and report the findings to ensure consistency.

Data collection must be designed to fit the role of the Community Connectors. During the evaluation, Community Connectors expressed concern about the work burden, and the impact that collecting data would have on their relationship with connectees. A case study approach is likely to be the most feasible way to collect data in the future, supplemented with an analysis of the Community Connectors' WhatsApp group.