

Generating evidence of well-being outcomes from community engagement and social infrastructures: a working report

On the 24th of September 2019, members of Arukah Network held a workshop in partnership with the Wellcome Centre for Cultures and Environments of Health. We were joined by Stephen Hinchliffe from WCCEH, Hazel Stuteley, Susanne Hughes and Katrina Wyatt from C2 Connecting Communities, and Gareth Hart from Iridescent Ideas CIC and Plymouth Social Enterprise Network.

At the workshop, we spent time discussing models of community-led health and wellbeing work, focusing particularly on the models of Arukah Network and C2 Connecting Communities. The day began by sharing stories and case studies from our work; some examples are given in section 1 of the report. We then moved on to discussion of methods of measurement, evaluation and impact assessment, discussed in section 2. During this conversation, we found that similar themes recurred, and as individuals expressed challenges that they had faced in this area it became clear that many of our experiences resonated and overlapped with each other. For this reason, the third section of this report covers those shared 'questions and challenges', and the possibilities for further work that they suggest.

This is a working report, and further learning and perspectives will be added to it as conversations progress. The workshop feeds into a longer process of continuing conversation relating to impact assessment and community-led work.

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1. Case studies and stories: community-led improvements in health and wellbeing

1(i) Arukah Network Case Studies

a) Latrines in Chabbs (Zambia) Cluster

In Chabbaboma in Zambia, a story of two sanitation schemes demonstrates the value of the Cluster model. The first scheme was carried out by Zambia's Ministry of Health, and involved delivering concrete latrine bases to communities without flush toilets. They would be delivered to a central location in a community and people were expected to take them and use them. However, very few people did, and most of the latrines were left unused. A few years later, a small community group – Chabbs Cluster, part of Arukah Network – carried out their own sanitation

programme using the SALT listening method. Unlike the government scheme, this project had no budget and no building materials. Instead, they began by visiting homes, asking people the simple question, ‘what do you do to stay healthy?’ – and, crucially, listening to their answers. One family showed them a latrine that they had designed and built themselves using cheap, locally-sourced, renewable wood. These cheaper models were stronger and better-ventilated than the concrete



Chabbs Cluster in Chabbaboma, Zambia

models provided by the Ministry of Health. The family offered to help share their design with the local community; today there are 150 of these wooden latrines in use in the Chabbaboma area, and local health centres have reported a decline in diarrheal disease. With no money, but simply a willingness to listen, the Cluster succeeded where the government scheme had failed.

Mathews Monde, Chabbs Cluster Mobiliser, tells the story [here](#).

b) Uttarakhand Cluster and Disability Inclusive Development

Uttarakhand Cluster, Arukah Network’s oldest and largest Cluster, officially formed in 2008. It now consists of over 50 member organisations. In 2009, the Cluster decided to focus on the inclusion of people with disabilities, identifying that action was urgently needed to raise awareness of local disability services and agencies and to raise funds and gain resources to help those who were excluded due to disability. Due to the strength and drive of a well-supported network, and the inclusion of people with disabilities in management and leadership roles in the projects, they were able to:

- Hold training and workshops for organisational leaders and staff, raising awareness of the urgency of the need for action
- Share information and resources, with larger organisations providing support to smaller organisations and advising on strategies for disability inclusion
- Establish unprecedented self-groups (Disabled People Organisations) and a Cluster Disability Advisory Committee
- Create an accessibility fund to obtain mobility aids and undertake modifications to help disabled individuals
- Develop a disability resource directory including details of Cluster members who could link to each resource. New referral pathways were promoted at trainings leading to a surge in referrals.
- In 2013, when 5000 people were killed by flooding in Uttarakhand, the Cluster coordinated a large response in which they were able to provide aid to many individuals in remote locations where the centralised government response

was unable to reach. In this effort, the Cluster's disability inclusive approach was evidenced and consolidated as they place an emphasis on people with disabilities and later oversaw a disability inclusive disaster risk reduction, preparing communities and people with disability to respond to future disaster.

An academic paper was published describing and analysing this process, available [here](#).

1(ii) C2 Connecting Communities Case Studies

a) Penwerris ward, Falmouth

In the mid-1990s, the Beacon and Old Hill estate was in a state of crisis, with high unemployment, high poverty and high crime rates. Penwerris, the electoral ward comprising of the two estates, was the most deprived in Cornwall. Two health visitors responsible for the area catalysed a process of regeneration through community engagement. They began by inviting twenty key residents who they had identified as being able to engage their peers to work in partnership with the statutory agencies from which the residents of the estate had become alienated. Conversations were then held wherein residents were able to express their problems and what would improve their lives, from better dog waste provisions on the estates to central heating and energy efficiency improvements. They were supported to develop the

administrative ability to apply for large grants and funding which allowed them to undertake several initiatives including converting disused buildings into a Resource Centre and a Beacon Care Centre. The result was a series of dramatic health, educational, law and order, and environmental outcomes. Without any initial funding, hierarchy, or targets, through a process that most crucially consisted of talking and listening, a state of decline was turned around and the residents were able to take control of their own lives.

A Guardian article on the Beacon and Old Hill estate is available [here](#).

b) Camborne, Cornwall

It was following the Penwerris ward case that Connecting Communities (C2) was set up by health practitioners at Exeter University. The first Connecting Communities programme took place in 2005 in Camborne, Cornwall, working with the Camborne Neighbourhood Police Team who were looking to reduce youth related antisocial behaviour. Through discussions with young people in the community at a C2 Listening Event it became clear that there were no positive activities for them. This led to the setting up of the TR14ers, a dance group who hold free sessions every Friday, which now attract up to 60 people per session. They have evolved into a self-managing charity. Members can become 'leaders' from the age of 10 and 'directors' from the age of 16. The group have performed and spoken at a TED Talk, and travelled to Strasbourg to speak at a Council of Europe Youth Centre meeting. What started as a project to reduce anti-social behaviour has evolved to be much more than that – it helps its members to set achieve goals, learn positive life skills, and feel that they are listened to and treated with respect, and the group have been able to share their wisdom and influence with the wider world.

Click here for the group's [website](#) and [TED talk](#).

2. Existing ways of measuring this kind of work

2(i) Learning from other organisations

- a) With C2 Connecting Communities we spent a lot of time discussing the fact that the network model is not always conducive to standardised or traditional measurement and evaluation work (more detail given in the following section). C2 described how their impact is mainly shown through stories and anecdotes like the case studies above, of which there are many, proving the strength and influence of their model.

However, this is not to say that there is no way of measuring this work. As is shown in the Penwerris ward academic paper linked above, interviews, meetings, and focus groups with both residents and service providers are seen as sufficient evidence to prove the extent of impact on both measurable health outcomes and more nebulous relationships, connectivity, and feelings of hope and empowerment.

- b) Part of our inspiration for our impact assessment work has come from the work done by Tearfund, who use a Light Wheel tool in order to measure holistic development in communities; an introduction to the tool is [here](#). The self-assessment framework outlined below in section 2(ii)b is influenced by Tearfund's Light Wheel and by their use of a 'maturity model', which we discussed at the WCCEH workshop as being visualised through metaphors such as that of a seed growing, budding and blooming. This simple model resonated with participants as a way in which community members can visualise their own progress.

2(ii)Arukah Network

a) What we have been doing so far

Thus far, Arukah Network's impact assessment has consisted of informal self-assessment carried out by Cluster members. The Cluster model uses a **process** – Connect, Inform, Influence – in order to create positive **outcomes** – namely, improved access to Health, Wellbeing, and Happiness. Through focus groups with Cluster members, working definitions of these key terms have been reached. These working definitions are below:

PROCESS:

Connect -- People are coming together (and want to). People are brought out of isolation. People are vulnerable and creating mutual understanding. People show concern and affection for one another. People meet together regularly. Clusters create a directory and use this to track skills, assets, goals, and make referrals.

Inform – People share good and useful knowledge, information and experience with each other. People create awareness and improve access to knowledge by sharing the right information at the right time. People learn through listening. Learning leads

to action and makes a positive difference, in line with goals and vision. There are regular trainings / workshops / L2Ls (Linking to Learn) / informal conversations e.g. by SALT (note: SALT is a process used to enable community conversation).

Influence – This involves advocacy, voice and participation. There is change in our communities, and improved self-confidence. The Cluster is well-known, respected and has visual impact. There is trust between the Cluster and the community. There is emergence of a new world view that encourages people to ‘be the change they want to see’, rather than wait for outsiders to ‘fund’ or ‘fix’ them. People celebrate and show their progress. New partnerships are made. The community is productive. Mindsets & behaviours change. There is acceptance and trust of our way of working by stakeholders.

OUTCOMES

Health --The absence of disease, and the wholeness of an individual -- physically, mentally, emotionally, spiritually, environmentally, economically. Health is a way in to flourishing.

Wellbeing -- Going beyond the self, to being well as a community. The presence of relationships and the resources to deal with challenges.

Happiness – This is the “blooming and flourishing of wellbeing”. It is the community expression of joy. It varies contextually – it is subjective and unique to particular community / people. It is defined by self and by community. It is subjective, but can be felt by others.

In Cluster meetings and gatherings, Cluster members have been receptive to self-assessing in these areas by identifying the stage they believe they are at and comparing it with where they would like to be in future.

In the case of individual case studies, like that of Uttarakhand Cluster above, the academic research was done through a triangulation of research methods: key informant interviews; focus group discussion; and a document review/analysis of textual data (from publications, feedback forms and communications from the Cluster).

Much of the information we have about the impact of the Cluster model comes from conversations, interviews, group discussions and written feedback. However, up until this point this wealth of information has not been documented in a standardised way, nor has it been set up in a way where it runs regularly in all Clusters. We hope that the framework we are developing will allow for place-based community-led plans and movement towards the above-named outcomes in our Clusters, whilst also synching with national and international goals.

b) The impact assessment framework that is currently in development

Having recently been granted funding related to this work from the Vitol Foundation, Arukah Network is now in a position to begin work on a deeper and more supportive impact assessment framework that will allow us to collate more strategic and consistent information from across our global network, and so be able to better evidence our impact. While this evidence is expected to make it easier to leverage further funding, an equally important outcome of this framework will be to allow

Clusters to self-assess, and thus more effectively self-manage and self-replicate. A major priority of this work will be that it supports and benefits the Cluster members who undertake it, rather than being a burden or a task imposed upon them. We want it to be a tool for community encouragement and leadership, rather than simply a requirement of donor reporting.

This framework is in development but will consist of:

- a self-assessment tool allowing Clusters to identify how well their way of working (connect, inform, influence) is impacting their named outcomes (in the areas of health, wellbeing, happiness). The measures and milestones of this progress will be subjective and Cluster-specific.
- A more general annual survey to provide deeper information and evaluation on each focus area. To aid in the delivery and coordination of this, Cluster “Coaches” may be trained

Our conversations with the Wellcome Centre for Cultures and Environments of Health and others, including C2 Connecting Communities will be crucial for the co-development of this framework. We hope that it will be a helpful resource for organisations other than Arukah Network.

3. Questions and challenges that came out of the day; opportunities for further work/answering these questions

The workshop day at the WCCEH solidified and streamlined our commitment to our impact assessment work, particularly the emphasis on including and benefiting community members as a priority. Discussions about possible adverse effects of careless measurement and evaluation on local people strengthened the conviction



Participants at the workshop

that Cluster members should be at the forefront of our strategy rather than it being something imposed upon them from above. The workshop also impressed upon us the idea that there remains a significant gap in understanding between organisations like ourselves and C2, and the funders, donors and grant-makers upon whom we remain reliant for this work to continue. This further strengthened our resolve to share and promote our model wherever possible, believing firmly in its value, in order to overcome the

barriers that still stand in the way of this work. In order to do so, however, our impact assessment framework will be crucial in our ability to evidence our impact.

Not all of the questions that arose have immediate answers or solutions, but we feel there is still immense value in identifying and sharing challenges as well as successes.

3(i) Key questions:

- A. The messy, subjective nature of community-led work: how can we measure it? How do we make it attractive to funders, how do we frame it, how do we talk about it?
- B. Can we speak to donors in the language they understand while still retaining our integrity?
- C. How can we tell our stories so that key decision makers can learn, and so they can recognise and value the relationships that form a network without trying to turn them into service delivery mechanisms?

3(ii) Nature of networks

- Often the people co-ordinating networks feel that they are holding relationships together which should flourish without their mediation. For example, Arukah's UK team members are aware of the wonderful things happening in each Cluster, but Cluster members might not be aware of what is happening in other Clusters. Bringing people together in person is immensely valuable for this reason, but requires large amounts of funding and co-ordinating capacity.
- The work we do can feel intangible – a network is made up of non-physical connections, relationships, influence and trust. This makes it difficult to prove the relationship between the results and the intermediary work that made them possible.

3(iii) Measuring impact

- The conditions needed to bring about a state of wellbeing will be unique to each place and its people – they may not always mirror global, standardised goals such as the SDGs.
- Related, place-based work usually involves small numbers, which may not easily translate into standardised data large enough to 'prove' results.
- There is a tendency to value this work only in monetary terms – phrases like 'asset-based development' can frame a community's strengths and assets as a form of capital. Monetary value is not always useful for talking about community-led work and relationships.
- Using 'questionnaires' to measure impact can often feel impersonal and even disrespectful. Often the people who are asked to take questionnaires never see or hear about the results, which can create distance and reduce the value of relationships.

3(iv) Funding

- Funding is often framed in terms of 'projects'. Funding might be given for a project for one, two, or sometimes five years. By their nature, projects are

finite, whereas the sort of community relationships we are trying to form last decades. Confronting people with only one objective can fragment communities, and often programmes – the TR14ers in Camborne being an example – can go far above and beyond the challenges they initially set out to combat. Being funding and project-focused can mean that unpredictable positive ripple effects from community relationships and network-building might be missed or discouraged.

- This often means that our work doesn't meet the 'funding priorities' of particular grants or donors, even if we **can** prove the impact of our work. C2 members noted that the impact exists, with a wealth of evidence and stories to prove it, but it's not the simple, snappy, one-sentence kind of impact that appeals to funders. Even if you can distill it into one clear sentence – for example, 'C2 supports communities to have hope for the future' – 'hope' isn't a tangible outcome.
- Applying for funding often necessitates defining our work in terms of deficiencies, when actually our approaches are strength-based. It can also require jumping through hoops which leads to illogical aims or priorities. Robins, from Kericho Cluster in Kenya, gave the example of his HIV organisation having to accept targets that they know they won't be able to achieve.
- Important, valuable partnerships don't just happen, they can take years of relationship building. How do you get funding for this kind of work? It makes planning cycle 3 times as long – donors can find this difficult to understand if they haven't experienced it, and so can politicians as it goes against the short-term nature of project / political cycles.
- We are all aware of the possibility of generating our own income and will hopefully be able to do so, which will reduce the challenge of finding the right donors to work with; however it isn't always simple for charities to move from asking for money (fundraising) to charging money for a product or service (selling). It creates a different relationship to our offering, and different expectations of return.

3(v) Opportunities for answering these questions and for further work:

- We'd like to hold further discussions which include funders, sharing our methods of impact measurement with them and talking about the challenges we have with their traditional way of working. There may be an opportunity to hold training for donors on this kind of work.
- Complexity theory – Arukah would like to explore how this might impact or inform our work, given our network-based approach.
- We'd like to arrange further meetings with C2 and other groups to continue to share learning, challenges, advice and support. Feedback from C2 participants suggests they would value this.
- We'd like to seek constructive feedback from donors (from successful and unsuccessful applications) and collate this information, then share the kinds of questions they're asking, and the challenges they have with our models

4. Responses from participants

Gareth Hart - Plymouth Social Enterprise Network: "It was an honour to discuss network-building and socially-entrepreneurial approaches to international development work with Arukah ... I found the approach of Arukah to be refreshing and deeply considerate. It made me realise we should work to internationalise and build more partnerships if we want to really create a better society and an economy ... It also made me think we need to speak our truth and ideas quietly but also firmly."

Robins Odiyo - Network Curator at Arukah Network: "I was encouraged by the high levels of trust and vulnerability between us all. I think this is key to a healthy and working relationship. If I compare this with similar meetings back home (in Kenya), most of us are dishonest with each other. Many people feel insecure; greed for money and resources creates unnecessary competition. All this is the result of dependency on donor funds. If we want to go far, this mentality has to be changed."

Hazel Stuteley, Susanne Hughes, Katrina Wyatt - C2 Connecting Communities: "Sharing this workshop with the global team from Arukah was a truly insightful, affirming and thoroughly enjoyable experience. Listening to Elizabeth, Robins, Rivka & Jake speak about their experiences of developing Arukah Clusters, we were struck almost immediately by the similarities of our own journey setting up C2 regional Learning Hubs, also clusters of successful practice."

The workshop felt like a totally safe and honest space too, in which we felt able to share our frustrations about the poor levels of understanding of our approach to impact on population health that exist in UK. We learnt that these frustrations were shared by Arukah and that poor understanding exists globally. We spoke of the challenges we both face, not only in funding our networks, but in current methods of evaluation, that never seem to do this marvellous work justice to reflect the passion and energy of the amazing people within our communities."

Elizabeth Wainwright - Co-Leader at Arukah Network: "Conversations like this are key to how we at Arukah Network grow and develop. Some of this learning will be fed into the creation of our 'impact assessment framework'. As well as helping us to show how our model can contribute to improved health and wellbeing, we hope that our framework can also be used by other small community-led organisations."