

# Evaluation of Community Resources' Hub @ Castle Point

Interim Evaluation

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The Hub's Community Cafe



## Executive Summary

Community Resources is a registered UK charity which equips people who face challenges around poverty, unemployment, domestic abuse, arrival in a new country and mental health to find a place of belonging in their community. They primarily work in the London Boroughs of Barking and Dagenham and Redbridge. In 2013, Community Resources opened the Community Hub @ Castle Point in the former Valence Children's Centre (which had closed) in Barking and Dagenham, after community consultation supported the need for a community centre.

The Community Hub @ Castle Point provides a focal point where people can connect with one another, access support, and take part in a range of weekly classes and activities to gain confidence and skills, and to stay physically and mentally healthy. The Hub also provides one-to-one support and signposting to assist visitors with any needs/issues (including poverty, housing and debt); have a Community Fridge where people can ask for food and donate food for others; and a volunteer pharmacist (who runs a drop-in for people who want to understand their medicines). The majority of activities at the Hub are suggested, developed and run by volunteers, 60% of whom started as beneficiaries of the Hub. The link between being a beneficiary and a volunteer is a central tenet of the Hub, based on the ethos of not building dependence, and enabling individuals to feel that they have agency and value. This was a key finding of the evaluation, supported by beneficiaries who felt that volunteering at the Hub is clearly beneficial, ensuring a more equitable relationship and preventing a one-way process, where beneficiaries are 'done to'. It is also likely, by assisting individuals from disadvantaged groups (e.g. the long-term unemployed and people living with chronic health conditions) to volunteer, to have strengthened the positive outcomes the Hub has achieved, such as further boosting wellbeing and self-esteem.

This interim evaluation spans the two-year period from 1 September 2018 to 31 August 2020, the first two years of the current National Community Lottery Fund's Reaching Communities Fund grant. This evaluation found that the approach taken by the Hub @ Castle Point is effective at addressing the needs of local people in a deprived, disconnected area. The Hub was shown to have increased participants' social contacts, reduced isolation, improved wellbeing, physical and mental health, improved self-esteem and enabled local people to develop new skills. People volunteering at the Hub have also built their self-esteem, found a purpose and improved their career progression. In fact, of the 102 volunteers the Hub has worked with in the last 2 years, 26 (25%) have moved into employment. All of this has been achieved despite the significant impact of Covid-19 over the last few months, which meant the Hub had to close to face-to-face activities. However, the Hub has adapted during the crisis through a combination of online activities, outreach and socially distanced activities, to ensure it can continue to positively impact the lives of local residents, which is highly commendable.

There is some learning to be taken from the last two years. The Hub has, as proposed in its original application to the National Community Lottery Fund, succeeded in engaging and supporting specific target beneficiary groups (families, men and older people) in the work of the Hub e.g. by running new activities, extending opening hours and undertaking more outreach work in the local community. Going forward, the Hub should continue to test and adapt activities that appeal to under-served groups. Other ideas that might work (post Covid-19 restrictions) are open days (e.g. for local men) or taster activity sessions with local partners (e.g. Age Concern) to introduce target groups to the work of the Hub and to overcome any worries or inhibitions about attending.

The Hub is slightly under-target on several measures, but this is largely due to the Covid-19 restrictions. That said, the number of people reporting feeling less isolated was significantly lower than the target. Hub staff believe this is due to individuals not understanding the survey questions related to social isolation (e.g. due to language barriers) and that the survey itself

was not the most effective tool. This could be overcome by amending the way these questions are worded in the annual survey, or including some sub-questions, all in Plain English, so that respondents are more likely to fully understand what is being asked. However, there are external tools recommended to measure loneliness, such as the four specific questions proposed by the Office of National Statistics (ONS) in 2018. The Hub should consider introducing these questions into their annual survey. It may also be useful to consider asking these when beneficiaries first join the Hub, and then at a follow up point, to gain an insight into the difference the Hub is making over time to beneficiaries' feelings of social isolation and loneliness.

There were further monitoring and evaluation recommendations. Community Resources primarily uses an annual survey to monitor the impact of the Hub. However, this is very much aligned to the outcomes and indicators of the Lottery grant. Whilst this does enable the Hub to be able to report against the original Lottery targets, it may mean it is missing asking questions about the potential wider impact of the Hub on aspects of beneficiaries' lives or wellbeing that they may not have anticipated when they developed the project funding bid. This evaluation therefore recommends that the Hub 'take a step back' to look at the wider change they hope to see (perhaps by working through a Theory of Change) to ensure that the survey can record the wider changes that beneficiaries experience.

There are also no current monitoring processes that allow the Hub to determine the change in effects over time. Therefore, as well as considering using the ONS suggested questions to measure loneliness over time, the Hub should also consider using the Warwick-Edinburgh Mental Wellbeing Scales (WEMWBS) in a targeted way to measure and track changes in wellbeing. To ensure that all Hub beneficiaries can understand the questions being asked the Hub should use the short WEMWBS questionnaire and have this translated in the most common community languages used in the Hub, to facilitate engagement and completion.

The per beneficiary cost of the project, considering the 451 people who have used the Hub in last 2 years, was £628. To try to quantify the programme's Return on Investment (ROI) a Cost Benefit Analysis of the Hub was undertaken. This found that for every £1 invested in the Hub, there was a return of between £4.12 and £5.88. It should be noted that this Cost Benefit Analysis was evaluative, looking at the return on investment purely over the last 2 years. However, the effects of some outcomes will last longer than this defined period and will therefore continue to generate value going forward. Bearing this in mind, this project clearly represents good value for money - and the social and economic value that is created by the Hub @ Castle Point far outweighs the financial investments made.

It should also be noted that the ongoing Covid-19 crisis is likely to increase the need for the Hub. There are already indications that the future economic and health consequences of Covid-19 will be borne by those on lower incomes. The local residents of the Hub live in a deprived area, so are likely to experience increasing levels of unemployment, poverty and isolation and reducing levels of wellbeing as the 'fallout' from Covid continues; this will increase demand for the Hub's support. The Hub should monitor referral levels and attendances to determine if the Hub is dealing with increasing numbers of people (or people with more complex needs) as a result of the crisis; this information can and should be used to argue for additional funding from local government, trusts and foundations for the Hub's work. This is especially important when considering that Covid-19 is reducing the amount of earned income the Hub is able to generate (as people are hiring out the centre less, and are less likely to pay for online activities compared to face-to-face activities). The Hub will therefore need additional support from funders in order to offset this loss in income and ensure it can continue its much needed work to reduce the impact of poverty and ill-health, improve community engagement and cohesion and improve the life chances of residents and their children in their deprived local area in Barking and Dagenham.

## Methodology

The Bright Ideas Partnership was appointed by Community Resources to evaluate their Hub @ Castle Point community centre, specifically the period covering 1 September 2018 to 31 August 2020 (covering two years of the current 3-year National Community Lottery Fund grant).

Bright Ideas has experience of producing evaluations of projects on behalf of organisations including Victim Support, the Basement Project, Porchlight, Help for Carers and Justlife. The Bright Ideas Partnership is a Social Value Pioneer with Social Value UK. Jo Ryan, the lead evaluator, also has a Masters in Forensic Psychology and Criminology, which covered in detail qualitative and quantitative research methodologies, and is a member of the UK Evaluation Society.

In Summer 2020, Jo Ryan, of the Bright Ideas Partnership, Avril McIntyre MBE, Director of Community Resources, confirmed the aims and objectives of the evaluation and the proposed research methodology. A schedule for completing the evaluation in Autumn 2020 was agreed.

The following research has been conducted to produce this evaluation:

- Desktop analysis of all documents associated with the project.
- Desktop analysis of project expenditure.
- Desktop analysis of external research and similar services.
- Interviews with employees of Community Resources who are responsible for managing and running the Hub, specifically: Teah Baiden (Community Hub Co-ordinator), Sally Dixon (Open Doors Project Co-ordinator), Marisa Quesada (Support Worker and Volunteer Co-ordinator), Elisangela Gomes (Cook), Nick Brewer (Out of Hours Coordinator) and Susan Haward (Hub Administrator).
- Reviewing relevant quantitative and qualitative data.
- Obtaining data on the experiences of project beneficiaries, which included analysis and review of beneficiary case studies and an annual survey.
- One-to-one interviews with 8 project beneficiaries (7 women and 1 man) to discuss their experiences, 7 of whom are (or were) also volunteers at the Hub. All interviews were undertaken over Zoom (to respect Government guidelines on social distancing which were in force at the time of this evaluation) and all interviews were recorded, transcribed, and analysed. It should be noted that the pool of interviews were limited to those willing to take part in an online/phone interview, which may represent 'more engaged' beneficiaries/volunteers (and thus not a representative sample of all of the Hub's beneficiaries/volunteers).
- Undertaking a Cost Benefit Analysis of the Hub @ Castle Point.

This evaluation is based on the information provided. If any of the information supplied is incomplete or inaccurate, the findings of this evaluation may be rendered invalid.

The Bright Ideas Partnership would like to take this opportunity to thank everyone who contributed to and took part in this evaluation.





The Hub's beneficiaries



## Project background

Community Resources is a registered UK charity which equips people who face challenges around poverty, unemployment, domestic abuse, arrival in a new country and mental health to find a place of belonging in their community. They primarily work in the London Boroughs of Barking and Dagenham and Redbridge. Community Resources was formed in 2006 by a small group of volunteers who were concerned about a loss of cohesion and neighbourliness in the local community and decided to try to change this. Starting with a team of just four people, Community Resources has grown to become a lively community. Over the last 2 years, 103 people have volunteered on a regular basis.

The thread that runs through all of Community Resource's activities is that they are a 'connecting place' for vulnerable and isolated people, enabling them to facilitate friendships and connections for people in the local area who, for whatever reason, lack the confidence, skills or resources to engage with and take part in the world around them. Community Resources currently run four projects, all volunteer-led and organised: The Open Doors Project, which provides 1-2-1 support to vulnerable and isolated families; the Community Hub @ Castle Point which offers a range of programmes and activities; the Corner Coffee House, a social enterprise promoting social inclusion and art; and Peaced Together, an arts-based programme for women who have experienced mental health, domestic violence or other issues. Community Resources is also the secretariat for BD\_Collective, Barking and Dagenham Council's infrastructure organisation for social sector co-ordination. Last year the charity supported 420 local adults and 356 children.

The Community Hub @ Castle Point opened in 2013 from the former Valence Children's Centre (which had closed), after community consultation supported the need for a community centre. This need continues. Barking and Dagenham is the 21<sup>st</sup> most deprived local authority in England, and the most deprived local authority area in London (Index of Multiple Deprivation, 2019). The deprivation in the area has several knock-on impacts. Income is associated with health: people in the bottom 40% of the income distribution are almost twice as likely to report poor health than those in the top 20% (The Health Foundation, July 2020). This can be seen in Barking and Dagenham, where premature mortality is the highest in London (Trust for London, April 2020). In turn, poor health can limit the opportunity for good and stable employment and so affect income (The Health Foundation, July 2020).

This deprivation is passed down from one generation to the next. Parents living in poverty are more likely to experience relationship conflict and are at increased risk of poor parenting which can impact children's outcomes (Early Intervention Foundation, April 2019). In Barking and Dagenham, the child poverty rate is at 43%, worse than the London average (Trust for London, 2020). Furthermore, in the Barking and Dagenham local authority area, 20.63% of children are projected to live with adult/s with severe mental ill-health symptoms, alcohol or drug dependency and/or have experienced domestic abuse in the last year (Children's Commissioner, 2018). Children living in such households are at notably greater risk of immediate harm as well as having a detrimental impact on their later life outcomes (Children's Commissioner, 2018). Community and neighbourhood support are associated with resilience to parental conflict and parenting difficulties in low-income families (Early Intervention Foundation, April 2019). However, with the closures of several local children's centres over the last few years in Barking and Dagenham there is less support available for vulnerable families who often have nowhere else to turn to for support.

This impacts on social mobility, which causes stark disparities in school readiness, education attainment and employment opportunities (Social Mobility Commission, 2017). In areas of low social mobility, it is far harder for someone from a deprived background to escape deprivation (The Social Mobility Commission, 2020).



*“Children from disadvantaged backgrounds have considerably lower school attainment and lower adult earnings than their peers from more affluent backgrounds”.*

Laura van de Erve, Research Economist, Institute for Fiscal Studies

This can be seen in Barking and Dagenham where, compared to the London average, students have a below average GCSE attainment (Trust for London, 2020). Taken together, these issues risk families being locked into disadvantage for generations unless the issue of social mobility is urgently tackled (The Social Mobility Commission, 2020).

Poverty, health issues and poor life chances in Barking and Dagenham are exacerbated by low levels of community cohesion and social isolation. The population of the borough is large and growing – there has been a 25% increase between 2001 and 2016 (A cohesion and integration strategy for Barking and Dagenham, LBBD, 2019). Between 2001 and 2011 the diversity of the local community increased by over 30% (LBBD, 2019). Today, there are up to 72 different non-English languages being spoken in households across the borough (LBBD, 2019). Despite the borough’s diversity, many residents spend little time with people from other backgrounds. A 2018 Resident’s Survey found that 27% residents disagree that their local area is a place where people from different backgrounds get on well together, compared with a national average of 11%. Migrants with poor English also struggle to participate in community life, access support service, support their own children’s education and secure employment/education (Working Group on English for Speakers of Other Languages, 2000). This lack of connectedness affects everyone, whatever their background - it magnifies divisions and contributes to problems, such as the rise in extremism and the disillusion among sections of society (The Challenge, 2018).

Unsurprisingly, given the above issues, there are stubbornly poor outcomes in Barking and Dagenham across a number of key wellbeing indicators, which essentially means that the quality of life of residents is not improving (London Borough of Barking and Dagenham, 2019). This is only going to get worse, as the longer-term impact of the Covid-19 crisis become clear. People living in deprived areas have already borne the brunt of Covid-19’s impact, with death rates twice as high in deprived areas (Office for National Statistics, 2020). Deprivation increases the impact of Covid-19 through a range of factors, including overcrowding, income, employment, disability and health status:

*“Deprivation is associated both with exposure to greater viral load, and with enhanced susceptibility to disease as a consequence of poor health”.*

Professor Nishi Chaturvedi, Director, MRC Unit for Lifelong health and Ageing, UCL

The pattern of employment loss and furloughing by income suggests that the future economic consequences of Covid-19 will also be borne by those on lower incomes – which in turn increases the risks of an additional long-run burden on health (The Health Foundation, July 2020). The school closures seen during the first lockdown are also likely to have substantial negative labour market impacts for those from less-well off groups, their chances of social mobility, and on the economy in general (Sutton Trust, October 2020). For example, the proportion of young people from low-socioeconomic backgrounds becoming high earners is projected to drop (Sutton Trust, October 2020).

Clearly there is a need for a project, like the Hub, which can help reduce the impact of poverty and ill-health, improve community engagement and cohesion and improve the life chances of residents and their children in the deprived London Borough of Barking and Dagenham.

## Project description, activities and outcomes

### Project Description

The Community Hub @ Castle Point provides a focal point for local volunteering and a place where people can connect with one another, access support, and take part in a range of weekly classes and activities to gain confidence and skills, and to stay physically and mentally healthy. Activities at the Hub include: Bumps and Babes, parenting classes and midwife clinic; Craft clubs; Finding Solutions group (where participants can discuss issues such as dealing with stress and mental health-related issues); Lunch club and Community Café; Creative English and Parent & Child English classes; Tea and Toast after-school drop-ins; Create Your Future (employability programme); Peaced Together (a creative craft based discussion and support group for vulnerable women); and Pilates and yoga classes. The programme at the Hub, which is constantly adapting, has something for all ages and abilities.

The Hub also provides one-to-one support and signposting to assist visitors with any needs/issues (including poverty, housing and debt); have a Community Fridge where people can ask for food and donate food for others; and a volunteer pharmacist (who runs a drop-in for people who want to understand their medicines).

The Hub's beneficiaries include people who are new to the area as well as those who have lived locally for many years, a mix of international migrants, families in social housing who have been gradually displaced out from inner-London districts, and older people; over 50% do not speak English as a first language and two-thirds are from Black and minoritised backgrounds. Typically, they are unsettled and face multiple challenges relating to social isolation, low confidence and poor mental health, poverty, language and learning barriers. Currently, over 700 people are registered with Hub activities and approximately 300 people attend every week.

The majority of activities at the Hub are suggested, developed and run by volunteers, 60% of whom started as beneficiaries of the Hub. Recognising that every person who comes to the Hub has skills, experience and passions, the Hub staff gently encourage beneficiaries to consider what they can 'give back' of their strengths, gifts and abilities, creating a genuine sense of belonging. Any type of activity can take place at the Hub, as long as it helps 'build community', there is demand for it and there is a 'champion' volunteer who feels passionate about running it. This approach comes out of the belief of Community Resources/the Hub, that people don't want to feel 'done to' (i.e. just 'accepting services'), they want to know that they have a part to play, that they are important and valued. Currently the Hub has 68 people volunteering regularly, running activities, working in the kitchen, providing admin support and cleaning. The Hub staff provide volunteers with training, resources and mentoring (for those who are less confident).

In September 2017 the Hub was awarded 'Resident Focus Point' status by Barking and Dagenham Council. Through this, the Council promote the Hub as a safe place where residents can go to get help, find out about available local services (e.g. housing, mental health, benefits, debt advice, domestic abuse support) and be provided with signposting support to these services. The Hub also has referral agreements in place with local GPs, Parent Support Advisors, health and social care professionals, who refer their users to the Hub. They also support the work of local organisations (e.g. Kingsley Hall, the Richmond Fellowship, St Elisabeth's church) by offering volunteering placements, accepting referrals onto their activities and referring local people to their services. The Hub is also part of BDCAN, the borough's COVID crisis response. Through this, the Hub provided shopping, food parcel, hot meal delivery and medicine pick up to around 400 people during the first lockdown. BD Connect - a collection of organisations (including Age UK Redbridge, Barking and Havering, Citizens Advice Barking and Dagenham and Refuge UK) - was developed out of this, as a result of Community Resources' conversations with Barking and Dagenham Council about the isolation experienced by residents who were receiving support. A phone befriending



service was set up to contact isolated local people and connect them to local volunteer support and activities (whilst avoiding service duplication between partners). As part of this, the Hub have made 377 initial calls, with 77 agreeing to receive ongoing support.

### Project Activities Agreed for the evaluation period

The activities included in the original Lottery bid for year one:

- Recruit and train an Out of Hours Coordinator to manage an expansion of operating hours.
- Undertake light internal works and refurbishments to create a more flexible venue and accommodate increased community use.
- Run weekly evening activities for working families, including: cooking on a budget, theme nights (web safety, healthy living, relationships), fitness activities.
- Develop a peer-mentoring programme to support 30 new volunteers, building confidence and skills, with 10% gaining employment.

The activities for year two:

- Expand the Community Cafe to include a lunch club offering hot meals everyday for 100 people per week.
- Develop a Men-Shed and Father/Son evening and weekend activities including peer-mentoring, engaging min 100 participants.
- Expand the mentoring programme to include peer-mentoring for 50 participants.
- Expand training, development and employability options for individual learners, engaging 100 participants.

### Project Outcomes

The Lottery bid also outlined the following outcomes and indicators:

Outcome 1: Participants increase social contacts and develop stronger relationships in their community.

Indicators:

- People accessing the Hub will engage with other activities, initiatives and opportunities in the community (external to the Hub). Target: 50 people per year.
- People accessing the Hub will gain new friends and expand their social contacts/networks locally. Target: 20% increase per year for individuals.
- Volunteer Befrienders will engage with new people/families and support them to access the Hub. Target: 300 people by the end of the project.

Outcome 2: The Hub will reach more families, men and older people, who will report reduced isolation, improved wellbeing, physical and mental health.

Indicators:

- Additional families, men, and older people 65+ reached and attending the Hub. Target: 50 families per year; 30 men per year; 30 older people per year.
- People attending the Hub report feeling happier and healthier. Target: 70% of people by the end of the project.
- People attending the Hub report feeling less isolated. Target: 80% of people by the end of the project.

Outcome 3: Local people will build their self-esteem, find a purpose and improve their career progression by volunteering at the Hub.

Indicators:

- People attending the Hub will take part in classes and activities to improve their skills, confidence and increase their employability. Target: 500 people by project end.
- People attending the Hub will begin volunteering. Target: 200 people by project end.
- People attending the Hub will gain the confidence to and begin applying for jobs. Target: 45 people by the end of the project.





Carpet Bowls

## Report against Project Activities/Outcomes/Outputs

This evaluation considers progress against the activities, outcomes and indicators of the National Community Lottery Fund grant, specifically the period covering 1 September 2018 to 31 August 2020 (the first two years of the current 3-year Lottery grant).

Overall, the Hub engaged 109 new people in year 1, and 131 people in year 2 (54 new people who came to the Hub and the 77 individuals receiving ongoing befriending calls through BD Connect). The Hub has also continued to support 211 individuals who used the Hub in previous years. Over the 2 years, 2043 activities were provided.

Progress against the agreed activities:

- The Hub has recruited and trained an Out of Hours Coordinator who has managed an expansion of operating hours, including running an after schools club, activities on Friday and a programme over the summer holidays.
- Undertaken the light internal works and refurbishments needed to create a more flexible venue and accommodate increased community use (specifically they have brought up to code all electrics in the building, and fully refurbished the hall and toilets).
- Expanded the Community Café. In year 1, the Café provided around 45 meals per week. In year 2, the Hub employed a part-time cook 3 days per week who is now preparing 50 meals per week. However, due to lockdown, the Café can only cater for limited numbers. If the Hub was not limited by numbers, they estimate the Hub would be producing at least 75 meals per week. This would still be below the target of 100 meals per week. Hub staff believe this original target was an over-estimate, as they had initially hoped to cook lunch 4 times per week. However, this would have impacted on the number of afternoon sessions the Hub could run. The Hub believe the current balance is best – allowing the most vulnerable to access lunch but keeping a varies programme. However, this is constantly under review.
- Developed activities to engage men (a men's group and a men's in shed group), which have attracted 69 men in the last 2 years (53 of whom were new to the Hub), which is under the target of 100 participants.
- Run weekly evening activities for working families, including Tots and Tinies, Family Fun and the Tea and Toast after-school drop-ins.
- Offered training, development and employability activities for 102 local people (who acted as volunteers at the Hub) (meeting the target of 100 participants). Of these, 18 received employment support from Catch 22, a training and work advice provider.
- The Hub has not developed a formal peer-mentoring programme for volunteers as expected (which was meant to engage 50 participants by the end of year 2, to build confidence and skills, and enable 10% to gain employment). However, in this time the Hub has engaged 102 volunteers, who have improved their skills and confidence. From these, 26 volunteers (25%) have gone into employment. Whilst there isn't a formal peer mentoring project in place, informal peer mentoring is commonplace, with existing volunteers training up and supporting new volunteers.

Progress against the agreed outcomes and associated indicators is show below:

Outcome 1: Participants increase social contacts and develop stronger relationships in their community. Indicators:

- In year 1, 28% of Hub users (26 of the 96 people who completed they survey) engaged with external activities, initiatives and opportunities in the community. However, if this survey is deemed to be representative of all Hub users, this would equate to 89 people in year 1 (28% of the 320 people that used the Hub in year 1,



including beneficiaries who started at the Hub in previous years). Similarly, in year two, 47% respondents from a survey of 45 people (i.e. 21 people) stated they had engaged with external activities, initiatives and opportunities in the community. If this survey is also deemed to be representative of all new Hub users in year 2<sup>1</sup>, this would equate to 61 people (47% of the new Hub users in year 2). This would exceed the per year target of 50 people.

- 90% of people using the Hub in year 1 and 100% in year 2 gained new friends and expanded their social contacts/networks locally. The target in the original bid was that Hub users would increase their social contacts outside of the Hub by 20% per year. However, the Hub report that this has proven difficult to measure.
- 55% of Hub users (52 of the 96 people who completed the survey in year 1, or 176 if the survey is deemed to be representative of all 320 Hub users in year 1) in year 1 and 69% in year 2 (31 of the 45 people who completed the survey in year 2 or 90 if the survey is deemed to be representative of all new Hub users in year 2) have brought friends or family to the Hub for the first time. This means the Hub is very much on track for 300 'Volunteer Befrienders' to engage with new people/families and support them to access the Hub by the end of year 3.

Outcome 2: We will reach more families, men and older people, who will report reduced isolation, improved wellbeing, physical and mental health. Indicators:

- The project has engaged new families (52 in year 1 and 55 in year 2, exceeding the target of 50 families per year), new male beneficiaries (29 in year 1 and 24 in year 2, slightly lower than the target of 30 men per year) and reached new older people aged 65+ (25 in year 1 and 32 in year two, again slightly lower than the target of 30 older people per year). Hub staff think that many of the 77 local residents receiving ongoing befriending calls are over 65 it is hard to verify this as the Council, who refer individuals to the scheme, doesn't pass on people's ages to the Hub (presently, only 20 of these 77 individuals have been confirmed to be over 65).
- In year 1, 93% of people attending the Hub reported feeling happier and healthier. In year 2, this figure was 91%. This exceeds the target of 70% of people by the end of the project.
- In year 1, 60% of people attending the Hub reported feeling less isolated; this was 53% in year 2. This is lower than the target of 80% of people by the end of the project.

Outcome 3: Local people will build their self-esteem, find a purpose and improve their career progression by volunteering at the Hub. Indicators:

- Over the 2 years of the evaluation period, 374 people (320 in year 1, including both new and existing beneficiaries, plus 54 new beneficiaries in year 2) attended the Hub<sup>2</sup> to take part in classes and activities to improve their skills, confidence and increase their employability. This is on course to achieve the target of 500 people by project end, although ongoing Covid-19 restrictions may continue to restrict Hub attendances in year 3.
- Over the 2 years, 102 people have volunteered at the Hub, with 70 starting in this period. As such, the Hub is not on target to engage 200 people in volunteering at the Hub by project end.

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<sup>1</sup> To avoid double counting, for this measure we only consider the new Hub users, although many of the year 1 beneficiaries have continued to attend the Hub. In year 2, 431 people were engaged, however 377 of these were through phone contact through BDConnect. Of these, 77 engaged in ongoing phone contact and 54 came to activities at the hub (131 new users). To avoid over-inflating the figures, the evaluation is only using this number, rather than the 377 who had contact with the Hub but declined ongoing support/engagement.

<sup>2</sup> This does not include the 77 residents receiving ongoing befriending calls through BD Connect, as many are too frightened, ill or frail to leave their homes and attend the Hub in person.

- In year 1, 43% of people attending the Hub (41 of the 96 people who completed the survey in year 1, or 137 if the survey is deemed to be representative of all Hub users) felt more confident to apply for a job, and 15% (14 of the 96 people who completed the survey in year 1, or 48 if the survey is deemed to be representative of all Hub users) have applied for a job. In year 2, given the survey took place during the Covid-19 crisis, the Hub asked that people only complete the employability questions if they were looking for work. 29% of respondents completed that section, with 38% of these (5 people) stating they felt more confident to apply for a job. Furthermore, 9 people stated had begun applying for jobs. As such, the project has already exceeded the 3-year target of 45 people gaining the confidence to begin applying for jobs.

## Project spend

This interim evaluation spans the two-year period from 1 September 2018 to 31 August 2020. The primary funder is the National Community Lottery Fund's Reaching Communities Fund, who agreed a grant of £399,557 over 3 years (£134,589 in year 1 and £113,126 in year 2, plus an additional donation of £36,793 to cover the Hub's additional costs due to the Covid-19 crisis). The project also raises money through charging for activities and food and drinks at the onsite community café. Over the last 2 years, this has raised £36,744 for the Hub. However, it should be noted that these charges only apply if they are affordable to Hub visitors:

*"If it is a problem...we won't charge people...we'll waive the fee and we'll do that quite a lot really. And because groups are run by champions who know the people that come to our groups, they get to know who can and can't afford. So, you know, it's quite flexible".*

Open Doors Coordinator, staff interview

In addition, renting out rooms in the Centre (e.g. to local people for events or to other organisations) raised £5,413 between 1 September 2018 to 31 August 2020, although this has dropped to £0 in the last few months due to Covid-19 (and the Hub being closed).

Community Resources have carefully monitored the Lottery grant budget, noting any deviation between the original budget and actual spending. In year 1, there was a shortfall of £7,542, due to a delay in securing an evaluator and a shortfall on the expected capital costs. This underspend was entirely spent in year 2.

A detailed breakdown of the overall Hub spending over the evaluation period can be seen below:

REVENUE COSTS	Year 1	Year 2
Salaries, NI and Pensions	88,570	94031
General running expenses	8,420	12298
Training	0	643
Travel	138	1040
Consultancy & advice (including evaluation)	0	3600
<b>OVERHEADS</b>		
Administration and management	11,936	10881
Accommodation	14,036	12455
Utilities	8,960	7216
<b>CAPITAL COSTS</b>		
Refurbishment	6,230	2770
<b>TOTAL</b>	<b>£138,289</b>	<b>£144,934</b>

The per beneficiary cost of the project, considering the 451 people who have used the Hub in last 2 years, was £628. To try to quantify the programme's Return on Investment (ROI) a Cost Benefit Analysis of the Hub was undertaken as part of this evaluation (see Appendix 1). This



found that for every £1 invested in the Hub, there was a return of between £4.12 and £5.88. This is broadly similar (although perhaps a little lower) to the ROIs seen in Cost Benefit Analyses undertaken of similar services. For example, a Social Return on Investment (SROI) study of the Health Precinct Community Hub for Chronic Conditions (conducted in May 2020) found the Hub delivered £5.07 of social value for every £1 spent. Furthermore, a SEOI of a Community Champions programme (where, similar to the Hub, local people volunteered at a community centre or 'hub', to promote the health and wellbeing of all residents across 15 hub locations in London) found a SROI ratio ranges from c.£5 to £6 per £1, with savings related to: prevention and delayed onset of health and mental wellbeing conditions; community cohesion and resident participation; reduced isolation of families and older people; and sustained tenancies.

However, Return on Investment figures should not be directly compared to the social return ratios of other, different interventions. This is because many factors, such as location and focus of an intervention can impact on ratios. Furthermore, the Cost Benefit Analysis was also evaluative, looking at the return on investment purely over the last 2 years. However, the effects of some outcomes will last longer than this defined period and will therefore continue to generate value going forward. Bearing this in mind, the evaluator believes that a return of between £4.12 and £5.88 for every £1 invested over this 2-year period represents good value for money. This is confirmed in beneficiary feedback, with those spoken to outlining how much they value the Hub and the support it provides.



A Creative English class at the Hub

## Assessment of impact

### External Evidence

External evidence demonstrates that the approach taken by the Hub @ Castle Point is effective at addressing the needs of local people in deprived, disconnected areas.

For example, the Health Precinct is a community hub in North Wales where older people with chronic conditions are referred to through social prescribing. An evaluation of the Health Precinct found that participants: increased their physical activity; saw improvements in health status; improved their confidence; and increased their social connections (Social Return on Investment Analysis of the Health Precinct Community Hub for Chronic Conditions, 2020). An evaluation of a Community Champions programme, where local people who volunteer at community centres or 'hubs', known as Community Champions, support other local people to be aware of, and access, local services, and also to motivate residents towards improving health and wellbeing behaviours, health and wellbeing knowledge, self-care, and resident participation. Evaluations in both 2014 and 2018 found the largest improvements for residents that Community Champions contributed to were: Increased participation at health, wellbeing and family activities and events; Increased physical activity and healthier lifestyle behaviours; Improved sense of belonging and acceptance in the community, and reduced isolation; and More residents are now adept at self-care approaches e.g. due to the take up of mindfulness classes, yoga, seeking counselling and mental health courses. These evaluations also found health and wellbeing benefits for the Champions (volunteers): Champions experienced a degree of benefit to their health and wellbeing, including a sense of belonging, reduced depression and anxiety and improved confidence and resilience (Community Champions Social Return on Investment evaluation, Envoy Partnership, 2018).

There is also high-quality evidence that volunteering is positively linked to enhanced wellbeing, including improved life satisfaction, increased happiness and decreases in symptoms of depression. In addition, volunteering can bring a new sense of purpose, identity and sense of belonging. Volunteering can help people feel more socially connected to others, which is the 'strongest first step in the path from volunteering to increased wellbeing'. Volunteering can also act as a buffer against stress or loss for some people, such as those who are unemployed. There is also stronger wellbeing benefits of volunteering for some groups compared to others, including: people in later years of life; people from lower socio-economic groups; the unemployed; people living with chronic physical health conditions; and people with lower levels of wellbeing (all groups which volunteer at the Hub). However, there are often barriers/inequalities when individuals from these groups attempt to access volunteer opportunities (all from What Works Wellbeing, 2020). Volunteering also has a weak positive impact on people's chances of finding work, by improving people's skills (including soft skills such as teamwork) – although this doesn't guarantee finding a job (Impactful Volunteering, NCVO Research Briefing, 2018).

### Internal Evidence

To develop an understanding of the actual outcomes/impact of the Hub @ Castle Point, client case studies were analysed, and one-to-one interviews with 8 project beneficiaries (7 women and 1 man) 7 of whom are (or were) also volunteers at the Hub.

The below case studies (names have been changed to protect people's identities) illustrate how the Hub has increased participants' social contacts, reduced isolation, improved wellbeing, physical and mental health, improved self-esteem and enabled local people to develop new skills. They also highlight some of the new target beneficiary groups (families, men and older people) have been engaged and supported:



Before she came to the UK, Karima worked as a teacher in a primary school in Morocco. She continued to work when she got to the UK but, because of her levels of English, could only find work as a cleaner. Karima spent her time looking after her children and working, she felt very isolated and found life very difficult: *"For everything I needed someone [to speak English for me] always. I felt shy and ashamed. But inside I said, I have to learn to be in the future good [at speaking English]."* One day whilst walking in the street Karima saw a sign advertising Creative English classes at the Hub at Castle Point and she started attending. She also began attending a discussion group at the Hub and a course helping women prepare for work. Karima says her English is much better now. She now goes out more by herself and doesn't need help - if she's asked whether she needs an interpreter she says, *"No thank you, I want to try myself"*. *"Everything is easier now,"* she says. *"I have made friends from many different backgrounds in the class and I feel more confident."* Karima can return items to shops, talk to her landlord about issues in the house and talk to her children's teachers. She says that now she can, *"Just pick up the phone and make a call."* Karima says she now feels hopeful and optimistic and is looking forward to seeing what the future holds. She wants to get a job in a school kitchen and maybe later as a classroom assistant.

Matthew started attending the Men's Group about 18 months ago, having gone through a difficult relationship break up. Matthew is retired and was finding himself feeling increasingly isolated and lonely. He was also experiencing serious anxiety. The Men's Group has been a great lifeline for Matthew, and he rarely misses a week of attendance. Matthew is a very interesting person, and is also interested in others, so he often gets into very thought-provoking and meaningful conversations with the other men. While in the beginning Matthew was very averse to committing to anything or volunteering for things, he now often comes early to help set up, always offers to make drinks for men attending the group and wants to help. Matthew feels he has found a place of belonging at the Hub. He has got involved in other activities at the Hub and has made friends with other attendees and volunteers - and these friendships extend 'outside' of the Hub.

The following case study demonstrates how people volunteering at the Hub have built their self-esteem, found a purpose and improved their career progression:

Sarah is a young mixed-race woman who had recently finished her university studies when she started coming to the Hub in January 2020. Sarah had found out about the Hub on the internet. She was interested in volunteering because she wanted to help people, but also wanted to feel part of the local community. Sarah lacked confidence and said she didn't feel ready to apply for work. She wanted to have a teaching job, but felt she needed to build her interpersonal skills and get more comfortable talking to big groups of people (which she didn't like doing but knew that this was a skill she would need in a teaching job). Sarah started volunteering to support the Hub's Creative English classes and craft groups in the community café. Over time, Sarah became more and more comfortable with being part of a big group and she became a very familiar face at the Hub. Sarah started to apply for jobs and by the beginning of March 2020 was offered a job as a teaching assistant. The Hub assisted Sarah in her job search and also provided positive references for her.

The following case studies also demonstrate how the Hub has adapted during the Covid-19 crisis to ensure it can continue to positively impact the lives of local residents:

Lupe came to the Hub three years ago; she has three children and one adult child. Lupe was struggling with her English, so came to the Hub's Creative English classes. At that time, Lupe and her children were living in poorly looked after accommodation, but were paying a high level of rent, which she was struggling to pay. As a result, Lupe and her children had been served with an eviction notice. While Lupe was having these issues, she was also diagnosed with breast cancer, had a mastectomy and was in chemotherapy treatment for several months. During all of this, the Hub supported Lupe to contact the relevant organisations and to

talk with her landlord (translating for her). Eventually, Lupe and her children were offered council accommodation; the Hub helped Lupe to secure the household items needed, as well as providing Lupe with extra food for her and her children. Hub volunteers also sometimes took Lupe to her hospital appointments if she needed help with translation and interpretation. During lockdown, as Lupe was still recovering from her cancer she was advised to shield. The Hub provided food and emotional support for Lupe during this time, providing much needed social contact. The Hub also provided Lupe with a computer so she and her children could connect with the different Zoom groups being run by the Hub, and so the children could do their schoolwork. Lupe is still taking part in Creative English, and slowly building up her confidence. However, she feels she has come a long way, especially regarding her health and housing situation.

Sonia, 23, came to the UK from Nigeria in September 2019. Community Resources met her through BD Connect, as Sonia was shielding and had no friends or family to help her. The Hub started delivered her shopping at the beginning of lockdown. She also started receiving regular phone calls from a Hub volunteer (a 'phone buddy'). Through these calls it emerged that Sonia felt very alone and although she was keen to connect digitally with Zoom activities at the Hub, she didn't have a computer and had poor Wi-Fi access. As a result, the Hub provided Sonia with a tablet loaded with data. They also started delivering twice-weekly hot meals to Sonia as it had also become clear that she wasn't eating well. One day, Sonia missed a meal delivery. Her phone buddy was able to call her to check on her – Sonia had been admitted to hospital due to a sickle cell crisis. Until this point the Hub were unaware that Sonia suffered with sickle cell. Once she was discharged from hospital, Sonia disclosed to her phone buddy that she was experiencing employment and health problems, saying *"Can I talk to you about something I am really scared about?"*. It turns out Sonia was being regularly sanctioned by Universal Credit because of her inability to hold down a job. However, Sonia's health was extremely poor. She had suffered a stroke in the past which had affected her mobility and cognitive abilities. The times she had secured a job she ended up in hospital the following day – and in total had been admitted to hospital 13 times since arriving in the UK. Sonia wanted the Hub's help to find a job, because although she didn't think her body could really cope with work, she was scared of being sent back to Nigeria. Sonia did not understand the benefits system so had not known where to turn for help. The Hub referred Sonia to the Homes and Money Hub and continued to support Sonia via phone calls and with meals and shopping. Throughout this time, Sonia has continued going in and out of hospital – sometimes being admitted for a week or more at a time. With Homes and Money Hub, Sonia's Universal Credit benefits are now guaranteed, and not reliant on Sonia looking for work. This was a great relief to Sonia who said: *"Now I won't need to look for work...and I don't need to be scared. I am really, really grateful"*.

The following quotes from beneficiaries and volunteers clearly highlight that the need for the Hub in the local area:

*"[There are] lots of people in this area, in Barking and Dagenham, there's lots of families with children and so many people in the borough...and I think a lot of these people need the help now, which they're not getting, and will need the help [of the Hub] in the future".*

Beneficiary, one-to-one interview

*"If the Hub wasn't here for me personally, I think it would be really tough, it would be really tough on people like me and not just like me, but people that is having a really difficult time because that's what the Hub is for. It's for where people...who are having difficulties...people who...have nowhere to go".*

Beneficiary and previous volunteer, one-to-one interview

*"I don't know anywhere else [in the local area] that does the wide variety of activities and also has that help and support on offer if need be for somebody, you know, somebody could come in to do gardening or craft or something like that. But if there's somebody that also needs a*

*foodbank or has got some kind of psychological problems or...is going to be evicted...there's that help there for people as well. Don't know anybody else, that's got all of that. There are social things. And then there are places where you can seek help, but I'm not sure whether there's something that's all of those things".*

Beneficiary and volunteer, one-to-one interview

Beneficiaries also highlighted that the Hub had improved reduced their social isolation and improved their local, social connections:

*"It [the Hub] has made me a lot happier that I've got somewhere to go and people that understand and I feel safe in there, that's the big thing for me".*

Beneficiary and previous volunteer, one-to-one interview

*"I'm new in England. And so I don't know new people and here [at the Hub] I have a possibility to speak with another people".*

Beneficiary and volunteer, one-to-one interview

*"Coming into the door [of the Hub] was tough for the first time. Scary, but a lot [has] changed. I've...met a lot of people. I became friends with a lot of people, and I know if I need any help, I know where I can go".*

Beneficiary and previous volunteer, one-to-one interview

*"When I first come here to the Hub...I didn't know a lot of people and it's getting used to the people when I was very nervous, very, very anxious. But...I've got to slowly got to know people".*

Beneficiary and volunteer, one-to-one interview

The following quotes clearly demonstrate how the Hub has improved beneficiaries' health and wellbeing:

*"I would say it's giving me a lot more things to do to keep my mind occupied...I do suffer with some quite serious conditions, medical conditions".*

Beneficiary, one-to-one interview

*"[Since coming to the Hub] I feel a lot better in myself. [Before] I was very depressed. I was diagnosed with clinical depression many years ago and [I saw] my specialist after about six weeks [of coming to the Hub], he said, that's the first I've seen you smile".*

Beneficiary, one-to-one interview

*"The Hub...it takes a lot of worry, and it takes a lot of stress off me".*

Beneficiary and volunteer, one-to-one interview

*"I love my Pilates class, and look forward to it each week. I am so much more flexible since I started ... and have not had any back pain at all, which had been a recurrent problem".*

Beneficiary feedback

The following beneficiary quotes demonstrate how the Hub @ Castle Point has improved beneficiaries' skills and self-confidence:

*"[After going to the Hub] I started to have more confidence in me, in myself".*

Beneficiary and previous volunteer, one-to-one interview

*"There has...been a change. I'm more braver now to try new things than I was before".*

Beneficiary and previous volunteer, one-to-one interview



*The Hub has...really improved my confidence, not just in me doing stuff, but in me, in myself personally”.*

Beneficiary and previous volunteer, one-to-one interview

The Hub had also helped beneficiaries to access help and support from others:

*“They [the Hub] put me in touch with] the Money Hub...Barking and Dagenham Council have got a hardship fund, can I tell you how much it was...[they helped me get] £67 a week and that was for 12 weeks”.*

Beneficiary, one-to-one interview

*“The Hub did help get moved from my property because I kept falling over going down the stairs [due to mobility issues]. She [a Hub staff member] phoned up [the Council], got me moved”.*

Beneficiary and previous volunteer, one-to-one interview

*“It [the Hub] helped me...with my housing. It's also helped me...with finance....I did need that at the time”.*

Beneficiary and previous volunteer, one-to-one interview

Beneficiaries were clear that volunteering with the Hub delivered positive changes:

*“I've learned a lot in terms of working with vulnerable people...so people with all different types of physical and learning disabilities...I think it's more about having compassion, having understanding, being able to communicate. I mean, I had, for example, about two or three ladies who were deaf and I can't sign language that [came to my sessions]...so there was a lot of different ways that I had to be able to adapt, change, to learn to be more compassionate, to be more understanding, to really think”.*

Previous beneficiary and current volunteer, one-to-one interview

*“[Volunteering] has really helped my mental health because when I'm with them it gives me something to do and keep me positive. So, doing that has been really good”.*

Beneficiary and previous volunteer, one-to-one interview

*“[After volunteering at the Hub] definitely I feel more comfortable talking to people because I'd been quite isolated during my illness. It got me back into talking to different people from all walks of life”.*

Beneficiary and volunteer, one-to-one interview

*“[I would like] to work part-time, maybe in the future, possibly using some of the skills that I have learned from The Hub, they got all my confidence back, having been ill for so long”.*

Beneficiary and volunteer, one-to-one interview

Including giving volunteer a ‘sense of purpose’:

*“[Volunteering at the Hub gave me] a sense of purpose, really. Helping other people and also being useful. I had to give up work some years ago due to illness...and then I recovered a few years later...I was okay [but] I didn't really have anything to do except just meeting friends for coffee...then The Hub came along really to give me a purpose”.*

Beneficiary and volunteer, one-to-one interview

There was also general positive feedback about the Hub @ Castle Point, including the volunteer led nature of the Hub:

*“I really do think it [the Hub] is a really valuable resource. They really do a lot...they obviously really care, the people there, work so hard, volunteers and staff. I'm very impressed with it*

*there, that other than the few people in the office...I think there's like 50 volunteers or something like that, there so many volunteers and I'm really impressed that everything runs almost all of the time, everybody just... nobody, oh that isn't running because so and so didn't turn up. Everybody is very committed".*

Beneficiary and volunteer, one-to-one interview

*"[I want to] say thank you for everything they [have] given me because they helped me. For me, when I come here, I don't do anything. I don't know what the situation is here, and I can't speak [English]. And so they [the Hub] helped me. And I'm indebted to them".*

Beneficiary and volunteer, one-to-one interview

*"I think it [the Hub] is life changing in terms of really working with people who are quite vulnerable, people who are isolated, people, like myself, who have mental health issues, it's been really helpful. It's not just working on individuals, it's also bringing [in] the families...they just need to continue doing more and more of that".*

Previous beneficiary and current volunteer, one-to-one interview

Respondents, including volunteers and beneficiaries were asked how the Hub could be improved, although feedback was generally to 'keep on doing what it is doing':

*"I don't think there's much more they could do really...obviously because of the Covid restrictions, it's very difficult to get lots of people coming along [at the moment], but I think they do the best they can and more than the best they can at the present time".*

Beneficiary, one-to-one interview

*"To be honest with you, I can't fault them. During lockdown, [they have] bought food, it's been a support network".*

Beneficiary and previous volunteer, one-to-one interview

However, a couple of ideas were outlined:

*"[They need] bigger premises. There's not enough space, and obviously if you had an unlimited budget and more materials, for example, that would be great. Bigger premises [could mean that] they can have maybe they have some fitness rooms, they could have more facilities and perhaps, you know, arts and crafts areas or areas where they can where they can do other things".*

Previous beneficiary and current volunteer, one-to-one interview

*"If they had kind of group where you could talk about things [specific issues], a small group that you were comfortable with, not like generally, maybe that would help".*

Beneficiary and volunteer, one-to-one interview

*"The possibility...to have a creche for more time, because some people they have children, can't come [to the Hub] because the children can't stay or...don't have another person to take the children. So, for example, for me I can't come to another course or to do another volunteer [position] because I have my children. So if it's possible to have a creche for the children, I think that people [would] come more".*

Beneficiary and volunteer, one-to-one interview

The need to advertise the Hub more was also highlighted:

*"I don't think they do anymore for me. [However] I don't think many people know about the actual work they do, what they do, [for] people with mental illnesses....if I had found [out about the Hub] in the doctor's, I would have gone straight away, [but] I found out about it by accident".*

Beneficiary and previous volunteer, one-to-one interview

*“I think...the Hub ...[could be] more advertised, as in like when, like, if they're in the counselling place, they can send you say, okay, the Hub is there, and then send people there just to talk or have a cup of tea. If they don't want to talk, they don't need to talk, just sit on there”.*

Beneficiary and previous volunteer, one-to-one interview



## Discussion and key conclusions

Following discussions with project staff, desktop research, analysis of case studies and beneficiary/volunteer feedback (e.g. through one-to-one interviews), it is clear that there have been a number of successes, as well as lessons learnt, during this period. These are discussed below:

### Impact of the Hub @ Castle Point

Overall, it is clear from beneficiary feedback that the support provided by the Hub had increased participants' social contacts, reduced isolation, improved wellbeing, physical and mental health, improved self-esteem and enabled local people to develop new skills.

The Hub has also had success engaging and supporting the specific target beneficiary groups (families, men and older people). This has been achieved in a number of ways:

*"[We have] extended the [opening] hours. [We offer] more on Fridays now because we didn't use to have anything on a Friday, but now we have two groups on Fridays".*

Hub Coordinator, staff interview

*"The summer holiday programme last summer...was a result of the extended hours as well. So, we had always run quite a skeleton programme before over the holidays, but [we increased it to be] quite a substantial programme".*

Open Doors Coordinator, staff interview

This has attracted more families after-school and during the school holidays. The Hub have also developed 'family focused' activities such as bike checks, craft groups, an inter-generational community café and a 'Tea and Toast' drop-in after school for toast and games. The Hub has also been providing 11 disadvantaged families with regular food parcels over the last few months. One of the beneficiaries interviewed felt a creche would enable her to take part in more of the activities in the Hub; this has been echoed in other requests to the Hub staff. However, staff report that there is a creche at the centre. This used to be free (covered by funding from Lloyds Bank Foundation) but now charges £1.50 per hour. It is not available for all sessions run at the Hub, but is run alongside sessions likely to attract mothers (e.g. Creative English and Peaced Together). This creche is currently not running due to Covid-19 restrictions. However, when it is safe to reopen this, the Hub should make sure Hub users are aware of the creche. It would also be worth investigating if any barriers (such as the hourly charge or the sessions it runs for) are preventing women/families from using this creche. Together, this should increase the use of the creche which is likely to increase the engagement of families in the Hub.

The Hub have also developed activities just for men, including a men's group, a safe space where men can come and have lunch together, play table tennis, pool and board games and talk about the issues they are facing:

*"There's probably about 20 men that come [to the men's group], they haven't all ever come at the same time, but we usually get at least...12 or 13".*

Out of Hours Coordinator, staff interview

*"We found that it helps to have a group just for the men...as a lot of them didn't want to join a group that was mixed [with women]. So, we found it really works to have a separate group".*

Hub Coordinator, staff interview

There is also a boys' 'Active Games' group, where 10 or 11 boys play games and eat together each week. This group is led by two local teenage boys, with support from the Hub's Out of Hours Co-ordinator.

To reach out to older people, the Hub have distributed leaflets locally and linked in with Age Concern (Redbridge, Barking and Havering) to explore ways of contacting isolated local older people. The Hub has also explored ways to 'get out' and engage older people in the community, which have had limited success:

*"[The visiting teapot was an idea where] a couple of people from The Hub took a teapot, coffee, tea, biscuits, and they visited isolated older people. We...definitely visited two or three...[but some] people said no, and then some...people were quite sick and ill so we couldn't visit them. And what we found is that trying to reach the older people was quite difficult, especially to get into their houses...but the people we actually did go to were very appreciative, but what happened after...is that they started coming here [to the Hub]".*

Hub Administrator, staff interview

However, staff are aware of just how many older people in the community could use the Hub's support, if they knew it was there, especially with the Covid-19 crisis increasing isolation:

*"It's quite frustrating as well, knowing that there are people within the vicinity, within the area that are isolated".*

Out of Hours Coordinator, staff interview

The Hub have continued to develop ideas to reach out to older people in their community (prior to the second lockdown restrictions being announced):

*"Now I'm cooking meals...to cook and drop off...for older people, the people can...have company, [so a volunteer drops food around and then stays] to have lunch together...like they [used] to have lunch together here. So they take the meal and actually stay with them for about half an hour....it started last week".*

Hub Cook, staff interview

*"It's more let me come for chat and bring lunch for us both rather than here's some food...it's the companionship first and the food is like a way to do that really".*

Hub Administrator, staff interview

*"I think it's a development of the visiting teapot. I think that did work for a while, but I suppose it was a victim of its own success in a way because people thought why can't I go to the Hub and have a cup of tea with more people. [And we would say] oh, well, yeah, yes, of course you can...I think that's quite often how things happen for us. We try it and then it's kind of quite organic and it'll change into something else".*

Open Doors Coordinator, staff interview

The Hub has also developed activities – suggested and led by volunteers – to attract more older people, such as an indoor bowls group and a Wednesday Lunch Club. The evaluator commends this work and recommends that the Hub continue to test and adapt activities that appeal to under-served groups. Other ideas that might work (post Covid-19 restrictions) are open days (e.g. for local men) or taster activity sessions with local partners (e.g. Age Concern) to introduce families, men or older people to the work of the Hub and to overcome any worries or inhibitions about attending.

The Hub is slightly under-target on several measures, including the number of meals served per week, the number of volunteers, the numbers of male beneficiaries and the number of new older people aged 65+ reached. However, the evaluator believes this is largely due to the Covid-19 restrictions, which has meant the Hub was physically closed for months, and now is

only open on a limited basis with social distancing measures restricting numbers. It should be noted that the Covid-19 crisis may actually have increased the Hub's reach to older people, enabling them to exceed that particular target. Through BD Connect, the Hub have called 377 people (some of the most vulnerable and isolated in Barking and Dagenham, who were isolated long before Covid-19) to offer support – 77 wanted to engage with ongoing befriending. Many of these are likely to be older people, but the Council do not provide people's ages when referring individuals to the scheme, making it impossible to verify this.

However, the number of people reporting feeling less isolated was significantly lower than target (60% in year 1 and 53% in year 2, compared to the target of 80%). The drop in year 2 is most likely due to Covid-19, as increased social isolation and loneliness has been recognised as a major adverse consequence of the Covid-19 pandemic (Holmes, 2020). However, Hub staff believe this is also due to individuals not understanding the survey questions related to social isolation (either due to it being a difficult question for people to answer or because people didn't fully understand the question e.g. due to language barriers). This could be overcome by amending the way these questions are worded, or including some sub-questions, all in Plain English, so that respondents are more likely to fully understand what is being asked.

However, there are external tools recommended to measure loneliness. In 2018, following government recommendations, the ONS undertook a process of scoping and consultation on loneliness measures. They recommended that a "gold standard" in measuring loneliness should use both direct and indirect measures of loneliness where possible. Specifically, they recommend four questions to capture different aspects of loneliness. The first three questions are from the University of California, Los Angeles (UCLA) three-item loneliness scale:

1. How often do you feel that you lack companionship? [With responses being hardly ever or never, some of the time or often].
2. How often do you feel left out? [With responses being hardly ever or never, some of the time or often].
3. How often do you feel isolated from others? [Hardly ever or never, some of the time or often].

The last is a direct question about how often the respondent feels lonely, currently used on the Community Life Survey:

4. How often do you feel lonely? [With responses being often/always, some of the time, occasionally, hardly ever or never]

The ONS state that using the UCLA scale combined with the question from the Community Life Survey ensures that loneliness is being measured using a scale that has been assessed as valid and reliable whilst enabling respondent to say for themselves whether they feel lonely (an insight into the subjective feeling of loneliness). The ONS state if you only have space for one question you should use the fourth question (Office for National Statistics, 2018).

This evaluation recommends that the Hub consider introducing these questions into their annual survey. It would also be useful to consider asking these when beneficiaries first join the Hub, and then at a follow up point, to gain an insight into the difference the Hub is making to beneficiaries' feelings of social isolation and loneliness.

### The important role of volunteers

Volunteers play a central role in the Hub, developing new activities and delivering these on a regular basis. Over the 2-year evaluation period, the Hub has had the support of 103 volunteers. The success the Hub has had in engaging and supporting target beneficiary

groups (families, men and older people) can also be seen in the beneficiary statistics. For example, at the start of the Lottery grant the Hub had 5 male volunteers. They now have 12 men volunteering. All volunteers are provided with training and support:

*"We do [volunteer] training. We talk to them about how we work...and how important the people to are us. Probably more than the [specific volunteer] tasks....We [then] introduce them slowly to the community or to the people that come here...they [also] have all the support [they need]. They can talk to any of us. If they need stuff for the activity, we always have to buy it... We [also] DBS check them".*

Support Worker and a Volunteer Coordinator, staff interview

*"We do have meetings with them [the volunteers] and training on that [safeguarding]. And obviously, if someone is going to volunteer in the kitchen, then Ellie [the Hub cook] will train them...[in health and safety and] Food Hygiene courses".*

Support Worker and a Volunteer Coordinator, staff interview

Many of the Hub volunteers (60%) are also, or have been, beneficiaries of the Hub. Often the choice to volunteer was to further address the issues they were facing, or further strengthen and develop the positive changes experienced by engaging with the Hub in the first place:

*"After [my grandson] went to school, I thought I've got all these gaps because I haven't got him five days a week. So I thought I could give something [back]. I had an interview and I was doing the lunch club two days and whatever cleaning needed to be done".*

Beneficiary and volunteer, one-to-one interview

*"I do volunteering for the children's playgroups because I have little children. I decided [to volunteer] because it's important for me to speak with other person, to improve my English and to see new people and my children playing with another children".*

Beneficiary and previous volunteer, one-to-one interview

*"[I decided to volunteer as] I suffer with depression and it's a way of getting me out of my head".*

Beneficiary and previous volunteer, one-to-one interview

*"Well, the thing is I get very anxious indoors and then I can't sit still. And I have suffered with like mental health and depression. So, I asked if could volunteer and do something just to get me out of my house for a little while".*

Beneficiary and volunteer, one-to-one interview

The link between being a beneficiary and a volunteer is a central tenant of the Hub. The ethos is not to build dependence, and to enable individuals to feel that they have agency and value. This particular value of volunteering was clear to beneficiaries:

*"I did a bit cleaning, so I would check the toilet rolls were there, and that made me feel that I was giving".*

Beneficiary and volunteer, one-to-one interview

*"[Volunteering at the Hub also gave me a] feeling that I was giving, I mean, it wasn't complex things I was doing and in a sense, anybody could have done them, but I was doing them. So that helped me, that I was playing a part because sometimes you can go places and just take and that's not comfortable. So it was somewhere where I could serve in a sense".*

Beneficiary and volunteer, one-to-one interview

Hub staff are also clear on the benefits of beneficiary volunteering, both for beneficiaries themselves, and the other people they will help:



*“He [a new male volunteer] is someone with incredibly challenging health and he was...saying to me, I just need something to do. He's quite young and was training to be a mental health nurse...and then everything's just...fell apart [because of health issues]. But...it's a really good step for him [volunteering]....We all have value and it's good to recognise when we are valued, ways in which we can help”.*

Out of Hours Coordinator, staff interview

*“One of the strengths [of the Hub] is that a lot of the people...our volunteers, champions, they're people that have known what it's like to be isolated. And so you know, it's always the case, isn't it, people that have gone through a thing are often the best [to support others in the same situation], but [it's about] how you utilise that”.*

Open Doors Coordinator, staff interview

*“We [have been] supporting her [a beneficiary] for three years now. She has been through housing issues, cancer, children, you can name it because she had to get through that. And the other day she said to me, she feels she's taken everything. So, I asked her, do you want to give something? She says yes. [So she starts volunteering] to sell somethings for people in need. And she's so happy. You know, she came today to get some stuff to be able to do it. So it's for her it's life changing, in her situation, it may not be for us, but for her it is”.*

Support Worker and a Volunteer Coordinator, staff interview

It should be recognised that there are significant challenges in supporting beneficiaries with complex needs and issues to volunteer - support that the Hub staff provide on a daily basis. However, engaging beneficiaries as volunteers is clearly beneficial, ensuring a more equitable relationship and preventing a one-way process, where beneficiaries are ‘done to’. For this, the Hub should be commended. The wellbeing benefits of volunteering are also stronger for some groups including: people in later years of life; people from lower socio-economic groups; the unemployed; people living with chronic physical health conditions; and people with lower levels of wellbeing - all groups which volunteer at the Hub (What Works Wellbeing, 2020). As such, assisting individuals from these groups to volunteer will boost their wellbeing and self-esteem in a significant way.

Increasing the agency and power of beneficiaries also extends out from the Hub. Community Resources are currently partnering with the LankellyChase Foundation to involve people with ‘lived experience’ in grant decision-making:

*“LankellyChase is a really good opportunity, participatory grant making...So getting the people in the room who really have...the lived experience and...shifting the power. I gathered a small group of young people last night...[asking them] you know,...if you had £500, what would you do to improve your community and [they came up with] loads and loads and loads of ideas. So that's just quite exciting. Just, I think [about] the impact on young people potentially, just seeing how they can actually see change happen [in their local area]”.*

Out of Hours Coordinator, staff interview

Participatory grant making is a way to shift power in grant making decisions from funders to the people most affected by the issues, giving agency to people who benefit from funding to determine the priorities of their own lives (Deciding Together: Shifting Power and Resources through Participatory Grantmaking, 2018). As such, it fits well into the ethos of the Hub, and has the potential to provide additional resources to activities needed in the local area, benefitting the Hub and its beneficiaries.

The Hub also works to support volunteers to increase their confidence and employability. It should be noted that the idea to develop a peer-mentoring programme for volunteers (as

outlined in the original Lottery bid) has not formally happened (although existing volunteers do train and mentor new volunteers):

*“Marisa [the Support Worker and a Volunteer Coordinator] is doing a very good of mentoring [volunteers], but we haven't really developed the...peer mentoring side of things. I don't think there is a reason for that, I just think...with everything else that has been going on, we haven't prioritised it, to be honest”.*

Open Doors Coordinator, staff interview

However, Hub staff feel the work to build volunteer employability is going well:

*“In my opinion it [building volunteer employability] is...going really well. We work with...a work agency and we are referring volunteers and people who are looking for job to them and we have been successful. Some people who have volunteered here...they already have jobs. And I personally can see how their confidence grew to be able to apply for jobs”.*

Support Worker and Volunteer Coordinator, staff interview

This is supported by the statistics: From the 102 volunteers the Hub has worked with, 26 (25%) have gone into employment during the last two years. This is a significant achievement when considering the issues that many Hub beneficiaries face (ill-health, long-term unemployment and low confidence) which would place them a distance from the job market in terms of 'job readiness'. It is clear from this that the Hub has therefore met the Lottery outcome of 'local people will build their self-esteem, find a purpose and improve their career progression by volunteering at the Hub'. However, it is possible that this success may be impacted by Covid-19 going forward, the impact of which can already be seen:

*“We had a contact with an agency originating in the council [through which we could arrange work placements] who was also free, so we were sending people there, but then they closed it down [due to the Covid-19 restrictions]. It has been really impossible to make those kind of arrangements now”.*

Support Worker and Volunteer Coordinator, staff interview

*“We have contacts with local schools and we were working with them in terms of referring volunteers [for placements or volunteering opportunities], [but] everything had to stop [due to Covid-19]. At the moment we have this agency who work remotely and they will send people to places and they do placements too, but there are not a lot of them available”.*

Support Worker and Volunteer Coordinator, staff interview

Given things are unlikely to 'return to normal' anytime soon, the Hub should moderate expectations; it is unlikely they will continue to have such a high success rate in the coming years.

### Monitoring and evaluation

Community Resources primarily uses an annual survey to monitor the impact of the Hub. However, this is very much aligned to the outcomes and indicators of the Lottery grant (e.g. asking how many Hub participants have engaged with activities outside of the Hub, and how many have helped new people to access Hub). Whilst this does enable the Hub to be able to report against the original Lottery targets, it may mean it is missing asking questions about the wider/unanticipated impact of the Hub. This evaluation would recommend that the Hub 'take a step back' to look at the wider change they hope to see (perhaps by working through a Theory of Change e.g. <https://www.thinknpc.org/resource-hub/ten-steps/>) to ensure that the survey matches to the wider changes the Hub expect to see (and/or wider changes they may not have anticipated) rather than just those outlined in the original Lottery bid.

There are also no monitoring processes that allow the Hub to determine the change it effects over time. At the moment, this is looked at only at an individual beneficiary level (primarily through beneficiary and volunteer feedback):

*“The champions [volunteers] discuss with them [the beneficiaries] how things are going and we're always thinking about how someone's moving along. So if they've come in and then they're now starting to make friends, so that's really positive and maybe they want to look for a job, so they're volunteering. So [we are] always looking at people's journeys and going on [to get] the quotes back from people, positive quotes about what's happening to them”.*

Hub Coordinator, staff interview

This has meant that reporting back on one of the indicators included in the Lottery bid (that Hub users would increase their social contacts outside of the Hub by 20% per year) has been impossible. However, there are more robust tools available for objectively measuring change over time (which the annual surveys cannot do). The first is outlined above, the four questions suggested by the ONS to measure loneliness, which can be asked at intervals to determine change in Hub user's loneliness over time.

There are tools available to map social contacts, such as Lucid Chart (<https://www.lucidchart.com/pages/templates/network-diagram/social-network-diagram-template>) which offers a free template by which the Hub could map out the relationships and interactions between Hub participants, external services and other agencies. This would be too time intensive to do for all Hub users. However, it might be worth selecting a few individuals and mapping their social contacts when they first arrive at the Hub, and again in a few months, to be able to demonstrate how an individuals' social connectivity increased after engaging with the Hub. This may also provide useful learning for the Hub, as staff will be able to consider the kinds of networks people are building, and if there are any 'gaps' (e.g. in terms of health, education, employment) that need to be addressed by e.g. linking in with other support services in Barking and Dagenham.

Social connectivity has been shown to be a psychological nutrient that drives wellbeing (Fredrickson and Kok, Psychological Science, 2013). However, there are specific tools to measure wellbeing, which this evaluation would recommend that the Hub use, as wellbeing is something that the Hub is not measuring but is almost definitely positively influencing. Wellbeing is now widely recognised (including by funders) as an evidence-informed, established approach to understanding how a charity's service, project or programme makes a difference (What Works Wellbeing). One of the most widely used wellbeing measures is the Warwick-Edinburgh Mental Wellbeing Scales (WEMWBS), an externally validated tool, comprising 7 or 14 questions which relate to an individual's state of mental wellbeing in the previous two weeks (Warwick Medical School, University of Warwick, 2008). Hub staff report they have tried this in the past:

*“We've trialled [WEMWBS] and found it's not worked so well for us. We've found is there's a mixture of issues. So, some people don't have English [as their] first language find the questions difficult. And so then you spend a lot of time trying to explain what it means, and then not really being quite certain that we've actually represented what they questionnaire says. And then sometimes the scoring of it, somebody will score very, very low. But their comments are, Oh yes, it's amazing, the Hub, I'm really making new friends. And yet the numerical score doesn't reflect the same as the comment... we've tried rewriting the questions, but then I get a bit worried in case we then ask for something that isn't on the original thing. It's been one of those things that we've tried and then revisited and we just haven't found it's worked for us”.*

Open Doors Coordinator, staff interview

Whilst sometimes the scores do not match to what an individual is saying, the results of a group will give a fairly accurate assessment of the overall impact of an intervention on beneficiaries' wellbeing. The evaluator notes the difficulties the Hub would have rolling this out to all Hub users at once (given the volunteer led nature of activities and the danger of overwhelming people with paperwork) so would suggest that staff focus on using this will specific activities where there is ongoing engagement of beneficiaries, on a rolling basis (i.e. one activity one year and another the next) which will allow the Hub to gather increasing amounts of evidence of its impact on wellbeing. This evaluation recommends that the Hub use this tool at intervals (monthly or quarterly), rather than on a weekly basis. Using this tool would enable the Hub to determine how individuals' wellbeing changes over time and help identify areas for improvement e.g. if beneficiaries' wellbeing tends to drop around the same point in support, the Hub could investigate why this is happening. To ensure that all Hub beneficiaries can understand the questions being asked the evaluator recommends using the short (7 question) WEMWBS questionnaire and getting this translated in the most common community languages used in the Hub, to facilitate engagement and completion.

### Impact of Covid-19

As with every other business and charity across the UK, Community Resources and the Hub @ Castle Point has been affected by the Covid-19 crisis. During the first lockdown, which came into force at the end of March the Hub closed the centre and suspended all face-to-face work, switching to providing one-to-one support and activities virtually, via Zoom. This was obviously a challenge for staff, but one that they rose to:

*"We thought, would it be possible to still run most of our activities via Zoom? It seemed like a crazy idea – how do you do virtual Carpet Bowls?!! And what about people who don't have access to the internet? However, three months on, assisted by funding to help us get people online, we've had almost 200 zoom sessions with an average of 90 people a week attending across all activities. Some are simple gatherings to catch up with one another, some – like Pilates – are actual online classes, but all of them give an opportunity for people to connect and keep in contact".*

Open Doors Coordinator, staff interview

They have also visited people (following the Covid-19 guidelines) to distribute meals, deliver cards and gifts or to simply knock on doors to check how people are doing (including a socially distanced chat). A team of Hub volunteers have also been working with BD Connect, to contact, do shopping, pick up prescriptions and deliver food packages for vulnerable and shielding local residents. From this, a phone befriending team has sprung up, who are calling people weekly to chat and encourage them to join in with virtual activities. Beneficiaries and volunteers state that the support provided has been important during lockdown, and that the Hub have managed things well:

*"I think in this situation, I think they've been working hard, like they've been coming round here with food...Then I was also getting phone calls checking on my wellbeing, whether we needed anything".*

Beneficiary and previous volunteer, one-to-one interview

The transition to online activities has been overseen by volunteers, and continue to be delivered by volunteers:

*"[The transition to Zoom was achieved] really using the same champions [volunteers who already run events], so...during lockdown the Pilates teacher did it online instead, and now she's doing one online and the other Pilates teachers doing one at The Hub...the creative English teacher just took her class online. The craft group went online. It's really, it was all the same champions [who did the work]".*



Not everyone has taken to online activities:

*"The online sessions for the afterschool club for the kids...better than nothing. But it's never going to be the same as face to face contact. You can't replace it but it's making the best of what is a difficult situation. The arts and crafts session I did on Wednesday, [that one session] cannot go back because the people who were accessing that...were people who are physically disabled, who...deaf. They can't access things [online]. So there's not much right now. I know Castle Point [the Hub] are doing their best to try and open up some more sessions for them to physically come to, but obviously it's not going to be what it was. And I think that's all they can do...to adapt...to the current situation and hope that things could go back to some sort of normality, at some point...I think it is just making the best out of a very difficult situation".*

Previous beneficiary and current volunteer, one-to-one interview

*"I'd rather talk to people [face to face]. When we was indoors in our own home [on Zoom during lockdown], I didn't like it, I'm one for getting out and talking to different [people], it wasn't the same".*

Beneficiary and volunteer, one-to-one interview

Although Hub staff have tried to support individuals who are unable to get online, or who aren't keen on online activities:

*"Well, some have responded [to the Zoom activities] really well, but I don't know what percentage, maybe 20% have said, I don't like Zoom. I don't have internet. I don't have a laptop. I'm not joining, for one of those reasons. So they've been the group that has been hardest to reach who we'd be most concerned about. So we've also had some of the volunteers do open gardens. Those people saying I don't do Zoom, they've met in small groups of six in gardens and met for coffee every week".*

Hub Coordinator, staff interview

However, overall, feedback on the online activities has been very positive:

*"I think it's been it's been a real bonus having it [Zoom activities during lockdown], I think. In person would be better. But during lockdown, it was brilliant. And so there's loads of visitors that still don't want to go the in person, it's really has been helpful, nice to see everybody in hear how everyone's getting on. It has been good".*

Beneficiary and volunteer, one-to-one interview

*"It was good to connect with others when in reality we couldn't. The crafts were good and doing the scrapbook as they gave me something to do and kept me occupied and took my mind off what was going on plus some of what we spoke about helped ease my worry and anxiety about Covid-19 as we all shared tips with each other, for example don't watch the news, think of other positive things like nature etc so I was really grateful to have the meetings each week, they was something positive and uplifting to look forward to".*

Beneficiary feedback

*"I feel sad at home. But Zoom class [Creative English] make me happy. I see smiling faces. I miss my friends. This [class] is good, because it's not just 'learn words', 'learn grammar'. It's people I miss!"*

Beneficiary feedback

In fact, the online activities have proven so popular that the Hub intend to continue running these, alongside physical activities re-starting at the Hub:

*"We're absolutely amazed at what people are saying about the Zooms, especially over lockdown, you know, it's been a real lifeline to people and there's so many lovely comments, it's all very positive. Yeah. So I would say nearly all the Zooms we were doing, they're carrying on, as well as we're doing actual physical things here".*

Hub Administrator, staff interview

*"I think we will [continue delivering some activities by Zoom]. I think if there's a need or if there's a interest in it and someone's willing to run it, then I think it just adds something else [to the Hub's offer]".*

Hub Coordinator, staff interview

*"The Zoom group, people have made nice little families. They really have joined together...to chat. They've just enjoyed it, haven't they? One of them was on a Wednesday, but now we're having a physical group here on a Wednesday afternoon. So they moved their Zoom to a Thursday because the people didn't want to stop doing it".*

Hub Administrator, staff interview

For the physical activities at the Hub, staff have undertaken a detailed Risk Assessment to see how many people they could safely have on the premises. Staff have also adapted the building to have a one-way system and introduced Covid-19 safe processes with clear signage (e.g. only one person in the toilets at a time, masks to be worn unless you are eating or drinking, the importance of physical distancing etc). They have also upped cleaning at the Hub, to ensure that they can clean in-between activities.

*"There's been certain changes, everything is sanitised and you have to wear a mask all the time, and you have to wash your hands and sit on separate tables. And it's two on one table. It's very COVID secure".*

Beneficiary, one-to-one interview

The Hub has also made use of local parks, beneficiary/volunteers' gardens and the Hub's own gardens, especially during the summer months. The Hub have also started a walking Pilates group and a Park Circuits Group (where young people or adults can meet up after school in a local park to do circuit training). These face-to-face activities are clearly appreciated by beneficiaries.

*"It's much better seeing people, even with masks on because it's the sense of isolation, I think. Zoom is good, but it's not the same as seeing people".*

Beneficiary and volunteer, one-to-one interview

However, the impact of the Covid-19 crisis is ongoing; since the interviews for this evaluation were undertaken a second lockdown has been imposed. Therefore, it is likely that the Hub will need to continue being flexible, adaptable, and nimble in its approach.

The ongoing crisis is also likely to increase the need for the Hub. There are already indications that the future economic and health consequences of Covid-19 will be borne by those on lower incomes (The Health Foundation, July 2020). Therefore, the local residents of the Hub, who live in a deprived area, are likely to experience increasing levels of unemployment, poverty and isolation and reducing levels of wellbeing, increasing the demand for the Hub's support. The Hub should monitor referral levels and attendances to determine if the Hub is dealing with part of the 'fallout' from the crisis; this information can and should be used to argue for additional funding from local government, trusts and foundations for the Hub's work. This is especially important when considering that Covid-19 is reducing the amount of earned income the Hub is able to generate (as people are hiring out the centre less, and are less likely to pay for online activities compared to face-to-face activities):

*“We were going to hire it [space at the Hub] out more at the weekend for parties and things. And then obviously that hasn't happened [due to Covid-19].”*

Hub Coordinator, staff interview

The Hub will therefore need additional support from funders in order to offset this loss in income.



A Zoom get together during lockdown 1.0



## Recommendations

This report makes several recommendations:

1. When it is safe to reopen the creche, the Hub should make sure Hub users are aware of this service. It would also be worth investigating if any barriers (such as the hourly charge or the sessions it runs for) are preventing women/families from using this creche. Together, this should increase the use of the creche which is likely to increase the engagement of families in the Hub.
2. The evaluation commends the work of the Hub to test and adapt activities that appeal to under-served groups and recommends that this work continues. Other ideas that might work (post Covid-19 restrictions) are open days (e.g. for local men) or taster activity sessions with local partners (e.g. Age Concern) to introduce families, men or older people to the work of the Hub and to overcome any worries or inhibitions about attending.
3. The Hub should look at the wider change they hope to see (perhaps by working through a Theory of Change process) to ensure that the annual survey captures the wider changes the Hub affects, rather than just those outcomes/indicators outlined in the original Lottery bid.
4. This evaluation recommends that the Hub consider introducing the ONS Loneliness questions in their annual survey. It would also be useful to ask these when beneficiaries first join the Hub, and then at a follow up point, to gain an insight into the difference the Hub is making to beneficiaries' feelings of social isolation and loneliness.
5. The Hub should select a few individuals (new to the Hub) and map out their social contacts, when they first arrive at the Hub, and again in a few months, to demonstrate how an individuals' social connectivity increases after engaging with the Hub. This may also provide useful learning for the Hub, as staff will be able to consider the kinds of networks people are building, and if there are any 'gaps' that need to be addressed.
6. The Hub should use the Warwick-Edinburgh Mental Wellbeing Scales (WEMWBS) short questionnaire to measure wellbeing, focusing on specific activities where there is ongoing engagement of beneficiaries, on a rolling basis (i.e. one activity one year and another the next) which will allow the Hub to gather increasing amounts of evidence of its impact on wellbeing. The Hub should use the short version of the WEMWBS questionnaire and get this translated into the most common community languages at the Hub, to facilitate completion.
7. Given things are unlikely to 'return to normal' anytime soon, the Hub should moderate expectations about the number of volunteers it will be able to support into work. Given the impact of Covid-19, it is unlikely they will continue to have such a high success rate in the coming years.
8. The Hub should monitor referral levels and attendances to determine if the Hub is dealing with part of the 'fallout' from the Covid-19 crisis; this information can and should be used to argue for additional funding from local government, trusts and foundations for the Hub's work (which will also offset the Hub's loss of earned income).

## Appendix 1: Cost Benefit Analysis

### Executive Summary

It was found that every £1 invested in the Hub @ Castle Point has generated around £4.81 of benefits. By applying a sensitivity analysis, or varying any assumptions made in the calculation, the value of the benefits derived ranged from £4.12 and £5.88 for every £1 invested in the Hub. As such, the social, environmental and economic value that is created by the Hub @ Castle Point far outweighs the financial investments made.

### Introduction

The Hub @ Castle Point aims to help beneficiaries to improve their social contacts, reduce isolation, improve wellbeing, physical and mental health, improve self-esteem and enable local people to develop new skills. Individuals volunteering at the Hub have also built their self-esteem, found a purpose and improved their career progression. The evaluation associated with this Cost Benefit Analysis found that the Hub has had a significant positive impact on the local residents who both use and volunteer at the Hub, including through the Covid-19 crisis.

This Cost Benefit Analysis (CBA) will explore and quantify what has been achieved during the first 2 years of the current National Community Lottery Fund grant (i.e. the 1<sup>st</sup> September 2018 to 31<sup>st</sup> August 2020) by the Hub. This process will support the development of an understanding of the value that has been provided by the Hub, and to which individuals/groups/agencies this value has applied.

### CBA Principles

In recent years there has been increasing emphasis on the need for voluntary and community organisations to demonstrate their value. In particular, organisations are being asked to measure and provide evidence of the social, economic and environmental value of the services they provide and activities they generate. While undertaking such evaluations and analyses can prove challenging (especially for smaller charities and not-for-profits) they do offer an opportunity for the social and environmental value of their work to be recognised.

A Cost Benefit Analysis (CBA) is one method by which organisations can establish whether the outcomes of an intervention are worth, on a financial level, the money and resources invested in them. There are two types of CBA: Evaluative, which is conducted retrospectively and based on actual outcomes that have already taken place; and Forecast, which predicts how much social value will be created if the activities meet their intended outcomes. This CBA is Evaluative and is based on the running of the Hub between the 1<sup>st</sup> September 2018 to 31<sup>st</sup> August 2020.

A CBA is about value, rather than money. It looks at the social, environmental and economic change a project or intervention creates, and then uses monetary values to represent them. Money is simply a common unit and as such is a useful and widely accepted way of conveying value. This enables a ratio of benefits to costs to be calculated, for example, a ratio of 3:1 indicates that an investment of £1 delivers £3 of 'social value'.

There are several caveats that must be borne in mind when considering the findings of a CBA:

- Return on Investment figures must not be considered in isolation nor directly compared to the social return ratios of other, different interventions. This is because many factors, such as location of an intervention, can impact on ratios. In the same way that investors need more than financial return information to make investment decisions,

social investors should read all the information produced as part of this combined evaluation and associated Cost Benefit Analysis. However, an organisation can, and even should, compare changes in its own social return over time and examine the reasons for changes (The SROI Network, 2012).

- Much of the wider value associated with activities that take place in the real world is not easily quantifiable in strict financial terms. This can result in relevant aspects being overlooked, despite their perhaps having an immense impact in relation to people's lives and wider communities.
- Accounting for complex change, in a world beyond the confines of an activity, will always present challenges. Whilst a Cost Benefit Analysis provides a framework within which value can be conceptualised, it is not an exact science, so it is important to be clear that this sometimes requires assumptions, reliance on secondary data and/or judgments to be made when value is being assigned. This will limit the accuracy of the findings.

As a result, all findings made in this CBA should be used with care, with a full understanding of the limitations that may exist within the data and the assumptions upon which the analysis is based.

There are also some limits to the applicability of findings. Not all values will be 'cashable'. Cashability refers to the extent to which a change in an outcome or output (e.g. fewer children in care) will result in a reduction in expenditure to the degree that the expenditure released from that change can be reallocated elsewhere. A non-cashable saving is when the costs of running a service will remain the same, even though the costs for the individual are avoided. The ability to 'cash' benefits will depend on the type of benefit, scale, timing and the leadership in place. For some outcomes, such as benefits payments, cashability is almost 100%. For example, where a person enters employment a Jobseeker's Allowance payment is no longer made. For other outcomes – such as those related to improvements in health or reduced crime – cashability is often lower as decommissioning a prison or a hospital wing requires a reduction in service demand at scale. There is a risk that the reductions realised through successful interventions will be offset by other activities and unmet demand – a problem that often arises in acute services across the criminal justice system, social care and NHS. For example, the unit cost of housing a prisoner is in the region of £40,000 per year when the total cost of the prison estate is divided by the number of prisoners. But if 100 people are prevented from going to prison that does not affect the fixed costs and is unlikely to achieve the full unit cost reduction per prisoner (as these prison places will be filled by others). However, the costs identified are proxies for valuing the outcomes achieved and demonstrate that the services assessed may well free up 'real world' resources that external services (e.g. the NHS or Ministry of Justice) can reallocate to other beneficiaries or services.

This CBA, as an Evaluative CBA, will only look at the potential cost savings during a 2-year period within the Hub, and will not map out potential savings ongoing into the future. However, it should be kept in mind that the effects of some outcomes will last longer than this defined period and will therefore continue to generate value going forward. However, without robust longitudinal evidence demonstrating the life span of outcomes, it is very difficult to determine if the duration of the outcome is just while the intervention is occurring, or if it will last in the medium-term (up to 5 years) or the long-term (5 years plus). In addition, the longer the duration, the more likely it is that the outcome will be affected by other factors, and the less credible any claim that the identified value is solely the consequence of a particular intervention. As a result, this CBA will only look at cost benefits retrospectively.

Our approach, the processes followed, and the assumptions made, are based, wherever possible, on best practice from existing guidance. This includes 'Supporting public service transformation: cost benefit analysis guidance for local partnerships', HM Treasury and the New Economy (2014), 'A Guide to Social Return on Investment', The SROI Network (2012)

and the Greater Manchester Combined Authority (GMCA) Cost Benefit Analysis guidance and documentation. Some of the key principles we adhere to are:

- Value the things that matter (i.e. avoid the temptation of only including indicators that you think are easy to measure or are readily available).
- Put a value on both the positive and negative outcomes, to ensure we reflect the full social value.
- Only include what is material.
- Don't over claim (only claim the value that a project or organisation are responsible for creating, testing assumptions about direct impact, what might have happened anyway, who else contributed to the outcomes).

## **Aim and Scope**

The aim of this CBA is to identify, understand and quantify, where possible, the value that the Hub @ Castle Point has created, specifically between the 1<sup>st</sup> September 2018 to 31<sup>st</sup> August 2020.

This CBA has been informed by the associated evaluation of the Hub in November 2020, which utilised a combination of qualitative and quantitative data, including beneficiary numbers/statistics, beneficiaries survey data, one-to-one interviews with 8 beneficiaries/volunteers and interviews with Community Resources employees. This mixture of research methods and tools allowed the recent evaluation to 'triangulate' and validate the outcomes of the Hub, in conjunction with project stakeholders (i.e. project beneficiaries and staff).

## **Stakeholders**

Stakeholders are people and organisations who have a stake in the Hub. For the purposes of this CBA, we are specifically referring to those people or organisations who experience change as a result of what the Hub does.

The following stakeholders were identified: beneficiaries, volunteers, staff, funders and other agencies (who refer to the project or receive referrals). CBA and related Social Return on Investment guidance allows for the 'falling away' of stakeholders for whom there is no confirmed or significant social impact, or where there is a risk of 'double counting' outcomes/impact. This resulted in the removal of other agencies (on the basis that the work of the Hub would not create change for the organisations themselves) and Hub (as little or no data was provided confirming the outcomes secured for these stakeholders), leaving the Hub's main beneficiary group and volunteers.

It was also recognised that substantial benefits were likely to arise for statutory services such as the NHS (if the health and wellbeing of beneficiaries was improved) and the Department of Work and Pensions (savings in benefits as volunteers find and secure employment). As such these statutory bodies have been identified as important, if indirect, stakeholders.

## **Inputs**

The income that the Hub received (and spent on the project) between the 1<sup>st</sup> September 2018 to 31 August 2020 was: £284,508 from the National Community Lottery Fund; £36,744 through fees (i.e. by charging for activities and food and drinks at the onsite community café); and £5,413 in the renting out of rooms in the Hub. This brings the total to brings the total cash inputs to £326,665. £283,223 of this was spent on the Hub in the 2-years under review, covering staff costs, training, travel, management, evaluation costs, Hub rent and utilities and a fair contribution towards organisational overheads.



However, for every CBA it is important to include the full cost of delivering a service. In some situations, there are other contributions being made, including non-cash items, which need to be included and valued, as these are resources necessary for project activities. These primarily include:

- Volunteer time. General practice is that the hours given by volunteers are given a value equivalent to the average hourly rate for the type of work they are doing. For example, if an administration volunteer does 5 hours a week in an area where administration work is paid on average £10 per hour, their weekly input would be £50. This value is given regardless of whether any money is paid to the volunteer; it simply gives the input a value that can be added up with other inputs. During the two years under review, 102 local people volunteered at the Hub, with an estimated 80 volunteers working in any given week. The amount of hours undertaken ranges quite widely, depending on the individual, and their circumstances:

*“So before I was doing [arts and crafts on] Wednesdays and Thursdays, at some point I was doing Mondays because I had community cafe on Monday and Wednesday, and then previously I was doing...the Thursday after school club...as well. [In total] maybe three half days, I would say.”*

Previous beneficiary and current volunteer, one-to-one interview

*“Well [I was] doing the lunch club and then I stayed to...make sure the kitchen was tidy, so probably be two hours at the most. And then on a Thursday I would put in an extra hour if there was any cleaning, making sure everything was okay”.*

Beneficiary and volunteer, one-to-one interview

*“I go in one day of the week. [I volunteer for] three hours”.*

Beneficiary and previous volunteer, one-to-one interview

*“[Before COVID I was volunteering] Monday to Thursday...[for] about four hours a day”.*

Beneficiary and volunteer, one-to-one interview

From the above, the evaluator has assumed that 2 hours per week (for 39 weeks per year) per volunteer is a fair assessment (especially given the likely impact of Covid-19 on volunteering hours since March 2020). This means that 80 volunteers per week ‘donated’ an estimated 6,240 hours of support. We have used £10.85 per hour to value this support, which is the current National Living Wage for London (<https://www.livingwage.org.uk/>). This enables us to estimate a total of £67,704 for this support. Furthermore, volunteer inputs can also include an allocation of the overheads that would be incurred if the person were employed. This would cover National Insurance, pension contributions and the costs of desk space, electricity, etc. We have estimated an add on of 10% to cover these costs, bringing the total for volunteer input up to £74,474.

- Contributions of goods and services in kind. For example, if a project is given free use of community facility or venue, CBAs should estimate the time they will benefit from these and multiply this figure by an hourly rental rate. The Hub receives free or low cost food from FareShare, Nandos and the Co-op:

*“We receive lots of donation every week...[from] Nando's, Tesco and CO-OP...Like every week, we get food from Nando...every week we have chicken”.*

The Hub Cook, staff interview

*“From the CO-OP....we get a certain amount of stuff, but they also let Marisa [the Hub’s Support Worker and Volunteer Co-ordinator] walk around and choose things. So for that week, we might say we need cheese broccoli, carrots, and we can have I think about £20 worth of fresh things as well”.*

The Hub Coordinator, staff interview

*“We had a meeting with a man from Havering Mind...about their counselling service, which is all very interesting. But then he said, you need to meet my brother who goes around the country, picking up surplus food. So now he comes at any given moment with various things in his lorry, his van that he gives to us...We’ve gotten t-shirts, juice, fishcakes”.*

Hub Administrator, staff interview

Staff report these gifts in kind enable them to prepare 25 to 60 meals per week. Taking the average, this means that, over the evaluation period, there has been enough donated food to cover 4,420 meals – assuming a cost per meal of £2.50 brings the ‘gift in kind’ value to £11,050.

The current convention in CBAs is that the time spent by the beneficiaries on a programme is not given a financial value, so in this case the time beneficiaries spend at the Hub has not been assigned a value.

## Outcomes

The associated evaluation of the Hub involved consulting with representatives of relevant stakeholder groups (beneficiaries, volunteers and Hub staff) and analysing the Hub’s internal data (e.g. including case studies and surveys with beneficiaries) to determine the outcomes secured through the project. This process demonstrated the positive outcomes achieved by the Hub. It was important to remain open to the possibility that, for every positive intended outcome, there might also have been a negative unintended consequence. This was considered throughout the evaluation of the Hub @ Castle Point, but none were identified.

The outcomes that emerged are:

- 150 beneficiaries had engaged with external activities, initiatives and opportunities in the community.
- 419 beneficiaries gained new friends and expanded their social contacts/networks locally.
- 261 people attending the Hub reported feeling less isolated.
- 416 people attending the Hub felt happier and healthier.
- The Hub has improved beneficiaries’ health and wellbeing (based on qualitative interview data, thus the number of beneficiaries this applies to is unknown).
- 374 beneficiaries improved their skills, confidence and employability.
- Developed the skills, confidence and wellbeing of 103 volunteers.
- Supported 26 volunteers into employment.
- The Hub has helped beneficiaries access help and support from others (based on qualitative interview data, thus the number of beneficiaries this applies to is unknown).

In the one-to-one interviews, beneficiaries and volunteers were also asked about unexpected or additional outcomes, positive or negative. One beneficiary stated:

*“Unexpected changes [as a result of going to the Hub]? Being more open with people. Being able to show vulnerability, to be able to talk about problems and to be able to support people with problems”.*

Previous beneficiary and current volunteer, one-to-one interview

Whilst a positive change, the evaluator felt this was a representation of the increased social connection between Hub beneficiaries and other local residents, and the building of supportive networks. As such, this has not been included as an outcome in its own right.

All of the outcomes outlined above are noteworthy and contribute value, but it wouldn't be realistic or appropriate when undertaking a CBA analysis to quantify them all separately. Counting and valuing every outcome in this way would be presenting an overinflated and inaccurate picture, as some of these outcomes are inter-connected (for example, improved happiness and improved wellbeing). Some are also hard to define, in terms of individual positive benefits (e.g. beneficiaries engaging with external activities in the community). Therefore, this CBA will focus on the following outcomes, which can be clearly demarked, and will therefore reduce the risk of double counting outcomes:

- 419 beneficiaries gained new friends and expanded their social contacts/networks locally.
- 416 people attending the Hub felt happier and healthier (i.e. improved wellbeing).
- 374 beneficiaries improved their skills, confidence and employability.
- Developed the skills, confidence and wellbeing of 103 volunteers.
- Supported 26 volunteers into employment.

## Valuing Outcomes

Both current and previous beneficiaries were asked about the value of the programme during the one-to-one interviews. Some placed a high but unspecified value on the support provided by the Hub:

*"If I won the Lottery, I would put all the money to good causes, including Castle Point [the Hub] because I think they really do help people who are in difficulty, who are in a vulnerable situation. I wouldn't have been that kind of person... ..before going to the Hub, probably would have bought a nice house and car and everything. But I think now I wouldn't, now I'm very happy. I've learnt to be very grateful for everything I've got and that the most important thing is to be able to help others".*

Beneficiary, one-to-one interview

*"I'd be willing to give them half the money [If I won the Lottery]".*

Beneficiary and previous volunteer, one-to-one interview

However, some interview respondents did hazard a guess:

*"[If I won the Lottery and had all the money I needed] I'd pay obviously over the amount because I'd like to help the Hub because they've helped me. [If I had to pay for a session of the men's group I'd be willing to pay] about £20 or more. [However] if I had all the money I needed, I might be able to [fully] fund it myself. Fund it all for everyone. The sort of thing I would like to do, to help more people".*

Beneficiary, one-to-one interview

*"[If I had like all the money that I needed] I'd pay £5 a session, I suppose".*

Beneficiary and volunteer, one-to-one interview

*"£5 or £10, I'd be happy to pay whatever, you know, I pay to attend other things. I'll be happy to pay whatever's the sort of going, like gardening in particular, we often come away with something that we've planted and things like that, so definitely sort of £10 pounds or so, or £7, you know".*

Beneficiary and volunteer, one-to-one interview

Over the 2 years of the evaluation period (1<sup>st</sup> September 2018 to 31<sup>st</sup> August 2020) the Hub provided 2,043 sessions of activities to 451 local residents. Many of these activities were well attended, with some activities attracting 20-30 attendees. Assuming each activity is attended by an average of 10 local people and taking the average of the above values given (£10) would – if charged – have resulted in an income of £204,300 for the Hub. We could assume this is the value that local residents would place on the support provided by the Hub. However, given the wide range of values provided (£5 to millions), and the subjective nature of the values provided (many Hub beneficiaries are likely to be on benefits where £10 or £20 even once a week would constitute a significant amount of money) the evaluator decided to utilise financial proxies from academic and Government data sources, which are a more reliable way of placing a monetary value on the changes experienced by beneficiaries. The academic and Government data sources used include, for example, the New Economy Unit Cost Database (which includes approximately 600 costs across the themes of crime, education and skills, employment, fire, health, housing and social services), HACT's Social Values Bank (who have analysed the results of large national surveys to isolate the effect of a particular factor on a person's wellbeing. Analysis was then undertaken to reveal the equivalent amount of money needed to increase someone's wellbeing by the same amount, to determine a social 'return on investment') and the Global Value Exchange database (which brings together over 30,000 social impact measurement metrics). The financial proxies found:

*Beneficiaries expanded their social contacts/networks locally:*

The Global Value Exchange cites a value of £57 for the opportunity to interact with people. However, this is very low, and doesn't reflect beneficiaries reporting of the value of social inclusion and support achieved through at the Hub. The HACT Social Values Bank has a figure of £2,307 for membership of a social group in London, which is a fairer amount, and has been applied to the number of beneficiaries observed/reported as having increased networks of support (rather than just the 26 reporting reduced social isolation).

*Hub beneficiaries are happier and healthier (i.e. they have improved wellbeing):*

416 people attending the Hub reported via the annual survey that they felt happier and healthier. Whilst there will no doubt be savings to both the NHS and to individuals as a result of this, finding appropriate proxies that do not overstate the impact have been impossible to find.

The HACT Social Values Bank does provide a wellbeing boost figure for 'good overall health' of £23,338 in London. However, this is based on individuals reporting good or excellent health compared to people of their own age, in the last 12 months. No survey completed by the Hub did not ask about relative levels of health or whether their health was good or excellent, so the evaluator feels that it would be a stretch to apply this proxy.

Similarly, there is not an easily identifiable proxy for savings to the NHS of people being happier and healthier. The Greater Manchester Combined Authority Cost Unit Database gives a number of health-related proxies, but these are very specific (e.g. costs of avoiding a GP visit, average cost of service provision for people suffering from mental health disorders per person per year and/or the annual costs of Type 1 Diabetes). As such, there is not a suitable proxy to 'match' to the difference the Hub has made to people's general health and wellbeing.

The NHS Economic Evaluation Database (NHS EED) project, commissioned by the NHS Research and Development Programme, aims to identify as many studies on economic evaluation of health interventions in the literature as possible and to disseminate the principal findings to clinicians and other decision-makers. However, again these tend to be quite specific (e.g. a cost-effectiveness analysis for smokers accessing group-based and pharmacy-



led cessation services, the cost-effectiveness of interventions to improve moderate physical activity and cost-effectiveness of a school-based obesity prevention programmes). As such, no appropriate proxy could be identified.

However, HACT's Social Values Bank has developed a methodology for 'monetarising' the impact of an intervention on individuals' wellbeing using the short Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS). If Community Resources/the Hub follow the recommendations of the evaluation and begin to use the WEMWBS scale in their work, it would be possible in the future to specifically measure and value improvements in beneficiaries' wellbeing going forward (including in any future Cost Benefit Analyses).

#### *Improved skills, confidence and employability:*

One way of valuing the skills beneficiaries learn at the Hub is to look at the cost of equivalent Adult Education courses. The Adult College of Barking and Dagenham have a range of courses, including English, personal development and wellbeing. However, many of these are free or low costs, especially for those in receipt of Universal Credit or Council Tax Benefit. Similarly, the Barking and Dagenham College have a number of similar courses, also low cost or free. As such, these are possibly not the best proxies to use for the skills at the Hub, which individuals placed a higher value on in the evaluation.

A 'Valuing Adult Learning' paper, written by Paul Dolan and Daniel Fujiwara in 2012 (on behalf of the Department for Business, Innovation and Skills) found that taking a part-time adult education course over a year had positive effects on people's life satisfaction (equivalent to £947 of income per year), improved happiness on a day-to-day basis (equivalent to £826 of income per year) and improved individuals' knowledge or skills (equivalent to £847 of income per year). Using all three of these values would be over-claiming; this CBA will use the lower figure of £826 for all 374 beneficiaries who improved their skills through activities at the Hub. Since this figure is from 2012 we need to adjust for inflation - the equivalent of £826 GBP in November 2012 is equivalent to £929.62 in November 2020 (determined by using <https://fxtop.com/en/inflation-calculator.php>). This proxy also goes some way to valuing the 'happiness' that the Hub provides to its beneficiaries.

HACT's Social Values Bank cite a figure of £13,080 of social value per individual for high confidence. Whilst improvements in confidence were seen in the evaluation, it would not be accurate to say this was at high levels. However, the Global Value Exchange cites the cost of an increase in confidence to be £1,195, based on the cost of confidence training ([emagister.co.uk/self\\_confidence\\_and\\_assertiveness\\_courses-ec170022955.htm](http://emagister.co.uk/self_confidence_and_assertiveness_courses-ec170022955.htm)), which has been used instead.

HACT also provides a figure for general work-related training to help find new job or to improve skills for job. However, it would be an over-estimate to state all 374 individuals improved their job readiness. Instead this figure has been applied to the volunteers, who have all received training and support to increase their job-related skills.

#### *Regular volunteering –*

The HACT's Social Values Bank gives a wellbeing value of £3,772 for every person who volunteers at least once per month for at least two months. This has been applied to the 103 individuals who volunteered at the Hub.

#### *Volunteers entering employment –*

The Greater Manchester Combined Authority (GMCA) Research Team (formerly New Economy) Cost Unit Database gives a per person fiscal and economic benefit of £18,084 for

every person moving from claiming Job Seeker's Allowance into work. This estimate comprises income for the individual volunteer (factoring in the increased costs associated with travel and childcare), reduced benefits and operational costs accruing to DWP, increased income tax/national insurance receipts accruing to HMRC, and the savings to the NHS related to a reduction in health care costs associated with being out of work. Ninety percent of this value is assigned to the individual. There are some caveats to this. The value is based on entry into employment for a 12-month period. Not all individuals entering employment will remain in a role for a year. As such, the evaluator has determined a reduction in 25% is needed to allow for this. In addition, the DWP modelling seeks to account for substitution effects - evidence suggests that those who find work through employment programmes may displace other workers. The support provided by the Hub is not an employment programme per se but may give volunteers an advantage over others when seeking work. As such, a further reduction of 25% has been applied to allow for this. This reduces the figure to £9,042 per volunteer supported into work.

In addition, the HACT Social Values Bank includes a wellbeing boost figure for moving from unemployment to full-time employment of £14,380. For moving into part-time work this falls to £1,966. From the 26 Hub volunteers, 7 moved into part-time work and 10 into full-time work. For the remaining nine, it is unknown. Assuming two thirds moved into part-time work and a third into full-time work, this brings the total to 13 into full-time work and 13 into part-time work. Assigning the above values provides a total value of £212,498 (£8,173 per volunteer).

### **Cost Benefit calculation**

The previous section suggested financial proxies to value the sort of change that was found to occur. However, external factors will sometimes have exerted influence in relation to identified outcomes. All associated impact could not then be claimed to have occurred as a direct result of the Hub. Deadweight, displacement and attribution are the three factors that need to be considered during a Cost Benefit Analysis process in order to calculate the actual impact of the Hub @ Castle Point.

**Deadweight** is a measure of the amount of outcome that would have happened even if the activity had not taken place. It is calculated as a percentage. For example, if an evaluation of a regeneration programme found that there has been a 7% increase in economic activity in the area since the programme began, but the national economy grew by 5% during this time, only 2% of the increase seen would be down to the regeneration programme. The 'perfect' way to determine deadweight is to have a control group, which are affected by the same issues as beneficiaries, but who do not receive support. However, this is not a realistic or ethical approach for most charities. Therefore, deadweight will always be an estimate. For 'hard to reach' groups, deadweight is likely to be lower than for other groups. For example, the likelihood of someone who has been long-term unemployed moving into employment without support is low; the likelihood is that much, if not all, of the change is due to the support received.

In this project, beneficiaries who contributed to this evaluation believed it was unlikely that the identified changes would have occurred if the Hub had not existed. However, this cannot be assured, and it is reasonable to assume that a proportion would ultimately have achieved at least some of the outcomes. As such, 10% has been applied as the deadweight; this is fair given that many beneficiaries – and volunteers - are 'hard-to-reach' and engage due to their entrenched complex needs and issues.

**Attribution** is an assessment of how much of the outcome was caused by the contribution of other organisations or people. In the Hub, beneficiaries made it clear that it was the Hub who had affected the positive changes they had seen:

*"I think in terms of my mental wellbeing, I would definitely say that it [the Hub] has completely changed my life. Because as I said, I was suffering from depression when I came there. I did have quite strong mental health issues and now I don't".*

*Previous beneficiary and current volunteer, one-to-one interview*

However, the Hub do refer individuals to other support services locally, who could have affected beneficiaries' progression, as can be seen:

*"[They put me in touch with] the Money Hub...Barking and Dagenham Council have got a hardship fund, can I tell you how much it was...[they helped me get] £67 a week and that was for 12 weeks".*

*Beneficiary, one-to-one interview*

Therefore, the attribution value assigned has to reflect the possibility that other services have enabled beneficiaries and volunteers to achieve at least some of the outcomes seen, even if it were the Hub that had initially 'linked' beneficiaries into these services. The evaluator believes an attribution of 20% would be fair, to take this into account.

**Displacement** is an assessment of how much of the outcome displaced other outcomes. To give an example, an evaluation of a state-funded street lighting programme in one borough found a reduction in crime; however, the neighbouring borough reported an increase in crime during the same period. Therefore, it is possible that the reduced crime was simply displaced. Displacement does not apply for every CBA, but it is important to be aware of the possibility. For the outcomes related to beneficiaries and volunteers, no significant displacement was considered to have occurred.

To determine the social value generated by the Hub we then multiplied the financial proxies by the quantity of the outcome to give a total value. From this total the percentages for deadweight, attribution and displacement are deducted. This gave an overall total of £1,977,195. We also have a financial value of Hub's inputs (£410,904) and the financial value of the social value generated by the Hub @ Castle Point. There are several different ways of reporting on the relationship between these numbers. We can now calculate the initial Return on Investment ratio, by dividing the discounted value of benefits by the total investment. This finds the Hub has generated £4.81 of value for every £1 invested in the project (a social return ratio of 4.81:1). This demonstrates that the Hub has generated positive returns. From this total value, 62.35% of the benefits were for beneficiaries, 36.81% for volunteers and 0.83% for statutory agencies.

## **Sensitivity Analysis**

In calculating the return on investment figure, it has been necessary to make certain assumptions or to use data which is not subject to universal agreement. To assess how much influence this has had on the final value that has been calculated a sensitivity analysis should be carried out.

It is useful as part of this sensitivity analysis to consider alternative scenarios to develop an understanding of relative influence:

- Scenario 1: It is theoretically likely change could have happened without the project, or as a result of other services. Increasing deadweight and attribution to 40% would provide an ROI of £4.12 for every £1 invested. Attribution and deadweight would need to be more than 85% for the ROI to become 1:1. However this would be a significant increase, lending support to the analysis of the positive impact of the Hub.

- Scenario 2: It is recognised that deadweight for 'hard to reach' groups such as those supported by the Hub is likely to be lower than for other groups. Reducing deadweight to 5% for all outcomes increases the ROI to 5.16:1 (£5.16 for every £1 invested).
- Scenario 3: It is convention that CBAs do not assign a value to the time spent by the beneficiaries on a programme. However, we have assigned a value to the volunteers at the Hub, despite these being a key beneficiary group (and in many cases, a beneficiary of the services at the Hub outside of their time volunteering). Removing the input costs of the volunteers (a significant £74,474) would increase the overall ROI to 5.88:1 (i.e. £5.88 for every £1 invested in the Hub).
- Scenario 4: It can be argued that the food provided by Nandos and FareShare would have been thrown away if the Hub had not taken it (as it would be close to its best before date). Removing the costs of this food from the analysis increases the ROI to £4.94 for every £1 invested in the Hub @ Castle Point.
- Scenario 5: Optimism bias. This CBA was conducted by an evaluator independent of the Hub, using evidence from trusted sources. However, there is a possibility of over-optimism, especially where data and evidence is old or incomplete. Including a further discount of 5% to the values to correct for any optimism bias leads to an ROI of £4.57 for every £1 invested in the Hub.

**Applying various alternative scenarios still provides an SROI of between £4.12 and £5.88 for every £1 invested in the Hub.**

### **Verification of results**

To verify the results of our evaluation and Cost Benefit Analysis we discussed the results with Community Resources' staff. Staff agreed with the impact and valuation outlined in this report. This gave us confidence that our CBA report is both accurate and credible.

### **CBA Appendix 1: Impact Map**

Please see attached spreadsheet.

### **CBA Appendix 2: CBA Definitions**

**Attribution:** An assessment of how much of the outcome was caused by the contribution of other organisations or people.

**Deadweight:** A measure of the amount of outcome that would have happened even if the activity had not taken place.

**Displacement:** An assessment of how much of the outcome has displaced other outcomes.

**Financial proxy:** An approximation of value where an exact financial measure is impossible to obtain.

**Impact:** The difference between the outcomes for participants, taking into account what would have happened anyway, the contribution of others and the length of time the outcomes last.

**Impact map:** A table that captures how an activity makes a difference. It conceptualises how resources are utilised to provide activities that then lead to particular outcomes for different stakeholders.

**Inputs:** The contributions made by each stakeholder that are necessary for the activity to happen.



**Materiality:** Information is material if its omission has the potential to affect the readers' or stakeholders' decisions.

**Outcomes:** The changes resulting from an activity. The main type of change from the perspective of stakeholders are unintended (unexpected) and intended (expected), positive and negative change.

**Outputs:** A way of describing the activity in relation to each stakeholder's inputs in quantitative terms.

**Scope:** The activities, timescale, boundaries and type of CBA/ROI analysis.

**Social value:** the social, economic and environmental value of an intervention.

**Stakeholders:** People, organisations or entities that experience change as a result of the activity that is being analysed.



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