How community organisations impact health and wellbeing

A Common Health Assets (CHA) Toolkit

A quick and usable guide to CHA research findings for community led organisations, policymakers and other stakeholders

Queen's University Belfast | Innovation Zones
commonhealth assets
Bogside & Brandywell Health Forum An Fóram Sláinte
Colin Neighbourhood Partnership
The Oak Healthy Living Centre

INTRODUCTION

CommonHealth Assets was a large research project funded by the National Institute for Health and Care Research (NIHR) exploring the impact of Community Led Organisations (CLOs) on the health and wellbeing of community members.

The term CLOs is used to describe place-based, community-owned, and run organisations in disadvantaged or underserved areas.

Our goal was to understand:

How CLOs impact the health and wellbeing of individuals who live in their communities and through what processes those changes happen, for different people in different contexts? These processes are called 'programme theories'

What resources are required to operate CLOs and what improvements in health and wellbeing do they produce for participants?

What are the barriers and facilitators to CLO sustainability?

Working with 14 CLOs across the UK, we gathered a wide range of information:

Reviewing existing literature and policy

Collecting new data through interviews, workshops, surveys, and card sorts

Analysing income and expenditure reports from CLOs

Why is this research important?

Policy attention on community-based health and wellbeing approaches is growing faster than the evidence base. While many community leaders and public health experts have long argued that community is key to addressing health inequalities, large-scale, rigorous, and theory-based evaluation is still limited. This project set out to fill that gap.

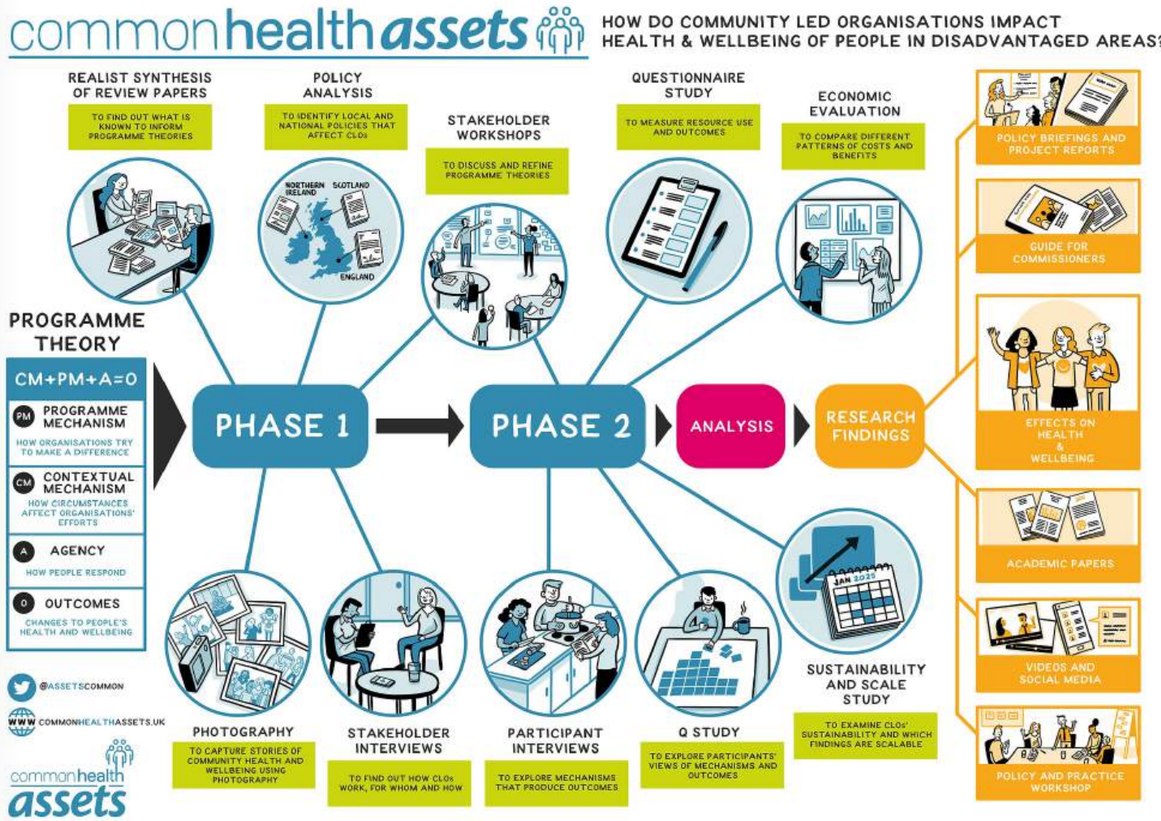

Figure 1 Overview of CHA project (from **https://www.commonhealthassets.uk/**)

Key findings

Importantly, the research uncovered a wide range of processes and mechanisms (programme theories) that explain how CLOs work. They came under two main areas 1. How CLOs improve health and wellbeing for participants; and 2. How CLOs operate, work in partnership, respond to community needs, survive and adapt. The following sections summarise some findings around these themes.

IMPACT OF CLOs ON COMMUNITY MEMBERS

The evidence is clear: **CLOs support their participants and improve outcomes**. We measured outcomes as changes in capability wellbeing, health-related quality of life, mental wellbeing and social connectedness across four timepoints – baseline, one month, six months and 12 months. Some headline findings include:

Outcomes improved for CLO participants across all measures during the study

Improvements in capabilities and mental wellbeing are seen regardless of which community activities participants were engaged in

Improved social connectedness (SCS) happens quickly for new participants – with significant findings after only 1month. Other outcomes take longer (6-12 months)

Different activities lead to different outcomes e.g.; arts and crafts were associated with improvements in mental wellbeing educational activities on health and outdoor activities on all outcomes

Frequency and sustained engagement matter in different ways, e.g., for physical activities and psychological support there was evidence that people need to 'stick at it' over time to see results at 6 and 12 months. Educational activities (health), arts/crafts, music and cultural activities (mental wellbeing) all required participation frequencies over a threshold per week before benefits materialised.

Participation at a CLO (compared to no participation) reduced reported use of some front-line services, e.g.: Less use of housing support services; Lower use of mental health services; and participation at a CLO produced a small gain in quality adjusted life years over the 12 months.

In short, without CLOs, communities would undoubtedly lose, not only a source of social connection and mental wellbeing, but also a proven way of improving health and wellbeing outcomes.

BARRIERS AND ENABLERS TO CLO SURVIVAL AND SUCCESS

Sustainability and Funding

The Context	CLOs play a vital role in addressing health inequalities by building trust within and between communities, cross-sectoral partnerships, community engagement and participation, outreach (in most cases) and are adaptable.
The Problem	Many CLOs operate on short-term, insecure funding cycles, limiting their ability to plan long-term or expand their reach. This uncertainty threatens the continuity of services that communities depend on.
The Policy Solution	Longer-term, sustainable funding models (e.g., multi-year core grants) are needed, enabling CLOs to plan ahead, retain skilled staff, build capacity and maintain the quality of their support.

Volunteering

The Context	Volunteers are central to CLO delivery, from running activities to supporting new participants. The services could not run without volunteer support. Many volunteers began as service users and wanted to give back to the CLO which supported them.
The Problem	While volunteering has clear benefits for individuals and CLOs, there is a limit. Overcommitment can lead to burnout, and our findings show the benefits of volunteering diminish as time commitments and responsibilities increase over a certain threshold (on average two times per week).
The Policy Solution	Funding to support and train volunteers, plus clear role boundaries, can sustain volunteer wellbeing and ensure their vital contributions remain positive for both them and the CLO. An example of good practice in one of the CLOs involves having a volunteer coordinator employed specifically to support their volunteers. If CLOs had sustained funding to employ volunteer co-ordinators (or some time and resource within an existing role), volunteer support could be managed positively.

Social Prescribing

The Context	Social prescribing connects individuals to non-clinical community support, aiming to empower individuals to take control of their health and wellbeing. It focuses on what matters to you rather than what's the matter with you. While its use has grown across the UK, access is not consistent, for example, Northern Ireland and Scotland do not currently have social prescribing frameworks, although Scotland is developing one as part of its Scotland's Population Health Framework 2025-2035. Social prescribing was previously delivered in Northern Ireland under SPRING Social Prescribing funding however, these formal services have been removed due to funding cuts.
The Problem	Participants referred through social prescribing generally start with lower wellbeing, meaning they're among those most in need. Our research shows their health improves significantly, catching up with or even surpassing others, providing evidence that social prescribing is a powerful way to reach and support vulnerable groups. However, without secure funding, support remains patchy and at risk of disappearing, cutting off a vital lifeline for many.
The Policy Solution	Long-term, sustainable funding for social prescribing would protect community services, allowing CLOs to continue to connect with and support those most in need.

CONCLUSION

The findings of the CommonHealth Assets project demonstrate the essential role CLOs play in improving health and wellbeing of community members. The findings provide qualitative and quantitative support for investment in CLOs as a way of tackling health and wellbeing challenges within our society.

It is important to note that the findings presented might be seen as conservative estimates, as they do not fully capture the wider ripple effects of CLO activity. Engagement with CLOs not only benefits individual clients but is likely to have an influence on their families, across generations, and within the wider community. These wider benefits are challenging to measure and future research is needed to identify and measure wider value. CLOs are part of the social infrastructure needed in communities.

Overall, this toolkit provides a condensed form of some findings and evidence from the CHA project. CLO's and policymakers can use this toolkit to support CLO sustainability and funding, volunteering practices and social prescribing.

Acknowledgements

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More detail on programme theories and the research to support the toolkit can be found on the Common Health Assets website. Publications are still in progress with journals, so watch this space and check back again!

View here

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Ethics

Ethical approval was obtained from Glasgow Caledonian University Ethics Committee (Reference HLS/NCH/20/034) and ratified by all participating universities ethics committees. All participants provided written consent for their involvement in the study.

Developed by

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