



Overcoming Barriers to Health and Wellbeing

Community Assets in North East Essex



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Acknowledgements

We would like to express our heart-felt thanks to all study participants for the time they gave to us and for the stories they shared about their experiences.

We are also very grateful to the following community asset leaders who facilitated our access to participants and who gave of their time to speak with us about their roles and the assets they manage:

- Helen Debenham, Project Nova
- James Lamb, Clacton and District Indoor Bowls Club
- Mark Snelling and Izabela Suchy, Uniform Exchange, Colchester
- Caroline Szabo and Lisa Andrews, Clacton Dementia Café
- Fern Lovett and Emma Blaber, Teen Talk, Harwich
- Debbie Eley, Community Halls in Partnership
- Lesley Burch, Friendship Group, Abbots Road Hall
- Merle Johnson, Parent and Toddler Group, Hythe Hall
- Paul Mascurine, MS Club

Finally, we would like to thank the following Local Authority advisory panel members who provided advice and support throughout:

Colchester Borough Council

- Pamela Donnelly, Strategic Director of Customer & Relationships
- Scott Danielsen, Senior Researcher (Health), Wellbeing and Prevention Team
- Rory Doyle, Assistant Director, Environment
- Michelle Tarbun, Group Manager, Wellbeing and Prevention Team

Tendring Borough Council

- John Fox, Public Health, Wellbeing and Environmental Protection Manager

Essex County Council

- Dr Danny Showell, Consultant in Public Health

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Introduction

This report presents research carried out by Public Health and Social Science researchers at Anglia Ruskin University. Colchester Borough Council commissioned this independent study with funding from the North East Essex Health and Wellbeing Alliance. The aim of the research is to provide Local Authorities and health and wellbeing commissioners with insight into the public health benefits of community assets from the perspective of citizens who access them in their local communities.

This Report provides an evidence-based rationale for the support of community assets to improve the health and wellbeing outcomes of citizens in North East Essex (see Figure 1). There is a focus on populations considered to be at increased risk of poor health and wellbeing outcomes, and on addressing populations in places where there are areas of comparative social deprivation in the context of growing health inequalities in the region.

Figure 1: Colchester and Tendring Area Map



Background

Health and wellbeing indicators

Health and wellbeing indicators in the boroughs of Colchester and Tendring are poor and tend to be significantly poorer than county, regional and English averages. There are extreme areas of social deprivation in both boroughs. Jaywick in Tendring for example, is the most deprived Lower Super Output Area ward (LSOA) in England (Ministry of Housing, Communities & Local Government, 2019) and in Colchester, there are increasing pockets of social deprivation. Colchester is ranked 5th in Essex on average score for Indices of Multiple Deprivation (IMD) and has one LSOA in the top 10 per cent of most deprived in the country (Colchester Borough Council, 2020).

The age distribution of the Colchester population is younger than the national average whereas in Tendring the population of older residents aged 65 years and over, is higher and is forecast to grow to 38 per cent by 2038 (ONS, 2019).

In Colchester, life expectancy for men is 80.2 years and for women it is 83.1 years. These figures are similar to the national average although since 2014 it has remained lower than the East of England regional average (Public Health England, 2019a; LGA, 2020). However, life expectancy for men and women in Tendring is much lower than the regional and national averages. For example, when compared to the average for Essex, the life expectancy for men is 2.6 years lower and 2.2 years lower for women (PHE, 2019A). In his recently published review of health inequities in England, Michael Marmot (2020) reports the alarming fact that during the past decade life expectancy has fallen in the most deprived communities outside London.

The general health of the people in Tendring is worse than the England average and approximately 24.1 per cent of children are from low income families. The mortality rate for cardiovascular disease of people aged 75 years and younger is considerably higher than regional and national averages, as is the rate of suicide. The number of people diagnosed with dementia shows that 1,913 people aged 65 and over in Tendring had a recorded dementia diagnosis, but, due to low reporting and recording records estimates suggest the real number could be closer to 3,000. The smoking prevalence in adults and alcohol related hospital admissions rate statistics are higher than regional average (Public Health England, 2019a).

Approximately 16 per cent of residents in Colchester have disability and chronic health conditions (Public Health England, 2019a). The prevalence of reporting long term mental health conditions among Colchester adults is higher than the Essex average (Essex County Council, 2019). There are areas of concern for both districts such as high rates of social isolation, self-harm, suicide, alcohol specific hospital stays, violent crime and people's overall satisfaction with life.



Populations in Transition

Colchester has 47.1 per cent of all recorded short-term residents in Essex. There are more than 15,000 students at the University of Essex and thousands of military personnel live and work in the town, making Colchester the second largest military town in the country (Police, Fire and Crime Commissioner for Essex, 2018).

Clacton-on-Sea is recognised as one of the largest retirement communities in the UK. A recent report (Easy Money, 2020) reveals that approximately 39 per cent of pensioners selected Clacton-on-Sea as their favourite destination after retirement. There are several factors in coastal regions that favour retired people to select places like Clacton such as fresh sea air, a quieter life, stunning scenery and cheaper living costs (ibid).

Socially and economically deprived populations experience disproportionately higher levels of long-term health problems, and the prevalence of long-term conditions and rates of co-morbidities are increasing (Blickem et al., 2018). There is increasing recognition of growing health inequalities in coastal communities in England and Public Health England have recently called for more research into inequalities in healthy ageing in coastal areas, with a particular focus on strengths, assets and resilience (Public Health England, 2019b).

While the overall picture of health and wellbeing across both districts is poor, there are exceptions to the population norm and there are some excellent services promoting community resilience, capitalising on and developing existing social support networks. In his most recent review of health inequality in England, Marmot (2020) argues for the urgent need to shift the health system's focus more towards preventing ill health and supporting good health. He stresses the importance of influencing the social and economic conditions of 'places' in order to improve the health of residents, particularly those living in the most disadvantaged areas.

Approaches that focus on improving health equity may look quite different to those that focus only on improving average population health, as they are responsive to those with the greatest levels of need and the highest risks of poor health. (Marmot, 2020: 469)

Community assets

Community assets are widely recognised as positive resources within communities that promote health and wellbeing. Marmot (2010) recommends that community assets should be identified and that asset-based principles are integrated into public policy development. Public Health England (2018) asserts that community life, social connections, and the inclusion of citizens' voices in local decision making are all vital contributory factors for the improvement of health and wellbeing and in addressing health inequalities.

There is some evidence that community and individual assets can facilitate people's resilience to manage life's challenges and adversity factors that can otherwise lead to individuals withdrawing from social life and experiencing loneliness and social isolation (Centre for Policy on Ageing, 2014). A recent literature synthesis (Blickem et al, 2018), on how community assets could improve the health of people with long term conditions, highlights their capacity to promote people's capabilities, transform attitudes and values, empower individuals and communities, and raise self-esteem and resilience. Asset-based approaches are now a key tool to address health inequalities in the UK (ibid).

While there is recognition that broader social and economic factors underpin health inequalities, there is growing evidence that participatory approaches and the promotion of community assets, have the capacity to mitigate against these factors (Cassetti et al., 2019).

A community asset is defined as any factor or resource which enhances the ability of individuals, groups, communities, populations and/or institutions to maintain and sustain health and wellbeing and to help reduce health inequities (Morgan and Ziglio, 2007). Community assets can take a variety of forms including activities, support groups, social networks and community spaces/places. A defining feature is that they have their roots in the community with the aim of benefiting community members. In general, voluntary and community sector organisations, members of local communities, and private sector organisations lead these organisations (Charles et al. 2018).

People in North East Essex have access to a range of community assets and other sources of informal support that can help improve their health and wellbeing and strengthen resilience across the life-course. The recently established North East Essex Health and Wellbeing Alliance are working closely with its partner organisations across the area including Colchester and Tendring Borough Councils. Its aims are:

To bring people and communities together to achieve positive change using their own knowledge, skills and lived experience around the issues that they encounter in their own lives ...promoting an assets-based approach ensuring that residents lead change and are active participants in making change in their communities.

North East Essex Health and Wellbeing Alliance, 2020



Study Aims

- To provide a means for citizens' voices to be heard and to better understand people's 'lived experiences' of community assets and sense of place.
- To develop understanding on the impact of community assets and their effectiveness in supporting individuals' sense of wellbeing and resilience in the face of demographic, economic, age and health related challenges.
- In doing so to focus on populations more at risk of poor health and wellbeing outcomes, including those living in socially deprived localities.

Methodology

Community assets are complex interventions where different factors and people interact with each other in various ways and with various intended outcomes. Such '...interventions need to be understood in ways that are responsive to the complexities and intricacies of programs, people, and places' (Thirsk and Clarke, 2017:1). While the randomised clinical trial may be regarded as the 'gold standard' in clinical research, this is not suitable when applied to complex interventions where variables are impossible to isolate and control. Qualitative research and mixed-methods approaches can overcome the limits of measurement-based research (ibid). Furthermore, qualitative methods may ask and answer questions that are more important to complex intervention providers and users and there is increasing interest in the patient experience as an outcome at the policy level (Farquhar et al., 2011; Medical Research Council, 2008). The brief for this research was to establish an evidence base for community asset development in North East Essex by engaging with citizens in various community settings. The aim is to further understand how different community assets consisting of various activities and involving disparate populations, might benefit the health and wellbeing of their members.

The methodological approach draws on the philosophical tradition of phenomenology. Phenomenology, a branch of philosophy founded by Edmund Husserl and Martin Heidegger during the late 19th and early 20th centuries, asserts that reality consists of objects and events (phenomena) and that the only way to understand social phenomena is through human consciousness (Smith, 2018; Kienzler, 1991). Such phenomena do not live outside our own understanding of them but are interpreted through our conscious minds. As such, subjective experience is the source of all our knowledge of objective phenomena.

From this perspective a scientific understanding of the social world cannot be undertaken by merely collecting 'objective facts', but research needs to engage in a deep and empathetic way with those involved in an attempt to get as close as possible to the everyday 'lifeworld' of individuals. As the phenomenologist philosopher Alfred Schutz notes, '...safeguarding the subjective point of view is the only, but sufficient, guarantee that social reality will not be replaced by a fictional non-existing world constructed by some scientific observer' (Schutz et al., 1978, 50).

Studying the 'lived experience' involves the detailed examination of participants' 'lifeworlds', their experience of a particular phenomenon, how they make sense of these experiences, and the meanings they attach to them (Husserl, 1970).

Starting with the above premise, a combined approach encompassing elements of both phenomenology and ethnography was adopted. Ethnographic methods explore people's actions in a given social context and their own interpretation of such behaviour (Hammersly and Atkinson, 1983). Both approaches have much in common as they use a combination of observations and open-ended and structured questioning methods. It is argued that this 'life-world'-analytical ethnographic mixed methods approach supports the validation of findings as they both seek to elicit meaning in the narrative accounts of research participants (Gray, 2014; Honer and Hitzler, 2015).

The specific ethnographic methods used for this study include observation, the taking of photographs of places and people engaged in activities, and one to one and focus group interviews.

As data is collected in 'natural' settings in the communities where people inhabit, the observations of activities carried out by community assets members, and subsequent interviews with members about their experiences, were carried out on sites where the activities took place.

By adopting these methods we were able to capture the significance of community assets to people's everyday lives and to situate this in the context of the communities where they live and to develop a more contextual understanding of the relationship between wellbeing and the community.

Sample

A purposive sample of 6 community asset sites, 3 in Colchester and 3 in Tendring that provide activities and resources to support wellbeing was selected (See table 1). These assets were chosen in discussion with members of Colchester and Tendring Borough Local Authorities and were informed in part by asset mapping information produced by Community 360 (formerly known as CVS Colchester) and CVS Tendring. Careful consideration was given to ensure the sample was likely to draw on populations living in socially deprived areas and populations that could be considered as at risk of poor health outcomes including older people and those likely living with long term health conditions. For example, in Tendring a large sample of older residents was selected to reflect the older age demographic in the area while a group of young people in a socially deprived coastal town reflects the problems facing young people in socially deprived areas. In Colchester, we selected a veterans' asset to reflect the area's large transient population and some of the more acute social and health problems in the town. In operationalising the concept of a 'community asset' we chose places – Community Halls, as well as activities. Nevertheless, in many ways the selection of the sample was somewhat arbitrary as there are numerous other assets which we could have selected that would have fitted our relatively broad criteria. As such, this is not a representative sample, but a purposive one, commonly recommended for qualitative research.

Observation

The main purpose of observations (of any kind) is to acquire sensory impressions, to experience things, and to register phenomena (see Gilham 2008). Observations were carried out to assist the understanding of links between the activity or place and participant's experiences of wellbeing. The researchers made notes based on observations of activities and settings and in speaking informally to the asset organisers. Visual methods such as photography are increasingly being used to add context to narrative accounts and experiences, and to provide a means to illustrate observations to others (Harper, 1998). One of the aims of the study was to understand the provision of community assets and as such, photographs of places and activities were taken.

Interviews

Forty-two participants took part in qualitative interviews (see table 1). A topic guide was used as an aid to direct conversations and to elicit a narrative account of participants' experiences. The main interview format was one-to-one, but the majority of young people at Teen Talk felt that they would be more comfortable taking part in a focus group interview although a further two participants volunteered to participate in one-to-one interviews. For the Project Nova asset, a veteran and his wife asked to be interviewed jointly and the mother of a veteran was interviewed at the request of one of the veteran participants. In accommodating participants preferences, we were able to build rapport and trust and gain great insight into the wider impact on family members of asset support.

Table 1: Asset Selected

Community Asset	Function and Activities on offer	Number of participants interviewed
Dementia Café, Clacton	Offers a place to meet and social activities for people with dementia and their spouses/family caregivers. Provides information and signposting.	6
Teen Talk, Harwich	Offers confidential information, support and activities for young people aged 11-25 years.	8
Clacton & District Indoor Bowls Club	Provides bowls games and matches as well as social activities and cooked meals.	6
Project Nova, Colchester	Supports veterans who have been arrested or are at risk of arrest and helps guide them back into mainstream society.	8
DNA Networks Uniform Exchange, Colchester	Supports parents in financial need, providing the exchange of second-hand children's school uniforms.	7
'Community Halls in Partnership' (CHIP) project, Colchester: <ul style="list-style-type: none"> ■ Friendship Group ■ Parent and Toddler Group ■ MS Support Group 	<p>Enables several community halls to develop new ways of working collaboratively by centralising administration with the aim of forming a 'network' of appropriate and sustainable community buildings.</p> <p>Meets weekly for older people to facilitate friendships and social activities.</p> <p>Provides weekly meetings for parents and infants from birth to 3 years to facilitate social interaction, play opportunities for toddlers and the sharing of information.</p> <p>Provides weekly meeting for people with Multiple Sclerosis for social interaction and sharing information.</p>	<p>3</p> <p>2</p> <p>2</p>

Ethics

Formal ethical approval for the study was granted by the School of Allied Health, Nursing, Midwifery, and Medicine's Research Ethics Panel at ARU. Access to participants was facilitated by relevant gatekeepers (those leading/organising the assets) and observations, photographs and interviews were conducted when participants had freely given their prior written informed consent. Pseudonyms have been assigned to all study participants although the names of assets organisers are genuine. Due to the sensitive potentially volatile nature of interviews with Project Nova participants all interviews took place with the organiser present.

Analysis

Observation and photographs

Observation notes and photographs were drawn upon to provide further insight into the asset and to help enhance validity for our interpretation of the interview data. By drawing data from various sources, we reduced the chances of reaching false conclusions (Hammersley, 2008).

Ethnography often involves a combination of techniques and thus it may be possible to check construct validity by examining data relating to the same construct from participant observation, interviewing, and documents (Hammersly, and Atkinson, 1983: 199).

Interviews

Interview recordings were transcribed and coded using a descriptive framework. Subsequently common themes were identified. Thematic analysis is a widely used method for identifying, analysing and reporting patterns within data (Braun and Clarke, 2006). Analysis involves identifying key topics and patterns, regularities and contrasts in the data in order to create interpretive meaning. The analysis was informed both by issues and concepts that stem from the research topic, such as the identification of resources (Antonovsky, 1987) and capabilities (Nussbaum and Sen, 1993) that are enabling some citizens to thrive (or not) in challenging situations, and elements that were discerned in the data, such as broad categories, repeated words, phrases, understandings and experiences present (Edwards and Weller, 2012). To ensure internal validity, both lead researchers carried out coding and thematic analysis of all transcripts and a third member of the research team read and analysed a sample of transcripts. Findings were discussed further by the whole team.

In order to stay as close as possible to the participants' voicing of themselves, analysis of interview data was also carried out using i-poem methodology (Gilligan, et al., 2003). I-poems are concerned with accessing meaning about interviewees' sense of self and enable researchers to identify continuities and changes in how a participant speaks, thinks and feels about themselves over the course of an interview. The poems were produced by reading through each interview transcript and highlighting each use of the first person 'I' and associated verb and accompanying text. The run of words associated with the 'I' statements were then highlighted. This is an intuitive interpretive process, the two lead researchers worked together judging what was important in understanding the interviewee's sense of self. The second step involved cutting and pasting the highlighted phrases out of the transcript in the exact sequence that they originally occurred in the interview, and placing them in separate lines to form the lines of a poem (Letherby et al., 2016; Edwards and Weller, 2012). While one analytic approach to the data supports and complements the other, we present these in two distinct sections in the Report so that it is possible to identify themes that were common to all assets, while ensuring that the particularity and context of each is maintained. Also, while each participant had their own unique story, we present just one i-poem alongside photographs taken during observation of the assets as qualitative case study vignettes. These provide short stories and scenarios of participant experiences.

Findings are presented in two parts. Part i presents our analysis of key themes based on participant interview data. Part ii presents i-poems from interview extracts and contextual analysis based on observational data and our conversations with asset leaders.

Findings: Part I

All data was coded using a descriptive framework and subjected to thematic analysis (Braun and Clarke, 2006). The main themes are described below:

Challenges

Many participants were facing or had faced challenges, such as poor health, economic difficulties, and challenges relating to transitions (e.g. retirement, change of role, traumatic events). Some participants were dealing with threats of homelessness, suicide risk and violence. Assets were seen by participants to be a support in the face of such extreme challenges.

Resilience

Participants described instances on how being part of a community asset provided them with strength and resilience in the face of ongoing life challenges.

The veterans supported by Project Nova were all either at risk of committing a criminal offence or had already committed a crime. Most of their narratives focused on historical and present challenges. Many participants reported that they suffered from (PTSD) Post-Traumatic Stress Disorder and some were experiencing ongoing violent episodic outbursts.

...the police got called and I was running around the house bloody naked and covered in blood I could've murdered someone that night and wouldn't even have known. I didn't even know what had happened when I woke up in the cells the next day (Gary, Project Nova).

Gary had an alcohol addiction and a drug problem and before being referred to Project Nova had had problems getting help with his addiction, but was helped with information signposting and advice support from Helen, the main support officer for Project Nova.

He also had housing problems which Helen helped him with too.

I had a drama with my landlady. She was trying to get us out ...and Helen got me loads of advice (Gary, Project Nova).

Project Nova help to build participant resilience in face of these challenges. From the interview accounts it was clear that for many of these men, it was the first time they had felt heard and understood. Project Nova helped to facilitate Stan telling his story to a Government Select Committee. He felt strongly that there was a lack of understanding by organisations about the number of veterans suffering from PTSD.

I've lost X amount of friends. I've spoken to other people that are in the infantry battalion that I know, they've lost X amount of friends and I don't see that it's right. It's all through PTSD, it's not because they're struggling with day-to-day life. They're struggling with their sleep, work, everything (Stan, Project Nova).

Project Nova provided advocacy support and helped to get participants the service they needed. They worked holistically and provided reassurance and support to the veteran's families.

Gary's mother asked to be interviewed so that she could explain how Project Nova helped him, his partner and herself. Everyone was struggling with Gary's ongoing PTSD symptomatic behaviour, but Gary did not have a diagnosis.

When it's self-harm and they [the hospital A and E department] just want to patch it up and send you out on your way and Helen had to (like because it was happening every week) Helen had to challenge them and say look this guy is in here every week and had to push and show that it was more than self-harm (Dora, Project Nova).

Likewise, participants from other assets felt that the support they received helped them deal with serious health challenges.

I had to have over a year out for illness which is why I'm coming back ...this club has helped me, not only me, my husband and so many other people in this club with problems. ...I was very poorly I couldn't even shower myself. I get a bit emotional, I couldn't wash my own hair, my husband had to do everything (Sally, Bowls Club).

Sharing with others who are facing similar situations and receiving support from group organisers really helped participants cope and build resilience.

Talking to other people in the same situation - you think you're alone and then you come in and you get chatting and you realise you're not alone and mum had a really hard time probably 6 months ago and I messaged Caroline [Dementia Café organiser] was amazing she was our lifeline. [without it] well, I think mum could have had a breakdown really (Fern, Dementia Café – daughter).

Timothy who cares for his wife who has dementia felt that he would be far more stressed if he did not get support from the asset.

***I think it would increase the stress level of caring. I wouldn't have the information fed back to me that 'maybe this is a route that you should be looking at.' This is the help that's available to you. 'Why don't you try this? Why don't you try that?'* (Timothy, Dementia Café – husband).**

Assets not only provided opportunities to share information, some also supported people in financial need. The Uniform Exchange asset provides much needed financial support for people who are on low income. Jane is a single mother of four school aged children.

...skirts are like £12 each and I've got 3 skirts and some summer dresses ...it's still a struggle when you're on your own (Jane, Uniform Exchange).

Jane felt that the schools were unfair in insisting that tee shirts had school badges on as these were too expensive and could only be bought on the school website.

they bring out all these new tops and expect people like me and other mums to buy them again because they bought a new logo out and so obviously you're paying out double and you bought that one last term and you got to buy another one (Jane, Uniform Exchange).

Linda felt that people had to overcome feelings of embarrassment to go along to the exchange even if there was a wage coming into the household.

...although my partner works, we do still struggle because we don't get benefits so I would advise people if they want to do the Uniform Exchange but feel a bit embarrassed to do so ...it doesn't make you a different ...these people are here to help you (Linda, Uniform Exchange).

Terri was also dealing with a number of challenges including poverty and a recent period of homelessness.

[the children's] biological father had taken his life, things had gone down hill really bad, we lost our home thankfully the homeless accommodation found us somewhere to live, they put us in touch with the school uniform and the munch club and bits to get us through (Terri, Uniform Exchange).

Terri felt that without the Uniform Exchange that her children '...wouldn't be going to school in school uniform because I can't afford it'.

Trust

Participants' previous encounters with services (health, social welfare etc.) were often bad and had eroded their confidence and trust. The contrast between their prior experience with services and present assets support was often acute. Such contrasts include instances where participants were made to feel worthless resulting in them feeling anger, frustration and loss of confidence. In contrast, assets were found to make participants feel 'heard' and like 'real human beings'.

Some participants spoke of the challenges they experienced in getting the formal support they needed. Jane managed to get support for her husband who has dementia but found it frustrating when the support was withdrawn and she discovered that he did not qualify for the support and the service offered was not able to meet their needs.

He started going to the day centre from half past 9 to half past 3 and that was wonderful and I really enjoyed that but then ...when the year was up I had to have another assessment to get the funding and she said 'oh no you mustn't use that, that money is for you for respite' and I said I am getting respite she said 'no he has to have a financial assessment of his own' and I said in that case there's no use in me having this sitting servicethey didn't phone or say they'd make an appointment so I phoned them up and they said oh yes he's on the list to have somebody give him a financial assessment but it never matured (Jane, Dementia Café – daughter).



Although transport links were available for Bobby who has to attend both Colchester and Clacton hospitals for appointments because of his long-term health conditions (diabetes and heart problems) he found that hospital transport was difficult to access and unreliable. This added further anxiety to his life and his role as carer for his wife with dementia.

I use (hospital transport) for Colchester, but you go through this questionnaire every single time I try out the transport. That can take five minutes, 10 minutes, it depends how they operate. Very often – they've got to go and see a supervisor to get advice, come back, and they go and see a supervisor again.

I mean, now, they mostly take you in by ambulance, but you have to be ready two hours before arrival time. It takes about half an hour to get to Colchester. When it's a car, they turn up, it would be about an hour, an hour and a half, because you still pick up other people. The ambulance waits until the last minute almost. So, every time you go there from the ambulance, nine times out of ten I'm late for my appointment
(Bobby – husband, Dementia Café).

Eighty-two-year-old Betty and other members of the community hall Friendship Group felt completely let down and angry when a few years ago the community group they belonged to was closed by the Local Authority.

...people used to come and we used to have a dinner and ...and bingo they loved the bingo ...but after we done marching to keep it open and they didn't take a blind bit of notice of us! ...they said 'yes sorry were gonna close it' so a lot of us just got up and walked out after that we didn't go nowhere
(Betty, Halls – Friendship Group).

After the group closed Betty's physical and mental health worsened.

I was really down ...I was always saying I'm fed up and I used to go doctors and she tried to say I was depressed but I wasn't I was just fed up and doing and seeing no body... Yeah my health went down I mean I was fat I was really fat because we used to do line dancing and keep fit (Betty, Halls – Friendship Group).

Harry explained how disruptive he found it when support services were changed, this was especially challenging when he had started to build a close and trusting relationship with someone (an important aspect in addressing behavioural change).

I was just getting used to her hanging around, I let my guard down, typical you get used to someone and they bugger off which is what we are used to, we don't really trust the organisations ...it feels like you're being betrayed and that's difficult you just don't trust people (Harry, Project Nova).

The young people who attend the Teen Talk community asset were referred there from local schools to support those with behavioural and mental health issues and or problematic family lives. Bernie, who first started attending Teen Talk when he was 14 years old reflected on the contrast between the counselling service he had participated at school and Teen Talk.



'I just felt like... I was just like a tick box on a list of just getting through people that they'd been referred to see'

I talked to counsellors at school and stuff and I just felt like, not to sound cliché, but I was just like a tick box on a list of just getting through people that they'd been referred to see. ...They go, 'Okay, cool, alright, I'll report that to the SEN. I just felt like it was reading questions off a board. And yeah, you come here and you just feel like you've got a real voice. That's the most important thing (Bernie, Teen Talk).

Many participants who had encountered the benefit system found it frustrating and alienating.

So I went to the benefits office and I came out of there wanting to kill someone because it's hard when you've been in the army you know thanks for your service for taking a bullet for us and we'll just dump you on the wayside because that's how you feel ...Oh yeah 22 years and you end up just being a number (Jack, Project Nova).

Many of the veteran participants had found NHS and other services difficult to access and unhelpful.

All I'm asking for is counselling help ...and then they've got to put you on to another department, so that'll take, like, another three months, and then you go to one other department, and then it's another department... don't they communicate, how's it taken so long?

The NHS, the only time they'll help you is if you're seeing stuff coming out of walls and you're hallucinating, and stuff like that, and then they'll put you in a room like this and they'll just feed you full of drugs, and that's the only way these NHS people will be able to help (Gary, Project Nova).

Police were called to an extremely violent episode caused by Stan who went into a suicidal frenzy just after Remembrance Sunday on hearing about a former soldier friend that had just 'hung himself'. Stan was admitted to hospital for an assessment and 'within thirty minutes I was home'.

They should have locked me up, really. Looking back at it, they should have fucking locked me up there and then because if they had come there or come to the house and seen what went on, they would never ever have let me walk around (Stan, Project Nova).

Stan felt that the NHS were not interested in treating his mental health condition and this resonates with other experiences that made him and other veteran participants feel abandoned.

Jack was relieved to have found Project Nova, 'I tried other charities and they're civilian orientated and that's the problem it's difficult to put it into words its'... The interview was paused at this stage as Jack became tearful and emotionally distressed.

Left behind/abandoned

Some participants living in run-down and out-of-the-way areas with poor and expensive transport links felt they had been abandoned. In cases where formal support/services had been withdrawn, and where decisions relevant to participants' welfare had been made with no consideration given to the negative consequences of such changes on their lives, they also felt abandoned, angry and let down. Assets helped build resilience and assisted in their overcoming such barriers to wellbeing.

Veteran participants like 28-year-old Gary who was 19 years of age when he went to fight in Afghanistan, felt that he and others had been abandoned after leaving the military.

...the army just dropped me like a bad apple, like, didn't really want to know. I didn't know if I had PTSD
(Gary, Project Nova).

Bill felt completely abandoned by all when he too left the military

I came out of the military in 2008 and my wife left me, my kids ignored me and abandoned me, I lost my job, I lost my home ...and I was homeless, street homeless and there was nobody there not even a GP
(Bill, Project Nova).

Bill explained that he had heart related health problems and having no equity in the property his ex-wife was residing in, he was left to sort out his own accommodation.

I was living there (homeless persons' bed and breakfast) and as the council had their duty of care they couldn't leave me as street homeless, and after 12 weeks they said you can't stay here anymore we will have to move you on but where we are moving you is down to you you'll have to sort something out yourself. ...I found a local landlord and he put me in a bedsit I stayed with him for 5 years. There was sick on the floor, drugs and needles on the floor (Bill, Dementia Café).

Bill has since moved on and is now living in much improved accommodation. However, he feels isolated and that the military had not prepared him for the challenges of civilian life.

I'm not street wise because in the military we're not streetwise, no matter how big you are whether you're a military policeman or a para trooper, when you're with your army mates you're in a clique, you're in a family. As soon as you come out and you haven't got that support around you, you are just you and you hit rock bottom and that's why so many people end up on the streets (Bill, Project Nova).

Bill had been referred to Project Nova by the mental health charity Mind, following a PTSD diagnosis and concerns about his potential for suicide. He was being supported by the Project Nova team with regular telephone calls and conversations.

Bill explained that the support they give him encourages him towards living his life in a better way.

..they point me in the right direction and help me get to that point rather than catch me ..they'll give me the destination that I've got to be at and they'll push me at that direction (Bill, Project Nova).

When asked how he would you be if it wasn't for Project Nova, he replied;

Dead. Dead or fucking in a mental hospital, fucking locked away, something like that, yes

(Gary, Project Nova).

Some participants living in Tendring felt isolated because of a lack of convenient and cheap transport. For example, Bobby who lives in a small village outside Clacton and cares for his wife who has dementia told how he had to stop driving because of eyesight problems. Since then, getting around to buy groceries has been challenging. He is also on a low income and finds it a strain both getting to shops and getting to the shops where food is cheaper.

We both have problems walking any distance. We've got scooters ...if we go down to the village, with cars all parked on this side of the road, you can't see around to see what's coming up. So, you're taking your life in your hands to go up the road to get around the cars ...the nearest bus is down the village, which for us is about a half-an-hour walk. ...now with the bus company that's taken over the route... you wait for your time, and you wait, and you wait, and you wait (Bobby, Dementia Café).

The 'dial a ride' bus which provided transport to the Dementia Café was an additional help as it enabled him to shop for groceries at the supermarket next to the Dementia Café hall.

I stop off outside because I go to Sainsbury's to do my shopping because it's the only opportunity I get. I don't have to carry shopping door to door. It's in the bus and that drops me at the door. That's one of the benefits that I get (Bobby, Dementia Café).

Many Teen Talk participants feel that Harwich town is impoverished, the town centre is run-down and the poor and expensive public transport costs seemed to be linked to feelings of social isolation and that they have been forgotten.

Harwich is dying, because no one bothers going into the town centre to spend money to go into the local shops around, and a lot of them are shutting up - you walk down the high street and there's like hundreds of shops left, right and centre and they're all closed (Focus group, Teen Talk).

I just think that it's like a ghost town now. It's a ghost town. There's nothing here (Focus group, Teen Talk).

You get bored and lonely (Focus group, Teen Talk).

You can't go anywhere else and you're isolated from friends. I haven't been able to see any of my friends since moving here because I can't afford to get to Colchester, for example. Then there's very little to do here. Just go for a walk and that's it (Focus group, Teen Talk).

'There's very little to do here. Just go for a walk and that's it'

Norma has a long-term disability and health condition and her partner Bryan was her designated carer. Both are on benefits and find attending Colchester Hospital challenging and expensive. It costs £12.50 for each of them to travel by train.

So, if you don't know anyone who's got a car, who's available pretty much at the drop of a hat, you can't go anywhere. It's the problem with the hospital. I think me and Norma went there a couple of weeks ago for something, I can't remember exactly what it was, but they don't do it at Mayflower Medical Centre. They said the nearest place you have to go is Colchester. And it's like, well, we can't get to Colchester
(Bryan, Focus group, Teen Talk).

Focus group participants spoke about how difficult it was to get to and from Colchester Hospital and how often they were referred there for fairly minor health conditions.

Sociality

One of the strongest themes to emerge in the data was the extent to which social interactions, friendships, acts of kindness and the sharing of activities, food/refreshments and information improved people's feelings of wellbeing.

Caring and sharing

The formation of social bonds between community assets members and in some cases between asset organisers and members often resulted in acts of practical and emotional support.

Making new friends was important to Carol who had moved to live in Clacton a few years earlier.

I've got a really nice lot of friends I'd meet up with them and come and play on a Tuesday for a 'roll up' [a game of bowls] and we go out for coffees ...everyone is so friendly and ...everyone speaks to you
(Carol, Bowls Club).

Meals, teas and coffees are available at the Bowls Club throughout the day and members told us how they would often come just to socialise.

I don't I just come down for the games I will socialise, have a cup of tea and whatever (Henry, Bowls Club).

Pauline appreciated that people at the club care enough to call and see how she is if she has been unwell.

The people here, you know if you're not very well they'll phone you up 'oh how are you are you feeling better then?' (Pauline, Bowls Club).



For the Project Nova participants relationships with other veterans are particularly important and members participate in a monthly breakfast at a local pub and engage in other group activities.

It's how we survive ...yeah we meet up at the breakfast club on a Saturday every month [and there are] things like the Pegasus club [a multi-charity led support club for veterans] (Jack, Project Nova).

The members of Teen Talk participating in our research were in older age group (18 years and older) and they meet between 5 and 7pm weekly. These weekly social interactions and activities are important to them and help build resilience and relieve any anxieties about ongoing problems they are facing.

It's nice to come here during the week to have a break from personal things. So, if you come here, then you haven't got to – it takes your mind... Yeah, and just chat and chill. And then when you go back to home or whatever life you have, then it's a bit better (Teen Talk – Focus group).

For Derek who has dementia, his friendships at the club clearly have a positive impact on his mood and sense of wellbeing.

A sense of joy, a sense of um not pity, but more understanding and just a 'hello' or 'hi how are you?' is very meaningful. We just sang happy birthday and it's just I'm making the best of it (Derek, Dementia Café).

Eileen, who attends the Friendship Group held in the local community hall expressed similar feelings.

I get enjoyment and I think it uplifts you to listen to other people, mainly retired people I do enjoy it (Eileen, Halls – Friendship Group).

For Colin, meeting other people is what he most values about the asset.

The meeting of other people. Usually the people you know, but that's why Pam, a lovely lady, she always introduces new people to me. 'Sit next to Colin. You'll get on with Colin' (Colin, Dementia Café).

One of the most important aspects for the Project Nova participants we spoke to is the strong one-to-one relationships they had with Project Nova's support team and how this helped them feel calmer and more able to cope, reflect on their actions and deal with challenging events.

I definitely feel calmer, I can get a perspective and think about what's been said and done and to a certain extent it makes me aware of what's going on underneath and how to face up to it (Harry, Project Nova).

The fact that staff and volunteers genuinely care about the veterans was greatly appreciated by participants.

I look at it as, these people I've met through Project Nova so far, they do it because their heart is in it, not because of the money (Stan, Project Nova).

For veterans such as Stan, who have a history of broken and difficult relationships, friendships with members of the staff and volunteers were extremely important.

I feel as if through Project Nova I've built up a friendship. I've built a friendship up with Helen and I've built a friendship up with Colin ...or ...that boy on the phone ...What a lovely chap. All this, if I didn't have that support and especially them offering Hannah [his partner] support as well, I'd be in the world of shit (Stan, Project Nova).

'It's having someone that listens more than anything'

For Jack, another veteran the friendship and support he receives from the Project Nova team makes him feel valued and heard.

[It's] brilliant. It's that point of contact again, it's having someone that listens more than anything
(Jack, Project Nova).

Other asset participants spoke too about the friendships they formed with the group organisers and volunteers. That they felt valued and cared for really helped participants cope with challenges.

I was a bit later than normal and this morning Hazel rang up and asked if I was going and that made me feel so wonderful to think that she cares (Lorna, Halls – MS Group).

Fern, who attends the Dementia Café with her mother and father (who has dementia) feels the club supports her parent's mental health.

It supports them amazingly it gets them out the house when normally they wouldn't do that kind of thing so mental health wise I think it really does benefit them because otherwise they'd be stuck inside not knowing what to do (Fern, Dementia Café carer).

Belonging

Participants enjoyed being part of a group and expressed feelings of camaraderie with other members. They felt valued and respected and this increased feelings of self confidence and self-esteem.

Many participants regarded the community asset group they belonged to as a second family.

Everyone's got a family whatever but everyone in this club has got a bowls family ...everyone pushes the chairs out so you're in one huge circle so no one is left out and you don't feel isolated (Sally, Bowls Club).

For 82 year-old-David who has type 2 diabetes, lives alone in a trailer home and has very little contact with his family, the feeling of being at home at the Bowls Club is very important to his sense of wellbeing and reduces feelings of isolation. He attends the club daily.

...I wanted to be with people and be in the world sort of thing ...it's my second home really ...it gives me something to get up and go in the morning for (David, Bowls Club).

Seventy-five-year-old Peter a widower who also lives alone says he is never lonely. He goes to the Bowls Club 7 days a week says, 'this is my life basically'. He eats most of meals at the club and often takes a sandwich back for his supper.

Colin has early stage dementia and he tells us that belonging to the Dementia Café club every week is extremely important. Originally, members were given badges and although these are no longer required, he says he finds it reassuring to have it close by.

I've still got one of the old badges we used to wear. I still come with it. Always in my pocket. It's kept in my bedside drawer, but... I just – out of habit, you know. I know what day I'm going to club. Club's Wednesday. The Tuesday night I check my drawer and my pass is in there (Colin, Dementia Café).

Colin enjoys the banter and camaraderie on the dial a ride bus that takes many of the attendees to the venue.

There's [a woman] there called Nancy who's been coming here longer than me ...but we didn't know that she had a fall, ...[when she returned] I gave her plenty of banter when she got on the bus. I went, 'Who's this? Newcomer? Do you know where we're going?' It's all nice-hearted, you know, light-hearted. Good to laugh. We laugh every time (Colin, Dementia Café).

A sense of belonging was something that the veteran participants found challenging since leaving military service and the support they received from Project Nova was helping them to adjust to civilian life.

[We] just need to get out of there and be something, be part of something. Do you know what I mean? (Gary, Project Nova).

Family and Relationships

Many assets assisted in supporting members' families directly or indirectly.

Sally and her husband are both members of the Bowls Club and she told us how the club supported them in a variety of ways. Initially after a period of hospitalisation, Sally was very ill and unable to go the club and her husband didn't want to leave her at home but she encouraged him to return and she felt that this had helped them both.

Well they'd say 'oh how's Sally?' And he'd say 'oh not so good' and we're doing all of this and he'd be with the men and they'll talk, and men won't talk but they talk here ...I was worried that he might be on his own and I was worried that I might not get through it and I would say to him I don't think I'm going to get through this time and he'd be positive and say 'you will Sally you will', but at the end of the day I thought thank goodness we've got the club and I'll know that he's got people ringing him up. I think it enhances your relationship (Sally, Bowls Club).

Fern, who attended the Dementia Café with her father who had dementia found that both she and her parents had formed important friendships at the café that helped them cope.

Tim and his wife Ellen were both supported by Project Nova when Tim was released from prison. Ellen is 65-years-old and Tim is 81. Tim has early onset dementia; Ellen is not old enough to qualify for a State pension and has a long-standing mental health problem. They were living temporarily in a two-bedroom house with Tim's sons and were experiencing financial and other challenges.

It would bring me to tears as Nova knows, and to keep having the same thing and it triggers and adds to my depression (Ellen, Project Nova).

However, with the support from Project Nova, Tim's pension was released, they were able to claim for a carers allowance for the time Ellen spent looking after Tim and were soon to be housed.

Activities

Most assets generated opportunities for members to participate in physical, mental and social activities.

Mental and physical health

Participants reported that these activities benefitted their mental and physical health in numerous ways.

Ninety-one-year-old Bertha enjoys the social side of the Friendship Group who meet weekly in the local community church hall and realises how this also helps her to keep her brain active.

Well it keeps your mind active and I'm so afraid that I don't lose it! I love meeting people
(Bertha, Halls – Friendship Group).

Eileen, who attends the Friendship Group also feels it helps her stay mentally active:

Mixing with different people and talking about different subjects and it helps you mentally and bodily as well ...we've just had a quiz and it taxes your brain and makes you think whereas you wouldn't do if you were just sitting at home (Eileen, Halls – Friendship Group).

Eileen said that indirectly it helped her physically too insofar as getting to the club involved her walking part of the way.

Some participants enjoy the competitive side of activities and feel this benefits their mental health.

I like being in the [bowls] competitions you know with other people it helps ...mentally (David, Bowls Club).

Sally, who had suffered from a prolonged period of illness felt that belonging to the club benefitted her physical and mental recovery, especially her mental recovery.

I can't say high enough on lots of grounds physically and mentally [though] I should have said mentally first
(Sally, Bowls Club).



Many participants at the Bowls Club said they were encouraged to keep bowling by their doctors.

I used to play golf, but when I got my knee done I tried the golf again but I couldn't do it so I thought I needed a bit of exercise and she [the doctor] said 'it would be good for your weight' (Henry, Bowls Club).

Sally who has a long term health condition told us how she found the Bowls Club activity an invaluable part of her physical recovery from an acute episode. She describes the physical benefits of bowling.

Although its gentle ...you come and do a 21 ender and you're absolutely shattered. You use everything like if you go running you use everything like if you go walking you're using all of your muscles. You're not just using some you're using the whole [body] you're bending and stretching (Sally, Bowls Club).

Membership driven

Activities were inclusive and driven largely by members needs and wishes.

Activities for young people were very much led by members at Teen Talk. This was something that we witnessed during our observation sessions. The organisers were surprised when the older group of teenagers chose to work on large jigsaw puzzles as an ongoing activity. Their enthusiasm for this activity was apparent in the interview extract below where all 5 focus group participants contributed to the discussion:

We have a jigsaw puzzle thing as well. Last year we done a thousand pieces. ...It helps your brain, yeah... It's something different rather than just sitting around indoors all day doing nothing ...It's a good task to do when you just want to ...Just mindlessly ogle at something. Yeah, calm down and relax for a bit. Yes, it's something to focus on (Teen Talk, Focus Group).

Sally explained how the Bowls Club supports members who have disabilities and provides equipment to enable them to play with others.

We've got people with artificial legs, we've got gentlemen well in to their eighties – you can get adaptors to help you bowl if you're a little bit dodgy on your legs you've got a special stick and we've got a mobility scooter so people who can't walk up the rink can use (Sally, Bowls Club).

Patrick, who runs the MS meeting Group informed us how important it was to listen and share with all members.

...it's nice to hear people's stories about what they're going through and they ask me questions and I kind of help them, my own personal opinions about MS and stuff ...I think talking to people who totally understand what you're going through and you're talking to the right people and this is the best (Patrick, Halls – MS Group).

'It's nice to hear people's stories about what they're going through'

Learning

Most assets provided learning opportunities for participants. Types of learning included the learning of new skills, self-reflection, knowledge on health issues and knowledge on support resources available. Such learning helped to build resilience.

Many participants said how they enjoyed learning new skills.

***You don't have to be good, so they gave me a few lessons and from there on I stayed* (Henry, Bowls Club).**

The young people at Teen Talk told us that they learned a lot of new skills. The participants had all taken part in wildlife, nature, gardening, art and cooking activities.

***Well, they teach you new skills on how to cook, and plus, it's different – it's quite healthy food as well. ...plus where I think they do teach you on like how to waste less as well because people do waste a lot of food* (Daniel, Teen Talk).**

Nineteen-year-old Sam was proud that he had begun a new job working part-time in a café.

***Well, I came here when I was 12 and ever since I've been here, they've actually helped me on how to speak to customers and how to get over my fear of hiding when I speak to customers because I used to be petrified of speaking to them* (Sam, Teen Talk).**

In addition, Sam told us how he has autism but by making new friends and learning a lot of new skills he has gained confidence.

***[When] I first came to here, I was not in my comfort zone. Basically, I was a bit scared of what was going on. But I did make friends quite quickly. ...I've learnt how to do gardening, cooking, even like help Harwich out by cleaning rubbish up and we do a number of sort of things as well* (Sam, Teen Talk).**

Sharing experiential knowledge was another benefit valued by participants.

***They talk about their prostate problems and they say well I've got this, and I've got this and they all talk about it here. Before this I've never known men talk about everything like they do here* (Sally, Bowls Club).**

***You can get a certain amount of advice from other people. So, you know that other people are suffering in the same way that you are and you can bounce the problems that you have off other people and you can then understand whether or not other people are suffering in the same way that you are* (Timothy, Dementia Café – husband).**

'I've never known men talk about everything like they do here'

Fern explained that the dementia café have speakers who provide helpful information.

They have people come in and talk to us sometimes and there is a sitting service and I think the maximum you can get is 4 hours a week and again I wouldn't have known about that unless I'd come here
(Fern, Dementia Café – daughter).

'I think that it enables the person who is the dementia sufferer ...to talk to other people who are in a similar situation'

Safe places

Assets and activities took place in safe supportive environments, enabling participants to be themselves. These places were inclusive and embracing and helped to boost self-confidence.

My wife feels comfortable coming here. The environment that we are in is a friendly environment. We sit with the same people every week and we're able to exchange views and discuss – I think that it enables the person who is the dementia sufferer ...to talk to other people who are in a similar situation. It's only usually about personal matters (Timothy, Dementia Café – husband).

Daniel, like others participating in the Teen Talk focus group interview, commented on how safe he feels.

It feels safe to be here. Like, no one judges you, where you are. Everyone's welcome (Daniel, Teen Talk).

Carol, who lives alone said she frequently comes to the bowls club in the evening to watch her favourite football team on tv.

...so even if the men are playing outside, I know that someone is here and I know that I can leave the club and someone will be locking up I will come down and watch the football (Carol, Bowls Club).



Appreciation

The vast majority of participants expressed their gratitude to the organisers and were hugely appreciative of the asset provision. Many described the asset as a 'lifeline'.

Jane was also appreciative that the Uniform Exchange provided a free lunch on Fridays.

It's a food bank bag with food and toiletries and nappies so it does help

(Jane, Uniform Exchange)

Ninety-one year old Bertha said she would be heartbroken if the Friendship Group was no longer there.

I really would, you might get up in the morning and not have a lot of go in you but you have your shower and you get dressed and you come down here and you feel a better person (Bertha, Halls – Friendship Group).

Eileen, who attends the Friendship Group also feels it helps her stay mentally active:

Mixing with different people and talking about different subjects and it helps you mentally and bodily as well. We've just had a quiz and it taxes your brain and makes you think whereas you wouldn't do if you were just sitting at home (Eileen, Halls – Friendship Group).

When asked how she would feel if this Friendship Group wasn't running anymore? Eileen replied, '...I'd be upset, I'd be absolutely devastated I'd miss it.'

Colin who had been diagnosed with dementia, likened his attendance at the club to that of giving and receiving a blood transfusion. When asked what the club meant to him he put his arm out as he said:

...the club is my lifeblood. That's the way I look at it. I'd put my arm and have blood taken or given. I look forward to it so much every week. I really do (Colin, Dementia Café).

Lorna who has MS and lives alone has been attending the MS Group for the past eight years also feels

'...this has been a life-line for me' (Lorna, Halls, MS Group).

All of the veterans we interviewed felt that without Project Nova they would likely be dead.

I would have committed suicide, I'd have checked out long ago (Harry, Project Nova).

I would have either been dead or in jail. I probably wouldn't have gone to jail. I would have done something, I probably would have been told I was going to go to jail or could go to jail, couldn't have coped with it and probably done myself in. That's what would have happened (Stan, Project Nova).



Volunteering and Giving Back

Many members were not only recipients, but also made positive contributions as volunteers. This enhanced feelings of confidence and worthwhileness.

Patrick, who has MS runs the MS Group as a volunteer and is busy volunteering for the MS Society in a number of different ways:

...it gives me something to do or else I could easily sit at home and do nothing, and I don't want to do that, voluntary work is the next best thing to a job and putting something back into the community
(Patrick, Halls – MS Group).

Carol is social secretary for the Bowls Club and organises quizzes, day trips, and bowls events.

Many participants facing challenges were volunteering and giving back to the community where they could.

I had a house fire and I lost everything and the community came together and they filled up a trailer at a fair and that really helped and I know how it feels to be in that position financially as well as physically where you just can't afford things and that's why I like to give myself back. I do the food bank sometimes I do the trolley at the foodbank we've been in that position we lost everything that day and I know how it feels to be in that position (Linda, Uniform Exchange).

At first I thought oh my god I shouldn't do it because there's people worse off than me who can't afford anything, then I started doing it and I thought it helps me and then when I don't need it I'll bring it back
(Jane, Uniform Exchange).

Harry, a 59-year-old veteran, spoke about volunteering at his grandson's school.

I've got experience with the cubs and scouts I get down on my hands and knees to the same height as the kids and just forget I'm an adult and put myself on their level and you find – the kids love it ...I've bought stuff – pots and gloves because I know the school have a tight budget and I've got a wee bit of spare and I can't believe how wee children get so excited over some trowels and spades (Harry, Project Nova).

'Voluntary work is the next best thing to a job and putting something back into the community'

Findings: Part II

Case study vignettes

In part ii of our findings, for each of our assets we present contextual background information based on observations, informal discussions with asset organisers, relevant published information and photographs taken at each site. In addition, we have taken transcript extracts from interviews (one for each asset) and without adding words or changing the order of the text we have formulated i-poems. I-poetry as a research method and tool brings the voices of participants to the forefront (Gilligan et al, 2003). Each person's story is unique and so in presenting one i-poem for each asset we are not seeking to provide a 'typical' or generalisable narrative, but rather, these provide access to the human story – the 'lived experience' of a sample of our study participants.

Project Nova

Project Nova supports vulnerable veterans who have either been arrested and entered Police Custody, or who have been referred to Project Nova as they are deemed to be at risk of criminal activity. Staff and volunteers have military backgrounds, are skilled at engaging with veterans to understand their experience of military service, their lives before they joined the armed forces, and their transition back to civilian life. Project Nova undertake a needs assessment for each individual and puts in place specialist support from a network of military charities and other organisations. They then keep in touch with the veterans providing ongoing support, checking in and resolving issues when they occur.

Harry

Harry, aged 59, informed us that since leaving the army in 1992 he had periodically been in trouble with the police for violent behaviour and experienced ongoing anger management problems. He was diagnosed with PTSD in 1997. He overcame alcohol and tobacco addiction following a diagnosis of COPD in 2013 but he remains in poor health. He has in the past experienced homelessness and has recently made several attempts on his own life. Since leaving the army he had been in receipt of support from organisations such as the British Legion and others but found it difficult when services were removed and this had a negative impact on his ability to trust. He speaks extremely positively about Project Nova and the support that he gains through their understanding of his issues and in connecting with other veterans in similar positions. He is currently doing some voluntary work at his son's school.

Harry i-poem

I had been in trouble with the police

I was diagnosed in 97

I knew there was something wrong with me

I couldn't put my finger on it

I just thought it was normal

*I'd already had 3 nervous breakdowns
I got arrested for strangling my dog
I loved the wee mutt.
I couldn't control the blackness, the black fog.
I told them where to go.
I said 'your guys don't frighten' me 12 years 3 wars.
I was totally disgusted with myself*

*I let my guard down, you get used to someone and they bugger off
I couldn't recognise or understand, trying to control the anger was difficult
I can't even walk up the street when people get close to me
I've watched the fear in their faces as I've turned around
I panic because people walk right past me
I can't even hear them
I can't help what happens next*

*I definitely feel calmer.
I can get a perspective and think about what's been said and done
I felt like a human being, support from everybody else in the group was incredible*

*I'm struggling with a lot of it
I was doing gardening and landscaping
I've done lots of projects and designs - I felt so chuffed
I volunteered to do the reading and the gardening because that's something I can do
I've got the social taking me for everything I've got because
I'm 'fit to work'*

*I might not be alive in 13 months' time
I can't do too much, working in the shop is allowed because it's counted as therapy.
I'm lucky if I can get into town and back without getting out of breath and in pain.*

*I would have committed suicide
I'd have checked out long ago.
I've been stopped 5 times
I fight to stop committing suicide every day
I have fucking killed people
I've been in positions where I've had a gun at someone head
I shoved a gun in somebody else mouth
I've been lucky that I got picked up by Nova*

*I fight to stop committing suicide every day
I've got to justify why I want to be alive I have to keep telling me every day
I normally prefer flight – if I do fight
I know what's going to happen*



*I was diagnosed in 2013 with kidney, liver failure and COPD
I'm living on borrowed time; they say 'you've got 3 years left'
I've been dry and haven't smoked for six and a half years
I got past that time
I'm a stubborn bugger*

*I was determined to prove them wrong
I like being alive
I've got a lot to look forward to
I'm very lucky in a lot of ways
I try to help other veterans where I can
I recently got an award for helping people who are suicidal or depressed.*

Halls

The Hythe Community Centre is the main leader in the 'Community Halls in Partnership' Project' (CHIP) in Colchester. This project has enabled several community halls to develop new ways of working collaboratively by centralising the management and administration with the aim of forming a 'network' of appropriate and sustainable community buildings.

Data was collected from 2 different Halls that form part of the network. Specific activities that took place (2 in Hythe and 1 in Abbots Road) were selected due their proximity with a lower socio-economic catchment area, and to include a mix of potentially vulnerable groups (a mother and toddler group, a Multiple Sclerosis (MS) patient support group and an older person's friendship group).

Abbots Road Hall, Friendship Group

The group meets each Monday between 10am and 4pm. Lunch is served between at a cost £5 per person and the cost to attend the meeting is £1 per session. There are various activities available such as bingo and quizzes.

The Friendship Group used to be led by the Local Authority as the older people's activity centre. This was closed about 7 years ago after running for many years and supporting older people. Many present-day members marched against the closure and were very unhappy that it had been shut down. Five years ago, it was reopened by the Hythe Hall Group. Many of the original activity centre members returned and joined the Friendship Group.



Bertha

Bertha is a 91-year-old widow who lives alone. Every week without fail she attends the Friendship Group in the local community hall, enjoying the bingo and quizzes but mostly the social interaction. She originally attended an activity group at the same hall but despite the group members' protest the hall was closed. Bertha explained how this affected her emotional wellbeing and how grateful she was when the Community Centre Association took over management of the hall and started up the Friendship Group she now attends

Bertha i-poem

I always amuse myself

I live alone

I try to make myself happy

I am happy but my faith keeps me going

I love meeting people

I just love to come

I love to see people

I knit for the little African children

I might get up in the morning

I have my shower and get dressed

I come down here and I feel a better person

I feel well – as if I've done something

I converse and can tell jokes and talk about the past

I've got a big past



Hythe Hall: Toddler Group

The club runs weekly between 9.30 and 11.30 and is for parents and infants from birth to 3 years of age at a cost of £1.50. It is led by Merle a volunteer who has been running the club for 18 years. Other volunteers assist too. The group is assessed by the pre-school learning alliance. Merle and her colleague are safeguarding trained. The hall has a large car park with easy access and front doors opening automatically to help with mobility. The session run on first floor but there is a lift



Merle said she had seen many friendships formed through the group and this was supported by the interviews conducted. When children first arrive, there is free play time with toys laid out in the room and midway through the morning there is a tea/juice/biscuit break. After the break there is a craft session. We observed a painting activity. The session was noisy, fun filled and there was a lot of conversation between parents. Towards the end of the session there was a nursery rhymes activity.

There were 6 parents in attendance when we observed but there are usually 12 parents in regular attendance.



Tina

Tina is Mum to a 3-year-old boy, and they have been attending the group for almost a year. She places a high value on the social aspect of the group, not only for herself but also for her child. She encourages her son to mix with other children and enjoys seeing social aspect of his behaviour which otherwise she would not experience. She also appreciates the sharing aspect of talking to other parents and learning about how they have managed different stages of their child's development

Tina i-poem

I think you're getting a mix of people for the children to play with
I can see the benefit for people who are quite isolated
I don't know, toilet training or whatever and it's nice to bounce ideas.
I've got a social network, but it's still great for me
I love it
I think really, it's just getting together and everybody interacting.

Hythe Hall: MS Group

The MS Group meet every Friday between 10am and 1pm. It is supported by the MS Society charity. It is free to attend although lunch is ordered from a local sandwich shop and people pay for this themselves and tea and coffee are available for 50p. There are twenty people who regularly attend. The main aim of the group is to be provide a space for people to talk and share. We were told that they rarely talk about MS but speak more about current affairs and personal events etc. We observed lots of conversation and much laughter across the group.



Lorna

Lorna is a 64-year-old lady who lives alone. She was diagnosed with MS 10 years ago and has been attending the group weekly. She has made many friends and organises monthly social events for members. She feels strongly that the group gives her the social contact she needs and that she benefits from the support that members give each other.

Lorna i-poem

*I was diagnosed in 2010
I just feel now a new person -this has been a lifeline for me
I had a friend who I would come with
I just carry on
I can't cry now
I just plod on as if nothing has happened
I do love being here*

I think we all like each other

*I would be lost without it
I don't go out
I could have stayed at home
I thought no, don't be stupid so
I went and had a shower and done my hair
I got all the way round here
I got the phone call from Helen
I thought oh how brilliant
I'm so glad*

*I love being at home,
I think I would end up getting very very bored
I organise once a month for us to go out for a meal
I shall organise another one for March
I would be lost without it*



Uniform Exchange

The Uniform Exchange is run by DNA Networks, a Christian communities-based charity that supports people in need. The Uniform Exchange is one of its projects and has been set up to help alleviate the pressure on parents by providing the exchange of second-hand children's school uniforms. The Project is partnered with Colchester Foodbank. The exchange takes place in a variety of locations across Colchester. People donate uniform either dropping it off at pop ups, such as community fairs, church halls, Colchester Foodbank and parents' evenings or by bringing it to the shop (open 2 days a week), at the family hub or the East Hill Centre. We were informed by Izabela, who helps run the exchange, that many people who received uniform from the service donate uniform

back. She reported that the service has helped more than 500 families since being set up in January 2019 and it is getting busier as time goes on as they have become more well-known across communities and more aware of good locations to set up the pop ups in places where families in need may congregate.

When our researcher went along to observe the exchange taking place at a pop-up event at Hythe Community Hall, it was buzzing with people. There were different stalls and activities on offer and a there was a café at the entrance. Two 'customers' came in asking for uniform and they took items away. Before lunch over 2,000 items of clothing had been handed out across all organisations, with 400 from the Uniform Exchange. There were 20 families are on the waiting list for 10-12 years olds clothing of all types. Mark, who organises the exchange reported a current spike in the number of families needing support. Mark said that many families were struggling due to changes in the Universal Credit system leading to rent arrears and increasing costs of school uniforms.

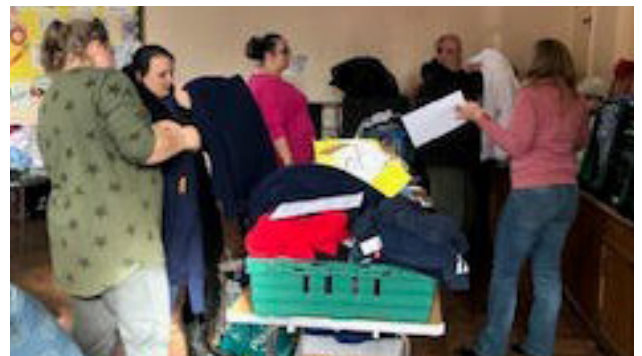


Linda

Linda is mum to 3 children, one of whom attends secondary school with the others still at primary level. She explained that even though her partner is in work, and they do not claim any benefits, they still struggle financially. The Uniform Exchange is a vital service for her family as without it they would have struggled to find the £200 uniform cost when her daughter moved up to secondary school. Linda was very keen to talk about how she wants to give something back to the community in which she lives, and she volunteers at the local foodbank. She also returns items to the exchange when her children have finished with them as she wants to help other families in need. She also wanted to send a very strong message to other parents using the Uniform Exchange that there is no shame in asking for help in this way.

Linda i-poem

***I got enough to get me by to next term
I mean uniform is expensive
I don't think I'm degrading myself
I know how it feels to be in that position financially
I like to give myself back
I do the food bank sometimes
I know how it feels to be in that position
I recommend it to people all the time***



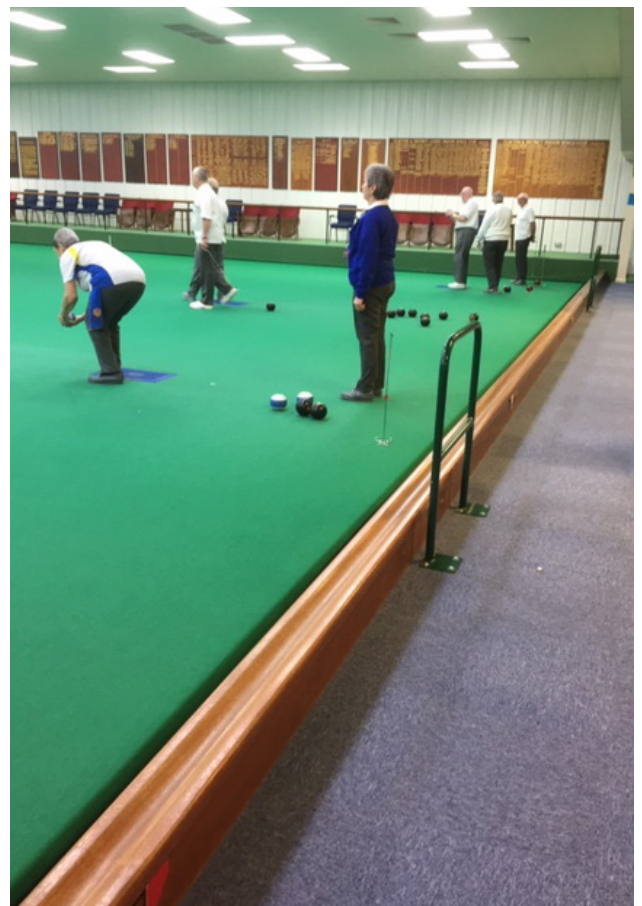
Bowls Club, Tendring

With 476 members (320 men and 145 women), the club is open every day from 9am until 7pm and is run entirely by volunteers. The kitchen opens at 9am and is run by a husband and wife team. The bar opens at lunchtimes serving alcoholic drinks. The club is self-funding and members pay an annual membership of £50 and pay £2 to play a two hour 'roll up'. An annual social membership only is available at a reduced cost. The club runs several social events throughout the year and some of these are to raise funds.

Some members are also members of outdoor bowls clubs in Clacton. Suitable clothing is required including bowling shoes. Second-hand suitable clothing is available. Membership has recently been in decline and James, the club's treasurer, said he felt that there were numerous contributing factors for this including less money due to people now retiring with smaller pensions and with mortgages still to pay. There has been a noticeable drop in female members which James and other volunteers attributed to the delayed State pension age for women. Several of the women we spoke to also mentioned this as a factor.

The club aims to be inclusive as all games are mixed men/women and people with disabilities are accommodated. A wheelchair is available that has rollers instead of wheels so it can go on the carpet, a grip tool is used to help bowlers pick up the bowls to reduce the amount of bending and a section of the side of the green is removable to allow access for disabled players. There are specially designed bowls with a better grip for those players suffering from arthritis. On Saturday mornings the club is open to young people. James told us this was to raise the profile of the game and to encourage social interaction between the generations.

During the observation sessions we found that when people arrived, they struck up a conversation immediately. New members were greeted and shown around. During roll-ups there was a great deal of encouragement between players with clapping and patting on backs. Between bowling, groups of people sat together chatting and laughing. At one time several men were sitting round a table with drinks and laughing.



David

David is an 82-year-old man who lives alone and struggles with various health conditions. He has been a member of the club for 13 years and attends 6 days a week calling the club his 'second home'. He eats most of his meals at the club and so rarely prepares food at home. Having no family of his own he classes his club mates as his family and explained how without the club he would struggle with isolation and loneliness and how he appreciates being able to share his thoughts and feelings with other members:

David i-poem

*I drive here every day, this is my life
I should get a bed here
I always come here for my dinner
I am here at 9.30 and then I have my breakfast
I'm not lonely

I've been vice captain and I've been captain
I'm a volunteer – if they want a marker or umpire
I'm doing alright for my age
I'm doing very very well
I'm keeping active

I lost the wife this kept me going
If I didn't have the club I think I would pass away
I'd lose all interest in life*



Teen Talk, Harwich

Teen Talk is a charity offering a free and confidential information and support service and a range of activities for young people to gain new skills and meet new people. The young people who attend have may be experiencing a range of challenges including bullying, bereavement, housing, anxiety, self-harm and even suicide. They offer a range of activities to suit different ages and the service is designed to build young people's confidence and social skills. They like to develop new sessions that include the skills young people tell them they want to learn. The charity has been in existence for 23 years and provides volunteering opportunities for both young people and adults.



We met a small group of eight or so young people who were older teenagers in a prefabricated building in the grounds while a younger group were engaging in a cooking activity in the main building. Fern, the activities leader facilitated the session and introduced us. We explained the study to them first and they were engaging and asked intelligent questions about the study before providing consent to participate in a focus group interview the following week. They told us a about their jigsaw they were working on and talked about the recent gardening and project they had been engaged with. They were relaxed, chatting with each other, and later they shared pancakes (it was Shrove Tuesday) and drinks.

Bernie

Bernie is a 27-year young man who has struggled with depression and anxiety from a young age and was bullied at school. He has been attending Teen Talk, since he was 13 and explained that in Teen Talk he found a space where he is able to express himself, have a voice and feel that he is being heard. He also values being with like-minded people and how the group has helped him develop new skills and gain confidence. He has now reached the stage where he wants to give something back to Teen Talk, and whilst he has been volunteering with the group for some years, he has now secured a permanent paid role as Activities Coordinator. This was something he was very excited about.

Bernie i-poem

*I think I first came here when I was about 13
I was really young
I'm 27
I had a lot of problems like bullying
I had some mental health problems
I had a voice to listen

I don't know, it just takes you away from all the stuff
I had really bad anxiety talking to people
I'd just freeze up
I couldn't have eye contact.
I'd always be looking around

I talked to counsellors at school and stuff
I just felt like, not to sound cliché
I was just like a tick box on a list
I didn't feel like I was being spoken to
I just – you come here, and you just feel you've got a real voice.
I don't think I'd be half as sociable as I am nowadays.

I've got this great experience from Teen Talk
I don't know what happened. Something clicked in my head.
I just thought, you need to wake up.
I got out. Started eating healthier, exercising, losing weight.
I eventually got there*



*I don't know what it was, just you need to help others.
I started to volunteer in the groups.
I don't care if I'm not even getting anything for it
I just want to help people
I've climbed the ladder!
I'm really excited to be working with them.*



Dementia Café

The Dementia Café is run by Tendring CVS and is a place for people with dementia, their families and friends to meet up. They group convenes weekly from 10am until 12 noon. The Alzheimer's group visit on the 1st and 3rd week each month and offer support. They use a room next door where café attendees can go and ask for support. On the occasions when we observed the place was buzzing with people grouped around tables in loud conversation. Approximately 50 people attend regularly. Tea, coffee and biscuits were served for £1. There was a mixture of family members and people with all stages of dementia. There were ten fully trained dementia volunteers in attendance. Trips out are also arranged, and we were told of a planned forthcoming visit to the Tiptree jam factory at a cost of £16 including transport and cream tea.

Caroline, the CVS organiser, spoke very keenly about how various groups in the area communicate with each other. There is a monthly breakfast club for organisations to get together, share ideas and keep each other informed about their services. Caroline spoke passionately about the strength of the area was how much there is a sharing between groups. She said many people who attend the Dementia Café have benefitted from this.



Colin

Colin, aged 68, had a successful career as an accountant working in London. However, at the age of 40 he was diagnosed with a rare form of dementia. He eventually retired to Clacton and lives with his very supportive wife. He attends the Clacton Dementia Café each week rarely missing a session. The café provides him with a great deal of support, advice and guidance but the greatest benefit he realises is the friendships he has made and the banter that he enjoys each week.

Colin i-poem

I never miss club, one of the highlights of my week

I love it

I never miss it at all

I've never had one day sick from club

I'm quite agile

I'm quite steady on my feet

I'm a lucky man

I'm really lucky

I know what day I'm going to club.

I love coming people say 'What do you do?'

I said 'sit and talk', that's all it's about.

It's all nice-hearted, you know

I've got to know Jim quite well

I got worried when he wasn't here

I said, 'no Jim?' She said 'he's coming back'

I can't dance to save my life but

I get up and make an effort at the Christmas party

I like all that. You make an effort. It's all about making an effort

I don't see a doctor regularly because I'm quite healthy

I like walking around because I'm able

I love shopping

I love going to Home Bargains and them sort of places

I'd put my arm and have blood taken or given.

I look forward to it so much every week.

I really do

I love coming, it's a lifeline



Discussion

Vulnerable Populations

It is evident that the assets we have explored in this study are all very different. Our sample includes assets that provide activities and places (community halls) that facilitate these. While some assets were available once a week, others such as the Bowls Club and Teen Talk were available to members during the day and in the evenings. Project Nova participants could access support 24 hours a day, seven days a week. Some assets were self-funded, others were partly supported by national organisations, charities and local authorities. All were providing support for communities that could be described as vulnerable. Vulnerability was determined by location as we focused on areas of comparative social and economic deprivation, age and health. Approximately forty percent of participants were aged 65 and over. In table 2 we have interpreted our data to give an estimate on the level of vulnerability for each category. Clearly a more robust assessment would involve the collection of quantitative data based on people's income, post code, age and health and disability status.

Table 2: Categorization of Vulnerabilities

Assets	Socio-economic	Aging	Health/disability
	HighLow	HighLow	HighLow
Bowls Club	■	■	■
Teen Talk	■		■
Dementia Cafe	■	■	■
Project Nova	■		■
Uniform Exchange	■		
Halls – MS	■		■
Halls – Friendship	■	■	■
Halls – Toddler	■		

Essential Characteristics

Despite the heterogeneity of the assets studied, common themes emerged throughout. In order to better appreciate the 'essence' or key defining characteristics of what might be considered an effective asset, we are drawing on the sociological concept of an 'ideal type'. Ideal types should not be confused as 'ideal' in the normative sense, but rather, an ideal type is an analytical construct used to ascertain similarities as well as deviations in concrete cases (Clegg, 2017). An ideal type is a methodological tool that looks at reality objectively by scrutinising, classifying, systematising, and defining social reality for classification and comparison. Table 3 reveals the principal characteristics that might be present in a community asset. One could expect most, but not all these characteristics to be present as much depends on the particularity of the asset and the population of participants.

Table 3: Assets, 'Ideal Type' (Key Characteristics)

Social Interaction between members. Social interaction between members, organisers and volunteers. The facilitation of social interaction is key
Opportunities for information sharing. <ul style="list-style-type: none">■ This should include signposting to services by asset leaders
Safe, accessible and inclusive environment. <ul style="list-style-type: none">■ This should include the physical environment and how secure members feel in the setting with regards to trust and mutual respect.
Listening to and acting on members' preferences. <ul style="list-style-type: none">■ Assets should be responsive to the needs, preferences and wishes of its members and should actively seek feedback from members.
Activities <ul style="list-style-type: none">■ These need to be relevant to the aims of the asset and the cohort of members, mindful of the potential physical, mental and social benefits.
Opportunities for volunteering
Support for volunteers
Holistic and Caring Ethos

Social Connectedness

Our findings show that across all assets an overwhelming benefit to participants is the formation of social connections. This finding coincides with the asset mapping conducted by CVS Tendring (2019) which reported that providers of assets claim that the social aspect is as important, if not more important than activities provided. Human beings, as the ancient Greek Philosopher Aristotle argued persuasively, are fundamentally social in nature (Leontsini, 2013) and yet arguably this basic human need is perhaps given less attention than it should by public health policy. Participants in our study gave numerous examples of ways in which friendships with members and asset leaders provided practical and emotional support and through these social connections they fostered a sense of 'belonging'. Many participants reported how this facilitated their ability to cope with the challenges they faced. Thus, community assets appear to help individuals build 'resilience', that is, 'the ability to successfully adapt to stressful circumstances, and therefore effectively manage stress' (Maybery et al, 328: 2009).

Social connectedness with others is widely recognised to be a predictor of resilience (Fuller et al., 1999; Norris et al., 2008) and it is also an important determinant of wellbeing (World Health Organisation, 2003). Some participants revealed how the social support they received from the asset helped in their recovery from illness. This finding is supported by research which shows the importance of social support in increasing resilience and promoting recovery from illness (Pevalin and Rose, 2003). A recent large scale longitudinal study also found that over a seven year period, those with good social relationships had a fifty per cent greater survival rate when compared with those who had poor social relationships (Holt-Lunstad et al., 2010).

Preventing Social Isolation

It was clear that many participants, particularly, though not exclusively, those living alone, would feel socially isolated and bored if they were unable to attend the assets. Social isolation is defined as a state in which the individual lacks a sense of belonging socially, lacks engagement with others, has a minimal number of social contacts and is deficient in fulfilling and quality relationships' (Nicholson, 2009: 1346).

Social isolation is common in older life and a review of the literature estimates the prevalence of social isolation in older adults living in the community in non-institutional settings may be as high as forty-three per cent (Nicholson, 2012). This review also confirms evidence from numerous studies that show social isolation has a detrimental health effect on older adults, including increased risk of mortality, dementia, risk for re-hospitalisation and an increased number of falls (ibid).

Younger participants too reported feeling isolated, whether geographically or due to poverty. Being part of a community and sharing experiences with others helped to alleviate this.



Activities

Participation in physical and/or mental activities was clearly something that participants enjoyed. Evidently, both have health and wellbeing related benefits. The range of activities varied greatly. For example, the Bowls Club provided the greatest opportunity for physical activity and hosted quiz evenings and days out. Also, Teen Talk provided a range of physical and mental activity opportunities for young people and linked with local charities and organisations to facilitate the learning of new skills, including cookery, painting, gardening and sailing. However, there may be a tendency in public health policies to promote physical activity as the main health and wellbeing driver, without fully appreciating the relationship between social connectedness, physical and mental activities and wellbeing. For some participants just attending the asset helped them get out of bed, leave the house, catch a bus and recover from illness. As the data demonstrates, many participants regarded the asset as a lifeline.

Transport

Poor quality and costly public transport exacerbate health inequalities in socially deprived communities, especially deprived coastal communities (Community Voluntary Services Tendring, 2019). Our study shows that community transport links play an important role in supporting communities. For communities in Tendring that are more socially isolated vulnerable people can become more vulnerable if transport links are lacking. For one of our participants, an older man in poor health who is unable to drive and who is the primary carer for his wife who has dementia, transport to the local supermarket and for hospital appointments is essential. For young people such as our Teen Talk participants, who live in neglected areas with poor transport links, visits to hospital and to larger towns for leisure become challenging and somewhat prohibitive.

Holism and Trust

Another major aspect of the assets that participants appreciated was how much providers, volunteers and members genuinely cared about them. They felt heard, understood, listened to and valued. This was often in stark contrast to participants' experiences with more formal statutory health and social services. It was clear that for those who had poor prior experiences with services (this applies particularly though not exclusively to the veterans) that this undermined their trust in services leading to feelings of betrayal, exclusion and anger.

From our observational and interview data we identified an ethos of participants leaders, volunteers and members being 'all in it together' and participants were regarded in a holistic way. The leaders we spoke to identified with participants, came alongside them and were keen to meet their needs in the context of their everyday lives and in non-judgmental ways. Indeed, in many cases support was provided directly or indirectly to members' families. The relationship between assets leaders was less based on a service delivery model with 'clients' and more one on mutual respect and a common goal.



Volunteering

All assets promoted volunteering in one way or another. Some, such as the Bowls Club in Clacton, were run entirely by volunteers and other members volunteered for other charities and groups. In speaking to asset leaders, we found that supporting and training volunteers required a great deal of effort and resources, but that all were keen to do so. Participants spoke of how they volunteered because they wanted to be useful and to give something back. It was clear that many grew in self-confidence as a result. Volunteering is increasingly acknowledged as beneficial to health and wellbeing (Mundle et al, 2013) and can reduce social isolation, exclusion and loneliness (Farrell and Bryant 2009). A recent report by The Kings Fund (2020) advises that in promoting community-based assets local authorities should support volunteering.

Conclusion

Overall, this study reveals that community assets provide strong social networks of support for vulnerable populations and that they ameliorate some of the negative wellbeing outcomes of age-related health and wellbeing determinants and regional social and economic inequalities.

One of the questions we asked all participants was 'what would it be like for you if this asset did not exist?' Most participants replied that it would be detrimental to their wellbeing, with some suggesting that they would not be alive without the support they receive. For some participants support from the asset prevented suicide. We carried our last two interviews at the Dementia Café in Clacton on Wednesday March 12th, eleven days before the announcement of the UK's lockdown due to the COVID-19 virus. Given how much participants relied on these assets for their wellbeing, we were concerned to know how they were fairing under lockdown and have conducted some follow-up telephone interviews presented as an epilogue at the end of this report.

Study Limitations

One of main strengths of this study is the rich descriptive data that provides in-depth insight into the lived experience of participants. However, it would be useful to have collected additional quantitative data on the socio-economic status, ages, and other health related material. Nevertheless, there are inevitable ethical challenges in building good participant rapport and collecting personal health and social class status data from participants.

While qualitative data of this nature is not considered 'generalisable', relatively small scale yet in-depth qualitative studies can mean the findings are 'transferable' to other contexts, situations, times, and populations (Guba and Lincoln, 1989). The study presents a snapshot of community assets and although participants' accounts provide some biographical historical context, a longitudinal study could provide more evidence of wellbeing improvements over time.

Finally, we found there was a lack of ethnic diversity in the assets we studied. It would be important to explore assets whose membership is made up of more diverse and minority populations.

Recommendations

Promote Assets

It is important to promote the community assets identified here and others identified by CVS Tendring and Colchester Community 360's asset mapping exercise. We suggest that CVS Tendring, Community 360 and the Rural Community Council of Essex, through their Community Agents and United in-Kind Health Champions, can play an important role in raising the profile of community assets more generally.

Funding

Small grants should be made available to community assets, particularly to support those in areas of social and economic deprivation. Asset leaders should be helped to apply for grants from the Big Lottery and other charities.

Asset Seeding

Help should be given to establish community assets in places where few if any exist. The afore mentioned asset mapping exercise should help with this. However, community asset seeding should resist institutionalisation with targets for numbers set up etc. Distinctive features, such as flexibility and person centredness, should be maintained - and not be based on a client service model. It is important to preserve the distinctiveness of community assets and to avoid transforming them into mini versions of statutory services. Assets cannot take the place of statutory services, nor should they.

Social Prescribing

Recognising that people's health is determined primarily by a range of social, economic and environmental factors, and that there is growing evidence on the effectiveness of social prescribing, GPs and other health care workers should use social prescribing mechanisms to refer individuals to community assets.

Training

Community asset leaders and volunteers supporting community assets should be offered free training on topics such as safeguarding, active listening and life-coaching skills, and tools to assist with the signposting of relevant information.



Social Context

This study demonstrates the importance of understanding the role of context and place in supporting communities and those that reside there. The interface between healthcare services and individuals' needs to be more responsive to the locations and circumstances of individuals. It is important to recognise that to enhance people's health and wellbeing it is necessary to look beyond the narrow confines of individuals' physical and mental health profiles, to their broader family, community and geographical circumstances. This includes enabling community transport provision to improve health and wellbeing.

Evaluation Studies

This study has identified the key characteristics of community assets and, drawing on these, an evaluation tool should be developed, and, alongside members' feedback, this should be implemented to evaluate and assess the quality of community assets.

Further Research

Further research should be conducted into the impact of COVID-19 on communities and how community assets can play a crucial part in recovering from the impact of lockdown and COVID-19. Given the increasingly important role volunteers will continue to be playing in a post-COVID-19 world, further research should be conducted into the experiences of volunteers and how best to support and develop their endeavours. Further research should also be conducted to address the gaps in community asset research for populations such as BAME and LGBT.

Strategic Model

These recommendations should be considered by those currently developing the North East Essex Health and Wellbeing Alliance's Strategic Model.



Epilogue:

Life under lockdown

Our study findings show that one of the overwhelming benefits of community assets is the wellbeing that participants acquire through social connectedness with others. Many participants reported how social bonds, formed through community assets, facilitated their ability to cope with challenges they faced. Given that many participants, particularly, though not exclusively, those living alone, felt that they would feel socially isolated and bored if they were unable to attend the assets, we felt it was important to find out how participants are managing with the closure of community asset facilities due the COVID -19 lockdown.

After gaining ethical approval to conduct telephone interviews, and with the agreement of asset organisers to facilitate this, nine interviews were conducted. Unfortunately, we were unable to get a response from all assets group organisers, but those who responded invited all prior participants to participate, and we interviewed all who came forward. Interviews were carried out at the end of April, one month after the lockdown began.

The Dementia Café, Clacton-on-Sea

The Dementia Café is run by Tendring CVS and is a place for people with dementia, their families, and friends to meet up. The group convenes on a Wednesday from 10am until 12 noon. Dementia cafes are known to increase social inclusion and peer support, prevent isolation and enhance the emotional wellbeing of those attending (Greenwood et al., 2017). Our research supports these findings and emphasises the importance of friendships forged at the café and how much of a positive difference these weekly meetings made to attendees' lives.

Jane

In our initial interview Jane, spoke about the challenges she faced living with and caring for her husband who has dementia. She had found his aggressive behaviour challenging and consequently she did not sleep well. Jane had been attending the café for seven years and during this time she said how much she appreciated the friendship, support and helpful advice and information she received. She very much valued the opportunities to share experiences with others.

Jane admitted that both she and her husband are finding it hard as before lockdown they led very active lives, going out for various activities most days. Her husband is now often 'grumpy and frustrated' and does not really understand why they are not allowed to go out. He also misses his friends at the café.

He does miss them. He keeps saying how much longer, how much longer?



'I classify myself as more fortunate than some, I'm very lucky'

Jane says she is not 'feeling great' and tries to keep herself occupied by doing tasks such as painting the fence, gardening, and doing jigsaws.

However, she feels particularly grateful that she lives in a bungalow, that they are financially comfortable, and for the support she receives from friends, family, her local church, and Dementia Café volunteers. Lots of people have been phoning her and offering to help.

The [people at] church have been very good they have a rota and you know each week one person rings me every week and other people will ring in between and that's very nice

Jane feels comforted and reassured knowing that people care and is particularly reassured knowing that her friends who are volunteers at the café, would be there for advice at any time.

I know who I could ring if I was desperate, Moira and Norman, ...they are great friends of ours and they're volunteers at the café and I can ring any time night or day. ...It's a great comfort.

Jane's daughter is helping with shopping and her granddaughter brought her an iPad early on in lockdown. Although she had not previously used one, with her granddaughter's help, she became able to do so and can now see her great-grandchildren playing. This helps her feel less isolated.

Overall, while she is struggling in not going out, Jane described herself as 'coping' and she reflected on feeling more fortunate than others.

It's hard on both of us [but] everybody is in the same boat so we're not the only ones, are we? ...I classify myself as more fortunate than some, I'm very lucky.

Derek

Seventy-seven-year-old Derek has early stage dementia and lives with his wife and teenage daughter. Derek previously told us how he values the social aspects of the Dementia Café and how this benefitted his mental health.

When asked how he is coping with lockdown and not being able to attend the café, he replied:

I guess I'm staying at home and being obedient ...a lot of people are not of course, but I think it's the least we can do especially for the officials and we won't get anywhere unless we all work together.

Derek was keen to tell us that he is obeying the social distancing rules; 'it's 6 feet -2 metres, isn't it?' He says his wife keeps reminding him about it when they are out and that he only goes out to take the dog for a walk in the afternoons.

He misses his friends at the café but Caroline (the Dementia Café organiser) keeps in regular phone contact. He feels that 'people on the front line are doing an excellent job', which seems to give him some reassurance.

Timothy

Timothy cares for his wife who has dementia. Their son and daughter live some distance away and they have been attending the café for about three years. Timothy's wife has problems recognising who he is and forgets who other family members are too. During the initial interview he revealed how he has found this particularly difficult as she often asks him where her husband is. He found the support he received from the café to be invaluable. He appreciated the opportunity to share with other members and the helpful information and insight about dementia support that various visiting speakers provided.

Timothy is quite a reserved gentleman, but he tells us that since lockdown he feels 'personally sad' that the café is closed.

We sort of had quite a few connections with other people who were going there and we were able to build up a relationship and openly discuss the problems we were encountering ...it was a way of getting things off your chest. [Not being able to share with others] makes it somewhat difficult because you get the same problems cropping up and they then become a burden to you.

Timothy feels that his situation is not as bad as others. He and his wife get out for walks, they have a nice garden. Also, his wife was quite amenable, physically well and enjoyed coming to the café. Since lockdown he has kept in touch with others on the phone and has had regular phone calls from Caroline (the Dementia Café organiser) to check if there is anything they need. Their family too keeps in touch by Skype and they have offers of support from friends.

Timothy was keen to tell us though that while the support he currently receives helps them, 'I wouldn't want that to take over from the café itself – people thinking that you've got adequate support that is not the case'.

Clacton & District Indoor Bowls Club

Our study participants described the many perceived health and wellbeing benefits they gained by belonging to the Bowls Club. While undoubtedly there are known physical health benefits such as strengthening bones, muscles and joints and improved hand eye coordination (Peninsula Treatment Centre, NHS 2020), participants spoke of how they valued the social aspects of the club. They enjoyed the friendships they made and felt a strong sense of belonging. Some regarded the club as a second home. With 476 members (320 men and 145 women), the club is open every day from 9am until 7pm and is run entirely by volunteers. The kitchen opens at 9am and is run by a husband and wife team. The club is self-funding and members pay an annual membership of £50.

Peter

Peter, who lives alone having been widowed twelve years ago, has been a member of the Bowls Club for twenty-two years. In the first interview he described how he attended the club daily, ate all his meals there, and how the club was 'his life'. He has family but they live over 60 miles away.

When asked how he is coping with life under lockdown he replied, 'very badly'.

I've got nothing to do at home to be honest basically they've taken my life away from me. ...I'm still not allowed out and that's the biggest problem.

Peter explained that he is adhering strictly to the lockdown rules by staying in his bungalow and small garden. He tries to keep himself occupied by doing jigsaw puzzles but is really struggling to keep himself from 'going insane because of the boredom'.

Friends from the club are keeping in touch by phone and neighbours are helping with shopping. He also receives a supply of frozen meals from the husband and wife team who normally cook the meals at the club. He appreciates this and says that these things make a difference. He calls friends and family when he needs to.

I do occasionally get on the phone to save me going berserk.

He really misses mixing with people at the club and helping others there, '...it kept me occupied'.

The Bowls Club was my life ...not only does it give me entertainment it gives me my friendship with other people and my meals with other people.

He says he is 'surviving' but that he is hoping the club can open again soon.

David

Eighty-two-year-old David lives on his own, has several long-term health conditions, and has no immediate family. In his initial interview he revealed how he struggles with feelings of isolation and loneliness and that his daily attendance at the Bowls Club provided him with a 'lifeline'.

When asked how he is coping under lockdown he replied, 'not very good'.

...I live in a mobile home and it's so quiet up here normally. It's even worse at the moment everywhere.

...I've been a bit depressed but that's natural I suppose. I've suffered with my nerves in the past but I think it gradually comes back to you when you're not speaking to people and we've got too much time to think.

He says he is trying to keep himself busy and given that he previously ate all his meals at the club, he has had to learn to cook again. Although he has no garden as such, he gets some exercise by walking in woods behind his home and doing some tai chi exercises inside his home. However, he says that 'there's only so many things you can do on a lockdown day' and that he really misses his friends (who he regards as his family) and the fun and laughter at the Bowls Club.

Well the company and the laughs you always have a laugh with your mates and the banter there's a lot of banter going around when you're playing.

He does his own food shopping, although others have offered to help, and he receives regular phone calls from club members.

Unsurprisingly, David is very much looking forward to the Bowls Club reopening.

It will be a blessing when that reopens again you don't appreciate these things until things like this happen.



Friendship Group, Abbots Road Community Hall, Colchester

The group meets each Monday between 10 am and 4pm. Lunch is available at a cost of £5 per person, and the cost to attend the meeting is £1 per session. There are various activities available such as bingo and quizzes.

Our research shows that the Friendship Group was highly valued by participants who felt it benefitted their emotional wellbeing. This finding is supported by research that shows community based social activity support groups can have a positive impact on older people's sense of wellbeing (MacKean and Abbott-Chapman, 2012).

Betty

When interviewed previously, eighty-two-year-old Betty, who lives alone, told us how much she relied on the Friendship Group, how she felt devastated during its original closure a few years earlier, and how pleased she was that it had eventually reopened.

In the follow up interview she describes life under lockdown as 'blooming horrible'.

...it wasn't so bad to start with but now it's going on and on and I feel really shut in especially when you can't have no one coming to see you and when you do they're standing miles away, I really feel horrible I don't go out now.

Betty's children are doing her food shopping, but she finds the social distancing emotionally difficult.

...my daughter has done some [food shopping] today for me and it's awful when she knocks at the door and I see her walking away and all my shopping is on the step and I do feel awful that she can't come in and have a cup of tea.

She occasionally reads a book while sitting on a chair in the small shared outside green space adjacent to her home. Betty finds the restrictions required of older people hard to bear.

We can't do this we can't do that they don't know whether they'll extend it for old people.

The social isolation she is experiencing is having an impact on her mental wellbeing.

...I'm getting to the point now where I can't be bothered, I sit there and still don't put my telly on. I never put my telly on during the day ...people my age they're dying, and I used to think I'm doing really well, and I used to stay active and I've just let myself go.

She is particularly concerned about the consequences for her should the lockdown restrictions be extended for older people.



Eileen

Eileen has been a member of the Friendship Group for five years, and when first interviewed she told us the reasons for her joining the group were for companionship and to benefit her mental health.

When asked how she felt now that the group is no longer meeting, she replied:

Oh, I'm at a loss not being able to go down there to be honest I do miss it greatly.

Eileen keeps herself busy as much as she can and is glad that she has a small garden and is receiving support with shopping and has telephone contact with family, friends, people from her church and neighbours but she misses going out.

I've got my garden I potter around there and then I do something else and then I do a bit of a jigsaw, but I like to get out and about a lot.

She is finding the social isolation of lockdown more wearing as time progresses.

I was alright for the first 3 weeks, 'oh it's not too bad I've got plenty of things to do round here' and now this week I'm a bit fed up with it.

Eileen looks forward to the club resuming but she doubts that things will be as they were.

I don't know if they will get back to normal, I think things will change a lot when we are unlocked.

Bertha

Ninety-two-year old Bertha had been regularly attending the Friendship Group for approximately four years. She lives alone having been widowed for twenty-one years. During the initial interview she was keen to share with us how she felt the club really helped to support her mental wellbeing.

When asked how she is coping now under lockdown she replied, 'very well'. While she acknowledges she is isolated and alone, she accepts that socially isolating needs to be done to save lives.

I know life is very lonely at the moment but ...you can console yourself, and you know the reason you're lonely, but I don't feel lonely. ...you must do what the government tells you to do and isolate yourself.

Bertha also feels it is her duty to do this given this given how many have lost their lives.

its dreadful to think the people who have gone and the workers who have put themselves at the front to help us.

Bertha has a large family who are very supportive. She told us how they all keep regular contact with her. Her daughter does her food shopping and leaves it at the front door and her son comes once a week to cut the grass. She also feels lucky to have a large garden and she takes much pleasure in that.

I've got five children and you know and they all in turn they keep in touch they phone and anything I want they get for me so I'm very lucky.

She also keeps in telephone contact with several friends from the club. She accepts that the club must remain temporarily closed, but she is looking forward to it reopening at the right time.

MS Group, Hythe Community Hall, Colchester

The Multiple Sclerosis support group meet every Friday between 10am and 1pm. It is supported by the MS Society charity. It is free to attend, although lunch is ordered from a local sandwich shop and people pay for this themselves. There are around twenty people who regularly attend. The main aim of the group is to be a space for people to talk and share.

Patrick

Now in his forties, Patrick was diagnosed with MS at the age of twenty-six. He volunteers for the MS Society and organises the local MS Group in Colchester. In our initial interview with him he told us how much he enjoyed this as it keeps him very busy and that he enjoyed sharing and helping others.

When asked how he is coping in lockdown, he replied, 'I'm okay at the moment. I'm isolating, I'm shielding'. He is not going out 'even for exercise' and his wife who has been furloughed from her job is at home too and cannot go out to do food shopping (apart from using the click and collect service) as she is protecting him. He realises that having MS makes him more vulnerable.

Yeah, it is a bit worrying when people are dying all the time my family know people who have died because of it um the majority have got underlying health conditions.

Although for most of the interview Patrick was keen to speak about others, he admitted that the shielding and social isolation were getting more difficult for him especially when he was able to see others walking about outside.

I'm starting to feel it a little bit, and my wife is at home, my wife and the dog and I see people walk down the road and things out the window.

When asked if he was receiving any support, he replied, 'I don't really need it except speaking to people'. However, he has just set up a virtual online coffee morning for the MS Group to meet and while it does not take the place of meeting in person, he says it helps.

***'I don't think it will go back to how it was at all...
who knows what's going to happen'***



I mean they said they missed the coffee mornings every Friday as people have been going there for years like myself every Friday and all of a sudden, it's not there anymore... People are missing it and I've been contacting a lot of people and they've been contacting each other we're keeping the coffee morning but on Skype.

Towards the end of the interview Patrick reflected on a question that was put to him during the initial interview.

It's funny when you said how would you feel if the group closed, I remember thinking it won't ever close but then we were closed a few weeks after.

Patrick doubts that when the group reopens if things will ever be the way they were.

I don't think it will go back to how it was at all ...who knows what's going to happen. I think at the moment, we're trying to get by and keep in contact with people.



Conclusion

Life under lockdown is clearly a challenge for many of the study participants. All of those interviewed were shielding due to age or for health reasons. All but one who participated in the follow-up interviews were elderly and retired. Everyone accepted the reasons for the lockdown although a few people were continuing to do their own food shopping, despite having offers of help from others. Many participants expressed empathy and solidarity with others such as those working on the 'frontline'. Those living alone and some distance away from family were finding lockdown most challenging and a month after lockdown a few were beginning to feel isolated and depressed.

In most cases community assets leaders and members were keeping in contact and alongside support from local churches, friends, and neighbours this was appreciated by all. Everyone was looking forward to the reopening of community asset facilities although, most realised that things would not be as they once were. As the virus subsides, and social activities begin to resume more fully, the challenge will be to re-establish them in safe ways to meet the health and wellbeing needs of members to engage in social activities with others.

References

- Antonovsky, A. (1987). *Unravelling the Mystery of Health - How People Manage Stress and Stay Well*. San Francisco: Jossey-Bass Publishers.
- Blickem, C., Dawson, S., Kirk, S., Vassilev, I., Mathieson, A., Harrison, R., and Lamb, J. (2018). What is asset-based community development and how might it improve the health of people with long-term conditions? A realist synthesis. *SAGE Open*, 8(3): 1–13.
- Braun V, Clarke V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3: 77–101.
- Cassetti, V., Powell, K., Barnes, A. and Sanders, T (2019). A systematic scoping review of asset-based approaches to promote health in communities: development of a framework. *Global Health Promotion*. Sage
- Centre for Policy on Ageing (2014) *Resilience in Older Age*. <http://www.cpa.org.uk/information/reviews/CPA-Rapid-Review-Resilience-and-recovery.pdf>
- Charles, A., Ham, C., Baird, B. Alderwick, H. and Bennett, L. (2018) *Reimagining Community Services: Making the most of our Assets*. The kings Fund. <https://www.kingsfund.org.uk/publications/community-services-assets>
- Clegg, S. (2017). 'Ideal type' *The Blackwell Encyclopaedia of Sociology*.
- Colchester Borough Council (2020). *Key Statistics for Colchester* <https://www.colchester.gov.uk/info/cbc-article/?catid=colchester-statistics&id=KA-01631>
- Community Voluntary Services Tendring (2019). *A Mapping of Community Assets in the Tendring District*. https://www.essexcommunityfoundation.org.uk/images/uploads/Realising_Ambitions_Tendring_Community_Assets_Final_Report.pdf
- Dwan, J (2019). 1,000 extra elderly people could have undiagnosed dementia in Tendring. *Clacton Gazette*. <https://www.clactonandfrintongazette.co.uk/news/18018568.1-000-extra-elderly-people-undiagnosed-dementia-tendring/>
- Easy Money (2020). *Seventeen of the UK's top 20 areas for pensioners are seaside towns* <https://easymoney.com/blog/17-of-the-uk-s-top-20-areas-for-pensioners-are-seaside-towns>
- Edwards, R.E., and Weller, S. (2012). Shifting analytic ontology: using I-poems in qualitative longitudinal research. *Qualitative Research* 12(2) 202–217.
- Essex County Council. (2019). *Joint Strategic Needs Assessment: Colchester Local Authority Profile*. [Online] Available from: <https://data.essex.gov.uk/dataset/exwyd/essex-jsna-and-district-profile-reports-2019>
- Farquhar, M. C., Ewing, G., and Booth, S. (2011). Using mixed methods to develop and evaluate complex interventions in palliative care research. *Palliative Medicine*, 25(8): 748–757.
- Farrell, C., & Bryant, W. (2009). Voluntary Work for Adults with Mental Health Problems: An Exploration of the Perspectives of Recruiters. *British Journal of Occupational Therapy*, 72(5), 188–196.
- Fuller, A., McGraw, K., & Goodyear, M. (1999). Bungy jumping through life: What young people say promotes wellbeing and resilience. *Australian Journal of Guidance and Counselling* 9: 159–168.
- Gilligan C, Spencer R, Weinberg MK and Bertsch T (2003). On the Listening Guide: a voice-centred relational method. In: Camic PM, Rhodes JE and Yardley L (eds) *Qualitative Research in Psychology: Expanding Perspectives in Methodology and Design*. Washington, DC: American Psychological Association, 157–172.
- Gray, D. E., (2018). *Doing research in the real world*. [e-book] 4th Edition. Los Angeles: SAGE.
- Greenwood, N., Smith, R., Akhtar, F and Richardson, A. (2017). A qualitative study of carers' experiences of dementia cafés: A place to feel supported and be yourself. *BMC Geriatrics*. 17: 164.

- Guba, E. G., and Lincoln, Y. (1989). *Fourth generation evaluation*. Newbury Park, CA: Sage
- Hammersly, M. & Atkinson, P. (1983). *Ethnography: Principles in Practice*. Tavistock: London.
- Hammersley, M. (2008). Troubles with triangulation. In: Bergman, Manfred Max ed. *Advances in Mixed Methods Research*. London: Sage, pp. 22–36.
- Harper, D. (1998). An Argument for Visual Sociology, in Prosser, J. (ed.) *Image-Based Research: A Sourcebook for Qualitative Researchers*. London: Falmer.
- Holt-Lunstad, J., Smith, T. B., & Layton, J. B. (2010). Social relationships and mortality risk: A meta-analytic review. *PLoS Medicine* 7:(7)
- Honer A., and Hitzler, R., 2015. Life-World-Analytical Ethnography: a phenomenology-based research approach. *Journal of Contemporary Ethnography*, [e-journal] 27 (4).
- Husserl, E. (1970). *The crisis of European sciences and transcendental phenomenology* (D. Carr, Trans.). Evanston, IL: Northwestern University Press. (Original work published 1936)
- Johnson, A. G. (2000). Ideal Type. *The Blackwell Dictionary of Sociology*. Wiley-Blackwell.
- Kienzler W. (1991). What Is a Phenomenon? The Concept of Phenomenon in Husserl's Phenomenology. In: Tymieniecka AT. (eds) *The Turning Points of the New Phenomenological Era. Analecta Husserliana (The Yearbook of Phenomenological Research)*, vol 34. Springer, Dordrecht
- Leontsini, E. (2013). The Motive of Society: Aristotle on Civic Friendship, Justice, and Concord. *Res Publica* 19: 21–35 (2013).
- Letherby, G., Corrigan, O., Davies, A., Fletcher, H., Guest, C., Luff-Smith, R., Paul, M., & Taylor, L. (2016). *Negotiating the Care Maze in Poetry: The Process of Decision-making when a Family Member or Friend Needs Full-time Residential Care*. Healthwatch Essex <https://healthwatchessex.org.uk/library/#gallery-20>
- LGA (Local Government Association). (2020). *LG Inform* https://lginform.local.gov.uk/reports/lgastandard?mod-metric=169&mod-period=3&mod-area=E07000071&mod-group=AllRegions_England&mod-type=namedComparisonGroup
- MacKean, R. and Abbott-Chapman, J. (2012). Older people's perceived health and wellbeing: The contribution of peer-run community-based organisations, *Health Sociology Review*. 21 (1): 47-57.
- Maggs-Rapprt, F. (2000). Combining methodological approaches in research: ethnography and interpretive phenomenology. *Journal of Advanced Nursing*. 31(1), 219-225
- Marmot, M (2020) *Health Equity in England: The Marmot Review 10 Years On*. Institute of Health Equity. <http://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on/marmot-review-10-years-on-full-report.pdf>
- Maybery, D., Pope, R., Hodgins, G., Hitchenor, Y., & Shepherd, A. (2009). Resilience and wellbeing of small inland communities: Community assets as key determinants. *Rural Society*. 19(4), 326–339.
- Medical Research Council. (2008). *Developing and evaluating complex interventions*. London, England
- Ministry of Housing, Communities & Local Government (2019). *English indices of deprivation 2019: mapping resources*. <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>
- Morgan, A and Ziglio, E. (2007). *Revitalising the evidence base for public health: an assets model*. Promotion and Education, 4: (2) 17–22.
- Mundle C., Naylor C. & Buck D. (2012). *Volunteering in Health and Care in England. A Summary of Key Literature*. King's Fund, London.
- Nicholson, N. (2009). Social isolation in older adults: An evolutionary concept analysis. *Journal of Advanced Nursing*. 65: 1342–1352.
- Nicholson, R. (2012). A review of social isolation: an important but underassessed condition in older adults. *Journal of Primary Prevention*. 33: (2-3)

Norris, F. H., & Stevens, S. P. (2007). Community resilience and the principles of mass trauma intervention. *Psychiatry* 70(4), 320–328.

North East Essex Health and Wellbeing Alliance (2020). *Local Delivery Plan*

ONS (2019). *Overview of the UK population: August 2019*. Office of National Statistics. <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/overviewoftheukpopulation/august2019#the-uks-population-is-ageing>

ONS (2019). *Colchester and Tendring*. [Online]. <https://www.ons.gov.uk/aboutus/transparencyandgovernance/freedomofinformationfoi/mortalitynumbersforcolchesterandtendring>

Peninsula Treatment Centre, NHS (2020). *News: What is Indoor Bowls?* <https://www.peninsulatreatmentcentre.nhs.uk/news/what-is-indoor-bowls/>

Pevalin, D. J. and Rose, D (2003). *Social capital for health: investigating the links between social capital and health using the British Household Panel Survey*. Health Development Agency. <http://repository.essex.ac.uk/9143/>

Police, Fire and Crime Commissioner for Essex (2018). *Public Meeting – Colchester District Public Information Pack*. <https://www.essex.pfcc.police.uk/wp-content/uploads/2018/10/Colchester-Public-Meeting-Briefing.pdf>

Public Health England (2019a). *Tendring- Local Authority Health Profile*. <https://fingertips.phe.org.uk/profile/health-profiles/data#page/1/gid/1938132696/pat/6/par/E12000006/ati/202/are/E10000012/cid/4>

Public Health England (2019b). *An evidence summary of health inequalities in older populations in coastal and rural areas*. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/824717/Health_Inequalities_in_Ageing_in_Rural_and_Coastal_Areas-Messages_and_summary.pdf

Public Health England. (2018). *Health matters: community-centred approaches for health and wellbeing*. <https://www.gov.uk/government/publications/health-matters-health-and-wellbeing-community-centred-approaches/health-matters-community-centred-approaches-for-health-and-wellbeing>

Sen, A. (1993). Capability and Wellbeing, in Nussbaum, Sen *The Quality of Life*. Oxford: Clarendon Press ; 1993.

Schutz, A., Grathoff, R. Parsons, T. (1978). *The Theory of Social Action: The Correspondence of Alfred Schutz and Talcott Parsons*. Bloomington: Indiana University Press.

Smith, D. W. (2018). Phenomenology. *The Stanford Encyclopedia of Philosophy*, Edward N. Zalta (ed.), <https://plato.stanford.edu/archives/sum2018/entries/phenomenology>

The Kings Fund (2020). *Strong Communities, wellbeing and resilience*. <https://www.kingsfund.org.uk/projects/improving-publics-health/strong-communities-wellbeing-and-resilience>

Thirsk, L. M., & Clark, A. M. (2017). Using Qualitative Research for Complex Interventions: The Contributions of Hermeneutics. *International Journal of Qualitative Methods*. 16: 1–10

World Health Organisation (2003). Unemployment. In R. Wilkinson & M. Marmot. (Eds.), *Social determinants of health: The solid facts* (2nd ed., pp. 20–21). Geneva: WHO.





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