



# We ♥ Morriston



## Inclusion and Integration: Unlocking the Power of Coproduction

Creating opportunities for equal participations and empowering communities to take action.

### MORE IN MORRISTON...

...than you might think

What we know	What we're good at	What we care about
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COMMUNITY ASSETS, PARTICIPATION & INTEGRATION: TAKING ACTION LOCALLY  
The CAPITAL project is funded by the Health Foundation. It aims to strengthen social connections in the community and achieve better well-being for everyone.

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## Acknowledgements

Supported by the Health Foundation

ISBN 978-1-78986-154-358

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# Executive Summary

Funding for the CAPITAL project was awarded as part of the Health Foundation’s ‘Taking action on the social determinants of health’ programme. The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK (The Health Foundation, 2021).

<https://phw.nhs.wales/>

<https://www.taipawb.org/>

<https://www.wlga.wales/wales-strategic-migration-partnership/>

The CAPITAL (Community Assets, Participation, and Integration- Taking Action Locally) project focused on building social capital as a determinant of health & well-being, through bringing together and empowering two groups perceived as ‘vulnerable’ or ‘socially excluded’ within the community – social housing tenants and people seeking sanctuary (asylum seekers and refugees).

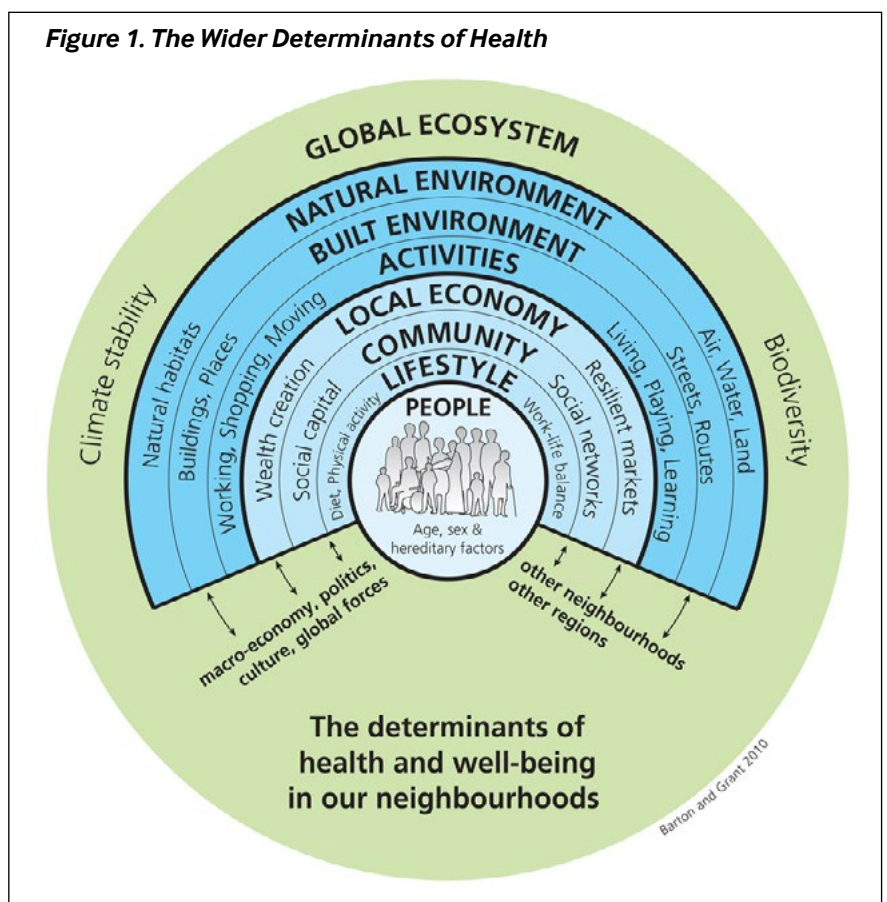
The CAPITAL project worked to address social contributors of poor health and well-being, such as loneliness and isolation, by studying what is effective in building and strengthening community connections such as social bonds and social bridges, collectively known as ‘social capital’. Social capital is an important wider determinant of health which supports better wellbeing and faster recovery from ill health (**Figure 1. The Wider Determinants of Health**).

The project is centred on asset-based community development. The project aimed to engage with approximately 50 people from across both groups to help them identify their individual, group, and community assets, as well as self-identified barriers to integration and wellbeing through asset-mapping workshops. Additionally, the workshops created an opportunity to recruit 20 core participants, a mixture of social housing tenants and people seeking sanctuary to form the Action Group.

16 people joined the Action Group and 3 left due to change of circumstances and other commitments.

The 13 participants in the project’s ‘Action Group’ were supported to work together to use and build on their assets to tackle shared barriers. With the outbreak of the COVID-19 pandemic, more people left the group due to health, personal issues and home-schooling commitments, leaving a consistently active 7. The 7 participants worked co-productively with Public Health Wales and Tai Pawb and developed and implemented their community project – ‘We love Morryston’. Throughout the pandemic and lockdown, the group met weekly and kept in touch through their ‘WhatsApp’ group.

**Figure 1. The Wider Determinants of Health**



## The 7 participants:

- Report a stronger connection with their neighbours and significantly closer relations within the Action Group; they feel like 'family'.
- Report a strong feeling of ownership of their self-determined project (community newsletter) because they have been fully and equally involved in the decision-making, planning and operation of the project.
- Working together has given participants a sense of belonging and comradery.
- There is a consensus that community members need to be included in the consultation and decision-making process before an agenda is decided at the beginning of the project.
- Co-production is about inclusivity and equal power- sharing from everyone who is involved.
- Due to Covid-19, participants have redefined 'community' because of the broader online involvement with people who do not reside in their immediate locality.
- Participation and contribution are not limited to attending every meeting, participants have been able to share ideas, participate and communicate on the group's WhatsApp platform.
- Participants must be constantly reminded, supported and empowered to take on different tasks as the project progresses. This is attributed to low confidence and the need for 'professional expertise.'
- The inability to meet face to face or to connect online with people outside the group has decreased social capital due to Covid-19 restrictions, new commitments, overall health concerns and lack of internet or IT equipment.

These findings and our learning have been drawn together into an interactive 'toolkit', a Roadmap for Inclusive Co-production for policy and decision- makers and those who work or looking to work with traditionally 'overlooked' or socially excluded groups using the Asset-Based Community Development (ABCD) and co-production approaches.

The CAPITAL project aligns with the Welsh Government's A Healthier Wales – 2018 strategy date, its plan for Health and Social Care and public bodies' implementation of the Well-Being Goals as stated in the Well-being of Future Generations (Wales) Act 2015, particularly a Healthier Wales, a Wales of Cohesive Communities, a more Equal Wales and a Resilient Wales.



# 1. Background

## 1.1 Social capital as a determinant of health

Marmot describes social capital as an important determinant of health, which supports better well-being and faster recovery from ill health, and there appears to be a strong link between living in a deprived area and the lack of social support. Removing barriers to social capital and community engagement is likely to help address the association between poor health and poor social capital, breaking the cycle of deprivation and aiding the development of stronger communities (Marmot, 2010).

Social contributors of poor health and well-being, such as loneliness and isolation, can be addressed by strengthening the three elements of social capital;

**Table 1. The 3 elements of social capital**



Resilient communities are those who are cohesive, well connected and can collectively use available resources. A Public Health Wales report on resilience acknowledges that social connections and engaging in community life is an essential part of individuals’ mental well-being, because it creates a sense of belonging, solidarity, and enhances strong coping mechanisms. Social capital is something that can be improved on a local and individual level. However, the benefits of social capital ‘may not extend to all individuals within a community if social networks are divisive and detrimental to community cohesion’ (Davies, Grey, Homolova & Bellis, 2019, p.12).

## 1.2 Overlooked and excluded communities

The CAPITAL project aimed to work with communities at higher risk of social exclusion – primarily people seeking sanctuary from war or persecution in their home country, and social housing tenants. Evidence indicates that both social housing tenants and people seeking sanctuary<sup>1</sup> (asylum seekers and refugees) are more commonly isolated, more likely to suffer from mental ill health and experience economic hardship than other groups of people. Social capital for these groups is reduced by ‘burden’ discourse referred to by Levitas as the ‘moral underclass discourse’ in the three discourses of social exclusion he describes, which paints certain parts of the population as passive recipients of welfare rather than acknowledging their resources, resilience, and capacity for self-care (Levitas, 2006).

<sup>1</sup> Throughout this document the term ‘person seeking sanctuary’ or ‘people seeking sanctuary’ is used to describe all asylum seekers, people refused asylum and refugees where there is no significant difference between the different legal categorisations: some issues affect all people seeking sanctuary regardless of where they are on the asylum ‘journey’. This term aims to re-centre the discussion surrounding asylum and refugees on the individuals and communities who are affected by these issues.

Research conducted by the Young Foundation in Wales found that: 'People feel that they are not involved in big decisions about policy and investment in their areas. They feel that a consequence of this is that the investment places receive mostly addresses known negative issues rather than positive opportunities and fails to secure buy-in, ownership and sustainability' (The Young Foundation, p. 6).

A National Community Forum report provides evidence that most settled communities and migrants are separated and disengaged due to different misconceptions, especially regarding housing. There is a perceived competition for resources: for example, that asylum seekers are housed in social housing, and 'jump the queue' before people who have been on the waiting list. However, the report concludes that once it has been explained to people that asylum seekers do not qualify for social housing, do not qualify for benefits, and are not allowed to work, the response is to change opinion (National Community Forum, 2009).

### 1.2.1 Sanctuary seekers (asylum seekers and refugees)

An asylum seeker is a person who has left their country of origin and formally applied for asylum from persecution or violence in another country but whose application has not yet been concluded. There are various stages to the process of claiming asylum, which affect legal rights and entitlements. An asylum seeker is someone who claims to be a refugee but whose claim has not yet been evaluated. Internationally the term 'refugee' is used to describe a person who, owing to a well-founded fear of persecution for reasons of race, religion, nationality, membership of a particular social group or political opinions, is living outside the country of his /her nationality. A person is officially considered a refugee in the UK when they have their claim for asylum accepted by the UK Government (Hathaway, Foster & Byrne, 2014).

Housing is allocated under the Home Office dispersal system, on a 'no choice' basis, through private providers, and depending on where there is availability of property. Asylum seekers might be new to an area, live there for months or sometimes for years of depending on how long the Home Office takes to decide on their case, or if the property becomes unavailable. Asylum seekers experience uncertainty about how long they might stay in one area and once a decision on their asylum claim has been reached, they have 28 days to 'move on' to alternative accommodation, which they need to find themselves. Other social determinants of health are influenced by non-devolved immigration policy, meaning that at a local (Wales) level, the Welsh Parliament does not have the power to change it, because policy / action is controlled at a UK level. For example, while their asylum claim is being determined, asylum seekers do not have the right to work and do not qualify for mainstream benefits. Instead, they receive £37.75 per person per week in asylum support ([GOV.UK](https://www.gov.uk)). This policy renders them out of scope for any work that seeks to improve employment rates with the subsequent impact on health outcomes.

People seeking sanctuary commonly report the asylum process itself as being detrimental to their health and well-being, particularly mental health (Mind Cymru, 2017). Successful integration helps people to realise their full potential and makes it easier for them to access services, reduces educational and health inequalities, helps them to find jobs and, fundamentally, underpins social cohesion and community empowerment (Smith, 2015). Investing in social capital can create a conducive environment that facilitates efficient and effective integration when leave to remain is granted.



## 1.2.2 Social Housing Tenants

Social housing tenants as a population experience particular challenges, many of which are like those experienced by sanctuary seeking communities. Research has demonstrated that mental health problems are likely to be more prevalent amongst social housing tenants than amongst homeowners (Johnson, Griffiths & Nottingham, 2006). Related is the link between reliance on (diminishing) welfare payments and mental health, with recent evidence that cuts to housing benefit have directly increased the prevalence of the symptoms of depression (Reeves, Clair, McKee & Stuckler, 2106). Detailed analysis of the 2019-20 National Survey for Wales's results showed that when controlling for a wide range of other factors, people are much more likely to be materially deprived if they live in social housing; have low to very low life satisfaction; and be separated or divorced (Welsh Government).

In the UK, social housing tenants who transferred to Universal Credit experience serious financial difficulties. While across the UK, the average level of rent arrears for this group is £131 a week, this more than trebles in Wales to £450 under Universal Credit (Protheroe, Mudd & Fury, 2017). Mental health problems and mental illness can cause significant problems, some of which can lead to homelessness. It has been recognised that housing and other sectors need to improve the ways in which people with mental health issues can be helped to find and keep accommodation and to live as independently as possible (Mental Health Foundation, 2016). This independence can be facilitated and harnessed through asset based approaches and maintained through stronger social capital on which people can draw in times of difficulty.

## 1.3 Asset Based Community Development approach to build social capital

Asset Based Community Development (ABCD)

**'builds on the assets that are already found in the community and mobilises individuals, associations, and institutions to come together to build on their assets and not concentrate on their needs. The key is to begin to use what is already in the community'** (ABCD toolkit, p.1).

There is significant evidence that asset-based approaches have positive outcomes for individuals, including for marginalised groups. In Wales, Oxfam Cymru's 'Building Livelihoods & Strengthening Communities in Wales' project (2012-16) utilised their Sustainable Livelihoods Approach (SLA), which proceeds from the starting point that all people experiencing poverty or marginalisation have some kind of asset or ability that could be built upon to improve their situation (Oxfam Cymru).

According to Dr. Shepherd, writing in a Public Health Wales report, effective relationship building between different groups strengthens social capital association that goes beyond the confines of homogeneous groups to 'wider civil society and creating resilience at community level' (Shepherd, 2013, p. 18).





## 2.0 Project overview

The '**Community Assets, Participation and Integration: Taking Action Locally (CAPITAL)** project focused on bringing people together from different backgrounds who would not usually interact with each other, specifically social housing tenants and people seeking sanctuary (asylum seekers and refugees), to take part in an Assets Based Community Development (ABCD) project in Morriston, Swansea.

### The approach of the project aimed to:

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>● Facilitate relationship building between people seeking sanctuary and settled communities in Wales as explained above.</li> </ul> | <ul style="list-style-type: none"> <li>● Produce evidence-based guidance to help support public bodies to replicate this approach in other parts of Wales.</li> </ul> |
| <ul style="list-style-type: none"> <li>● Co-produce resources for policy- and decision-makers to support greater engagement with socially excluded groups.</li> </ul>      | <ul style="list-style-type: none"> <li>● Gather evidence of ABCD as a successful approach to 'strengthening communities' as a wider determinant of health.</li> </ul> |

### The objectives of the project were to:

- Test the impact of the ABCD approach in increasing social capital in the chosen neighborhood, by bringing different groups to work on a self-determined project idea.
- Build the capability of the local community to respond to the needs they identify in their local area by facilitating different sessions that help them to build confidence, teamwork and develop skills and knowledge to develop the project.
- Build the capability of local policy and decision- makers to engage with traditionally 'overlooked and excluded' groups and coproduce services and facilities. Introducing and involving decision-makers and stakeholders in the project from the onset and sharing learning on best practice and products deriving from this work afterwards.
- Promote the assets of the community in action to reduce stigma and discrimination, thereby increasing social capital in surrounding communities. Sharing and publicising the work done by the participants widely to highlight success.

### Funding

The CAPITAL project is part of the Health Foundation's 'Taking action on the social determinants of health' programme. This programme aims to fund projects that demonstrate the potential for improving health by taking action on a range of social determinants, in line with the objective of the [Healthy Lives strategy](#) to mobilise cross sector action on the social determinants of health at a national and local level.

The project was initially funded for 18 months, but extended due COVID-19 to 23 months, by the Health Foundation, beginning in April 2019 and extended until 31st March 2021.

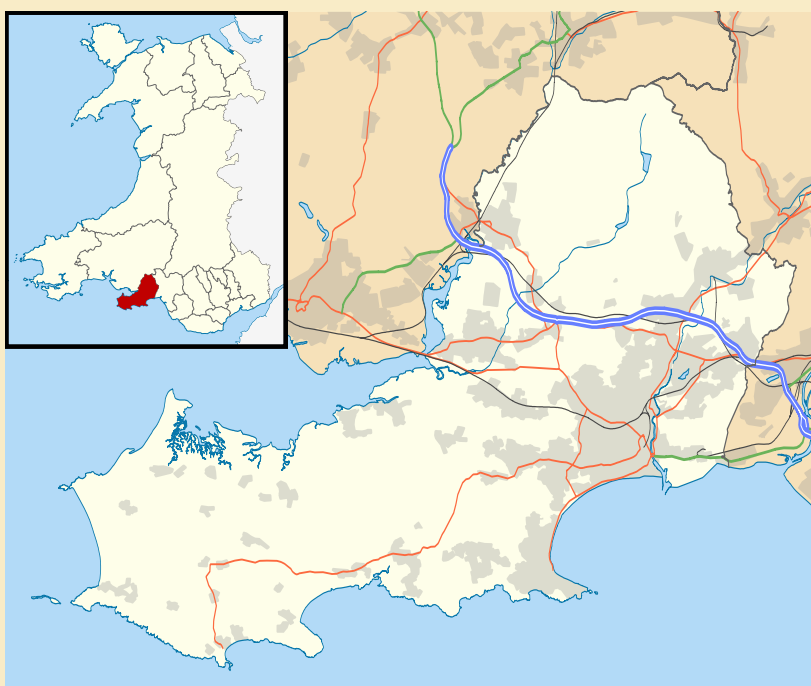
### Management

The CAPITAL project is managed by Public Health Wales; the national public health agency in Wales that exists to protect and improve health and wellbeing and reduce health inequalities, in partnership with Tai Pawb, an organisation that promotes social justice and equality in housing in Wales, and the Wales Strategic Migration Partnership, which provides strategic leadership, advice and coordination on migration in Wales, hosted by the Welsh Local Government Association.

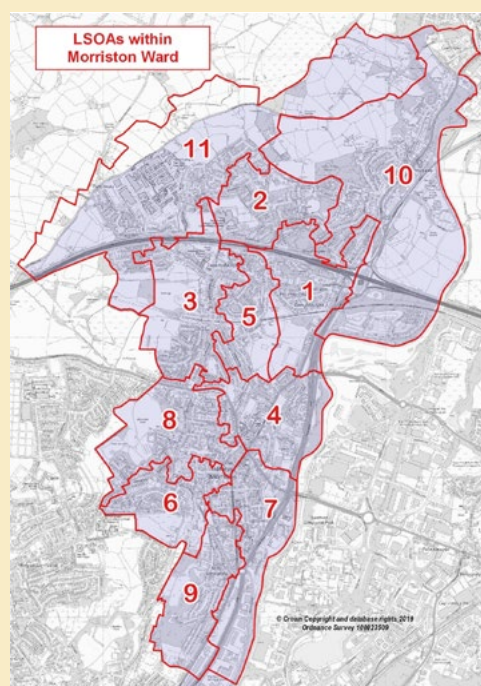
## About Morrison

The work was carried out with the community in the Morrison area of Swansea. This area was chosen as the location of the pilot after examining a range of factors, including levels of different types of housing and existing community development activities (Figure 2). Morrison (Treforys in Welsh) is an electoral ward in Swansea and is the largest ward in the county and city of Swansea. Most of the residents in Morrison born are born in Wales, but it is also an area where asylum seekers are dispersed, and refugees and other people born outside the UK settle (Swansea Council, 2020). Swansea together with Cardiff and Newport are the three dispersal cities in Wales, along with the town of Wrexham. If asylum seekers are sent to Swansea under the Home Office’s dispersal system and there is housing available in Morrison through Clearsprings<sup>2</sup>, asylum seekers will be housed there.

**Figure 2. Map of Morrison, Swansea, South Wales**



**Fig. 3. Lower Super Output Area (LSOA) geography**

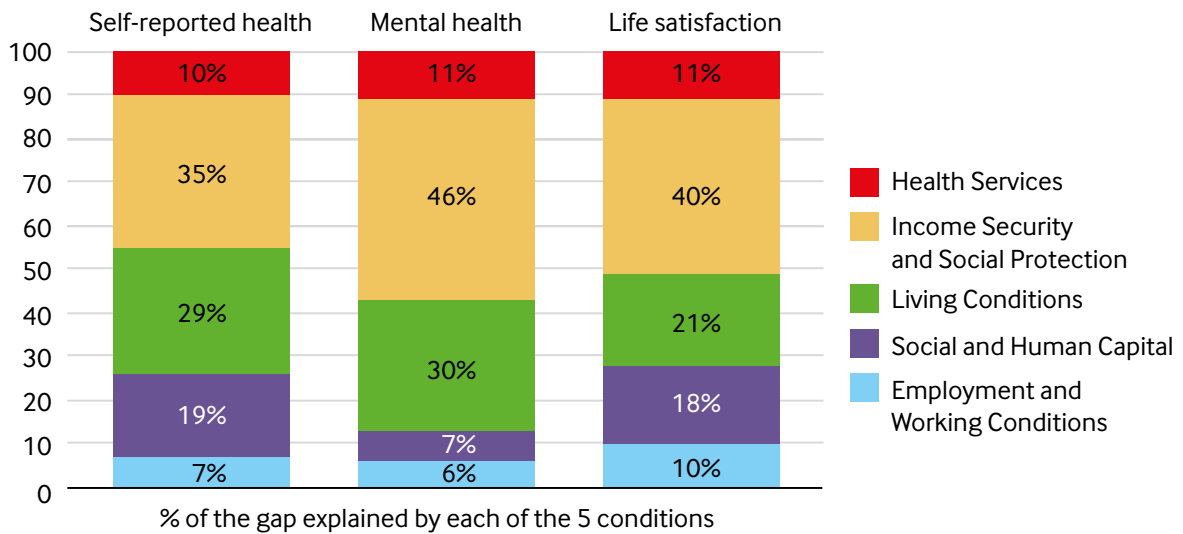


Welsh Index of Multiple Deprivation (WIMD) 2019 based on Lower Super Output Area (LSOA) geography – Morrison consists of eleven LSOAs. Morrison 5 ranked most deprived in the overall index (13th of 148 in Swansea, 95th of 1,909 in Wales), closely followed by Morrison 7 and 9. Morrison 11 and 2 rank as the least deprived overall. Morrison 5 and 7 rank relatively highly in the income, employment, and health domains. Morrison 6, 7 and 9 also rank relatively highly in terms of community safety. Morrison 9 is also in the top decile in Wales in the health domain.

The World Health Organization’s (WHO) European Health Equity Status Report draws attention to the five essential conditions needed to live a healthy life, of which social and human capital is one. Their decomposition analysis of the five conditions’ contributions to inequities in self-reported health shows that social and human capital accounts for 19% of health inequities of the gap, compared with just 10% difference in the quality, availability, and affordability of health services. This shows that ‘Educational outcomes, levels of trust in others and a sense of control over the factors that influence a person’s opportunities and choices in life are critical to well-being and health’ (WHO, 2019).

<sup>2</sup> Provider of accommodation services to the Home Office for asylum seekers, since 2000 in Wales.

**Figure 4. The Five Essential conditions’ contributions to inequities in self-reported health, mental health and life satisfaction (EU countries)**



**Table 2. Overview of typical characteristics in participants (Findings are based on the knowledge that has been generated from the project through discussions with project participants and evaluation)**

	Enablers	Stressors
<b>Sanctuary seekers</b>	Integration projects and access to services	New to area, with little to no choice of where they live
	Awareness and access to support services	Limited funding
	Drop-in centres to link with others in similar circumstances for support	Uncertainty around status
	Volunteering and training opportunities	Not allowed to work
<b>Social housing tenants</b>	Awareness and access to support services	Low income
	Volunteering opportunities	High unemployment rates
	Training opportunities and access to higher education for adults	Low education
	Organisations and groups lobbying for equality in housing	Inadequate housing options
<b>Commonalities between both groups</b>	Socially isolated, high levels of unemployment, poor mental health	
<b>Added value of the CAPITAL project</b>	<p>Social contributors of poor health and well-being, such as loneliness and isolation, can be addressed by strengthening social capital. Removing barriers to social capital and community engagement is likely to help address the association between poor health and poor social capital, breaking the cycle of deprivation and aiding the development of stronger communities (Marmot, 2010).</p> <p>Investing in social capital can create an environment conducive to those restricted markers being met more quickly if and when leave to remain is granted. Successful integration helps people to realise their full potential and makes it easier for them to access services, reduces educational and health inequalities, helps them to find jobs and, fundamentally, underpins social cohesion and community empowerment.</p>	

## 2.1 Overview of project delivery

Due to the COVID-19 outbreak occurring during Delivery Phase 2, many challenges arose principally due to the importance of building social capital through bonding, bridging, and linking through face-to-face work. Additional pressures were placed on the participants and engagement was lower than expected. Resources and support were put in place to ensure that participants stayed connected and continued to participate in the project through virtual meetings on Zoom and via a WhatsApp chat.



**The project delivery can be divided into the following stages:**

1. **August – October 2019** - Initial engagement and participant recruitment through asset-mapping workshops in homogenous groups: sanctuary seekers and non-sanctuary seekers.
2. **November 2019 – March 2020** - Bringing individuals together to form the heterogeneous 'Action Group.'
3. **May 2020 – March 2021** - Co-produced project
4. **December 2020 – March 2021** - Evaluation of impact
5. **January – March 2021** - Dissemination, sharing learning and resources.

### Asset-mapping

Asset mapping is the process of collecting information about the strengths and resources in the community to help find solutions to existing problems, promoting community involvement, ownership, and empowerment (ACBD Toolkit). Asset-based approaches to health improvement can increase social capital and develop improved ways of providing services (Glasgow Centre for Population Health, 2011 p. 16). The CAPITAL project aimed to engage with approximately 50 people from across both groups in Morriston to help them identify their individual, group, and community assets, as well as self-identified barriers to integration and wellbeing.

### Action Group

Participants were invited to form an 'Action Group' and take part in an ABCD project, with a grant of £2500 from the Health Foundation. The Action Group aimed to:

- Test the theory of engaging different parts of a neighborhood using a collective participatory ABCD approach
- Contribute to higher levels of social capital on an individual and community level.

Participants in the project's 'Action Group' were then supported to work together to use and build on their assets to tackle shared barriers. This tests the effectiveness of the asset-based community development approach.

## Co-produced project

Co-production was central to the project, with participants regularly asked what was working and what was not working well. This allowed the group to identify issues and challenges within their local community and possible actions to alleviate or resolve them.



## Assessment of impact

### Overview of evaluation

- Socio-demographics
- Inclusion of Other on Self Scale
- Home Office Indicators for Integration Framework 2019
- Adult resilience measures

Following an evaluation, a toolkit was created to support local service providers to engage more effectively with 'overlooked and excluded', otherwise known as 'need to read' groups in coproduction, using the feedback and best practice identified by the project.

## Dissemination and sharing learning

There were two key purposes for sharing the learning from the CAPITAL project regarding effective inclusive coproduction, and the potential of co-productive approaches to public services in improving the health & well-being of individuals and communities.

a) To amplify the voices of all participants in the CAPITAL project to present shared learning and outcomes.

b) To encourage public bodies to adopt inclusive coproduction in the development and delivery of services, programmes and functions.

## Audience:

### Our primary audience is policy and decision makers in:

- Social housing
- Health
- Local government
- Welsh Government
- Third sector

### The dissemination activity consisted of:

- A range of webinar opportunities for public and third sector organisations.
- An evaluation report, along with briefer publications detailing the impact of the project's approach.
- A video shared through a social media campaign highlighting the achievements of the participants, and the impact of the project on their lives and the local community.
- An inclusive co-production roadmap to focusing on engaging with traditionally 'overlooked' groups, drawing on the learning from working with refugees, asylum seekers and social housing tenants and PHW's existing resources and expertise.

## 2.2 Methods and findings

### Asset mapping workshops

The aim of the workshops was to introduce communities to the concept of asset mapping, and to gather information about the skills, knowledge and passions found in this groups. ‘Discover your Strengths’ workshops were created as not only an opportunity to compile and describe the assets identified by participants into a ‘Community Profile’ showcasing the positive characteristics of Morriston. It also helped individuals who attended these workshops to identify and acknowledge their own skills and knowledge; thereby boosting confidence and the belief in their own abilities.

### Identification of participants

We created tailored communications for the project to be able to publicise and share information with different stakeholders; to attract local individuals to be involved in the project, to engage with the local authority and other service providers in the area at an early stage and to assess their priorities in terms of what the project can deliver. Partnerships with council officers and service providers helped us to identify and engage with pre-existing local community groups and services for links with local individuals and provided the opportunity for the Community Development Researcher to approach community groups in Morriston, Swansea, to complete asset mapping informally.

The Community Development Researcher identified five groups to complete five workshops varying in number (60 people in total), between mid-August and October 2019.

Groups were drawn from homogenous and distinct communities of interest, aiming to build bonding capital, connections between people or groups who share several characteristics.

Opportunities to approach community groups in the Morriston area included: Linking with local community groups, schools, the library, and local support services for people seeking sanctuary (**Table 2**).

### Workshop structure

The small-scale workshops were facilitated by the Community Development Researcher and ran for approximately 60-120 minutes.

The participants were divided then into smaller sub-groups of 3-4 members (if feasible) and encouraged to think about their strengths covering the following three elements:

 <p><b>Heart</b> what they are passionate about</p>	 <p><b>Hand</b> what they are good at doing with their hands</p>	 <p><b>Head</b> what they know a lot about</p>
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Participants noted down the different strengths on different post-it notes under the three headings and placed them on a flip chart, the facilitator then went through the notes with the group, highlighting the various assets reported. The group were then asked to identify the major barriers or challenges they face.

**Fig.5** This flyer was used to engage potential participants and has been made available in both English and Welsh



At the end of the workshops, participants were invited to register their interest to be part of the Action Group, and 24 individuals in total registered to be part of the action group, more than the original target of 20 participants.

## Findings

The workshops revealed that Morriston has highly skilled people from different ages, cultures, and backgrounds. People are highly motivated and proud of their skills and knowledge about different subjects in general. Findings from this exercise were collated into a 'Community Profile', **Fig. 6** describing the assets identified by participants.

However, as with any locality, some groups identified and shared challenges and difficulties that some of the participants felt like were hampering them to fulfil their potential, or that made living in Morriston difficult for them and their families. **Table 3.**

**Table 3. Findings of workshop engagement**

Delivery date	Group location	No. of participants	Male	Female	Themes	Challenges and difficulties	No. Registered interest
18/08/2019	People seeking sanctuary	12	8	4	Family, Repairs, IT	Lack of English for Speakers of Other Languages (ESOL) classes. Many activities are based in the city centre; it is far to travel and costly.	10
20/08/2019	10 O'clock Club (Over 50's)	23	10	13	Family, Sewing and Knitting, Puzzles and Cross-words	The lack of the us-age of the Welsh language	1
18/09/2019	Parent group, Morriston Primary school	3	1	2	Children, Community, Cooking	The problem of dog fouling in the locality. The problem of short-term project activities.	2
23/09/2019	Friends of Morriston Park	14	8	6	Community, Environmental Issues, Organising	Working on improving the Morriston park for the wider community	2
07/10/2019	Playgroup	8		8	Community, Children, Cooking	Building relationships between the elderly and children. Lack of activities for 13-17-year-olds.	5

## Outputs

A poster was created to show a collection of all the skills, knowledge and passions found in Morriston to highlight the assets in that community. It shows that Morriston has a diverse and extensive range of skills, experiences and knowledge that can be utilised for the betterment of the community, ranging from IT and management to planning and organising. People in Morriston also indicated that their family, community, and volunteering, amongst other things, are particularly important to them. **Fig.6**

### Action Group – participant development

The action group was formed to look at different issues and challenges in Morriston, and collectively use the assets identified to create and develop a self-determined and community-led project.

#### The underlying aims of the action group were:

1. To enable the participants to get to know each other better.
2. To increase their confidence in their own gifts and talents.

### Action group structure

24 participants registered interest during the workshop phase. However, during the lifetime of the CAPITAL project, a total of 16 participated. We were not able to establish the reasons for the 8 people who did not continue participation. Out of the 16, 8 were sanctuary seekers, 5 social housing tenants and 3 owned their homes but identified needing to build stronger relationships. Over time during different stages in the project 9 participants left the group due to other commitments, ill-health, or relocating.

The group met weekly, with the frequency and location of meetings decided by the group as part of the co-production process.

Volunteers engaged in 6 sessions facilitated by Tai Pawb<sup>3</sup> and the Co-production Network for Wales<sup>4</sup> between November 2019 and March 2020.

Figure 6. Community Profile



3 Tai Pawb is an organisation that promotes equality and social justice in housing in Wales. They believe that all people have the right to access good quality housing and homes in cohesive and safe communities, and work to reduce prejudice, disadvantage, and poverty.

4 Co-production Network for Wales is a network of members across sectors and across Wales who have come together to further the co-production agenda.



## Action group – expectations

**When we asked the participants what they expected from participating in the Action group during the first session, they said:**

- Try to make a difference and fill in a gap
- Meet and get to know people
- Sense of achievement
- Learn new things about themselves and their environment
- Increase networks – build new friendships
- Discover hidden talent and skills
- Personal growth
- Build a happier community
- Work to benefit the community and bring something positive to the community
- Learn new skills and get to know their community better
- Spend time together doing valuable things

## Action group – working together

**Several approaches were taken to reach the aim of the meetings, including:**

- Developing own one-page participant profile pages – recording ‘good things’ about themselves, what family and friends say about them, their skills, qualifications and experiences, and adding on with every session as they learn new things. This session helped the participants to develop confidence.
- Team building exercises, such as the ‘Spaghetti Tower Marshmallow Challenge’
- Creating community asset maps of the local area, including a group member ‘this is where I live’ map – to see how close or far they live from each other as Morriston is a big area.
- Sharing stories about their hometown, the meaning of their name and what they loved about Wales.
- A session on Participatory Budgeting – to understand how this would work in practice.

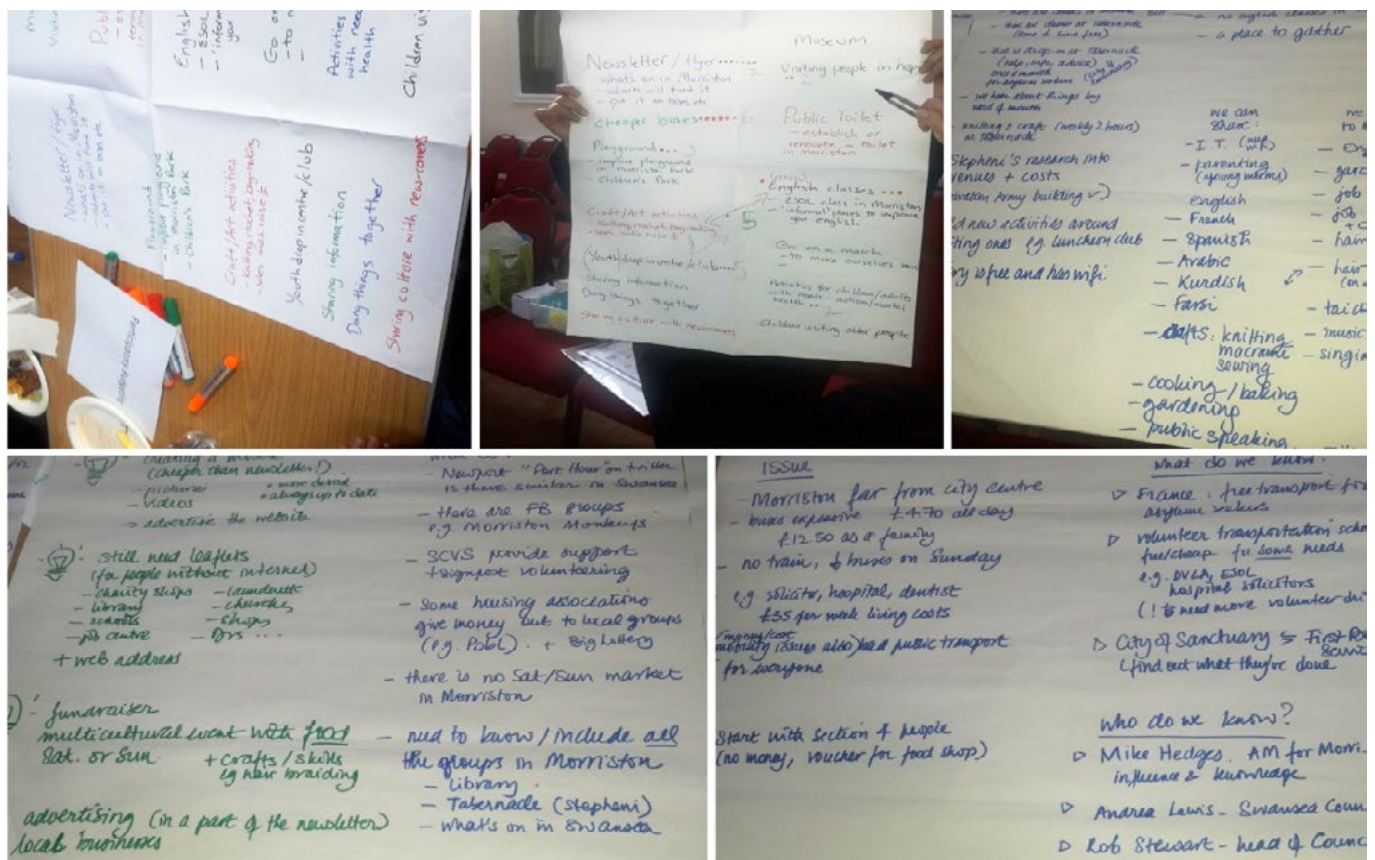
## Outcomes of the activities

- Recording their positive attributes, raising awareness of support services what family and friends say about them, their skills, qualifications and experiences, then adding with every session as they learn new things helped the participants to develop confidence.
- Through working in pairs to build a structure using only spaghetti and marshmallows within an allocated time, the participants learned about the benefits of working together to reach a common goal.
- Compiling existing physical community assets in Morriston and creating links - and collecting information of physical assets, such as prominent buildings in Morriston, services and activities available facilitated relationship building and helped the group to learn more about what was available in their area
- Participants shared deeper aspects about themselves which they found enlightening as an insight into different cultures, countries, and backgrounds.
- Participants learnt how to work together as a group to reach a consensus on how they can use the funds available to them.

## Structure of the sessions

- Participants worked in facilitated sessions to identify issues and challenges within their local community, naming the challenges they experienced as individuals, and collectively as a community and noting them down on flip chart paper.
- These ideas formed a 'long list' of things that could be addressed in their community and were examined through investigation and discussions (Figure 7).
- The ideas were categorised according to feasibility, capacity, and the availability of resources.
- Additionally, the participants consulted with other people doing similar work, such as a volunteer for Morriston Salvation Army, the Local Area Coordinator, and the Member of the Senedd for Morriston to be able to make an informed decision.
- Following this, each group member was given 3 voting stickers and was free to choose their priorities from the 'long list' that the group had developed. This meant that an individual could give all their 3 votes to one issue if they felt very strongly about it.

Figure 7. The 'long list' of issues and challenges identified by participants



## Findings

Three clear issues arose with a consensus reached on project ideas to combat these issues, as outlined in Table 4. Although, following the outbreak of the COVID-19 pandemic, lockdown and other preventative measures introduced by authorities, the group made a collective decision to focus on the delivery of the newsletter.

**Table 4. Community issues identified during the action group**

Identified need	Why this is an issue for the participants?	Findings from investigation	Proposed project idea
Insufficient community activities available locally and travel required into the city centre, which is prohibitively expensive for many of the group.	Expense of travel	Activities take place locally, although there is a lack of information channels for residents to hear about them	Create a newsletter providing information for residents about the activities and facilities available in their local area
English for Speakers of Other Languages (ESOL) classes not available locally	Expense of travel, and logistics of childcare	The group had participants who had the skills and experience to be able to teach English as a second language	Establish ESOL classes to improve English language skills
	Barrier to community cohesion	Using the assets that exist in the group, more people could be brought together to build a more cohesive community, tackle isolation and create a community spirit	Establish learning sessions to sharing knowledge and teaching different subjects of interest
Limited availability of opportunities for learning and sharing new and different ideas and activities	Barrier to community cohesion	Using the assets that exist in the group, more people could be brought together to build a more cohesive community, tackle isolation and create a community spirit	Establish learning sessions to sharing knowledge and teaching different subjects of interest

**Outputs**

Despite the increased barriers formed by the COVID-19 pandemic, the action group has in partnership with Public Health Wales and Tai Pawb staff successfully:

- ✓ Produced six newsletters
- ✓ Set up its own communications channels, such as a WhatsApp chat, Twitter account and using Zoom for meetings
- ✓ Engaged with local stakeholders such as presenting at the Morriston Regeneration Forum, which is a partnership group working together to support the economic regeneration of local area
- ✓ Formed their self-determined project (We Love Morriston project) with its own identity and developed a 'We Love Morriston' logo

**Figure 9. 'We love Morriston' project logo**



**Figure 8. December Newsletter**



## 3.0 Evaluation methodology

The evaluation aimed to determine if the intervention had met its aims and objectives.

- To establish if the intervention worked or failed and the grounds of the outcome achieved, i.e., if this process of working together on an Asset-Based Community Development project has improved social capital in excluded groups.
- To evaluate the process of the ABCD intervention and identify mechanisms that inhibit or enhance the potential of the ABCD intervention to improve integration, specifically social capital, as well as the acceptability and feasibility of using ABCD approach.

A mixed- methods approach was taken to evaluate the impact on participants of taking part in the Asset-Based Community Development project. A combination of quantitative and qualitative methods were applied to collect data both at the start of the process and repeat this at the end of the project, to explore the attitudes and perceptions of the participants at the different stages of the project, measure changes in social capital, and track the impact of the intervention. Data collection pre-intervention was face to face on a 1-2-1 basis in a community space in Morriston, and post-intervention took place through online video-conferencing due to COVID-19 and social distancing measures. Data was first collected in November 2019, and then in August 2020, and again during November and December 2020. A total of 16 participants were evaluated at baseline when individuals were called to join the Action Group. One week later at the formation of the Action Group 13 of the 16 participants who attended were evaluated. 6 participants out of the 13 have been evaluated at baseline, mid and endpoint, and 1 participant at mid and endpoint, with 7 participants in total completing the evaluation.

### 3.1 Variables collected

The evaluation framework is included in Annex I, and includes the tools and questionnaire used in the evaluation.

#### 3.1.1 Participant socio-demographics

Participants were asked to complete a questionnaire at the start of the project. Questions included were: Age, Gender, Number of children in the household, Marital status, Employment status, Level of education, Amount of time living in the neighbourhood, Language spoken at home, and Disability as these are likely contextual factors on integration. The sample at baseline consisted of 16 individuals with a diverse socio-demographic mix.

#### 3.1.2 Inclusion of Other on Self Scale

Data was collected during the formation process of the Action Group and at the end of the project, to measure the distance travelled through the ABCD process. The Inclusion of the Other on Self (IOS Scale)<sup>5</sup> (Gächter, S., Stamer, S. & Tufano, F. (2001) data was analysed to measure levels of social capital, to track the impact of the intervention on participants and their perception of their closeness to those in the Action Group, and people in their community. This gave us baseline and endpoint data to measure whether participants' closeness to others have improved or strengthened during the intervention period and helps to test if the group's social capital has increased both on an individual and community level. Data collection pre-intervention was face to face on a 1-2-1 basis in a community space in Morriston, and post-intervention took place through online video-conferencing due to COVID-19 and social distancing measures. Data was first collected in November 2019, and then in August 2020, and again during

<sup>5</sup> This scale measures the closeness of interpersonal relationships to highlight the connection of an individual in a group setting.

November and December 2020. The level of closeness to the group and connectedness with their local community was measured by using a 7-point scale; 1 being the lowest and 7 the highest, in response to the question; *how close do you feel to people in this group?* which looks at the bonding element of social capital. And then, *how close do you feel to your neighbours? ('Within 10 minutes' walk from your home')* to look at bridging capital.

### 3.1.3 Adult Resilience Measure

Data collection using the Adult Resilience Measure (ARM)<sup>6</sup> (Research Resilience Centre, 2016) was carried out face to face and subsequently online for 12 months, first in November 2019 and again during November and December 2020. The tool consists of questions from three categories - personal relationships, individual capacity, and links with key services, highlighting the three elements of social capital with an added element of measuring resilience. It consists of 12 questions with a 5-point Likert scale. These questions describe participants' relationships, individual capacity, and links as perceived or experienced by people in their daily lives (Resilience Research Centre). These questions were measured by providing participants statements to rate from 1 (not at all) to 5 (a lot).

### 3.1.4 Home Office Indicators for Integration Framework 2019

A series of 1:1 interviews took place face-to-face in Morriston, Swansea and via online video due to COVID-19 social distance measures. The first interview took place in November 2019 and the next one in November 2020. Semi-structured questions were used to measure social capital based on the Home Office Indicators of Integration toolkit. The toolkit stems from the [Indicators for Integration](#) study commissioned by the Home Office in 2002 to evaluate the effectiveness of integration projects across the UK (Phillimore & Goodson, 2008). Most importantly it incorporates questions from other social capital questionnaires by the Office for National Statistics (ONS), Community Life Survey.

Subjects for discussion covered all three elements of social Capital (bonds, bridges and links) such as; 'how often do you personally contact your family members or friends?', 'how comfortable would you be asking a neighbour to keep a set of keys to your home, to mind your child/ren for half an hour or collect a few shopping essentials if you are ill and on your own?' and 'how well supported do you feel in creating social links'? Each interview took an average of 45 minutes. Informed consent was obtained from all participants and ethical advice and approval was obtained through PHW Information Governance team. Interviews were transcribed, anonymised (pseudonyms used) coded and analysed. Due to the small group, data was analysed manually, and general themes were identified through thematic analysis.

### 3.1.5 Researcher Observations

Throughout the whole process, the Researcher observed the process and noted down their reflections of the participants. Group discussion at the start of the ABCD process explored participants' expectations of the process, common barriers, and difficulties of engagement. At the end of the ABCD process an informal group discussion with members of the Action Group took place to explore perceptions of the process, and the extent to which it met expectations.

This process explored four key aspects of the ABCD process:

- (i) Whether the outcomes of the approach are those that matter to individuals;
- (ii) Views of the Action Group (differences in power, feeling safe to inform, levels of engagement, expectations, did it deliver a consensus) and its sustainability;
- (iii) Were the activities taken forwards sustainable and did they address the initial gap; and
- (iv) The extent to which the coproduction process is successful at anticipating barriers and facilitators to taking forward activities.

<sup>6</sup> The Adult Resilience Measure (ARM) scale is adapted from the Child Youth Resilience Measure (CCYRM-R) and is a self-reporting measure of the relationships between people and their environment.

## 3.2 Evaluation participants

The numbers of those who responded to the call for action were lower at 16 than the 24 that showed interest during the asset-mapping workshops, and even lower at 13 at the formation of the Action group and with 7 active participants at the end of the project. However, at every stage, we enquired and noted down people's reasons for not continuing with the process. Additionally, it did not interrupt the process, and at every point in the process, the participants in the group were sufficient to realise the aims of the project participants.

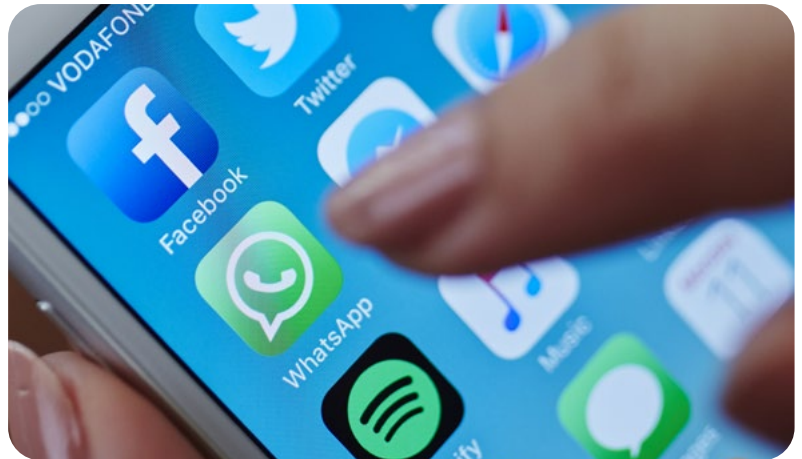
The sample size was 16 at baseline, 13 at mid, and 7 at the endpoint. The baseline sample is the highest because it was carried out during the CAPITAL project formation period when interest was high. The difference between the baseline and endpoint is due to participant discontinuation, which was exacerbated by COVID-19. The main reasons for discontinuation were childcare and homeschooling, health problems, going into employment and moving away from Morriston. Of the 10 participants who left during the lifetime of the action group, 6 were ethnically white, 3 were aged between 40-49 years of age, and 3 were homeowners.

Nonetheless, out of the 6 who left, 3 (2 homeowners and 1 social housing tenant) although they ceased to be part of the action group, they remained part of the WhatsApp group because they did not want to lose the connection with the group completely.

The small difference between mid and endpoint, from 6 to 7 in the sample size, is because one participant joined midway through the process. The participant who joined midway rents privately, but moved to Morriston a few years ago, and had not been able to make connections in the area. The participant saw a project leaflet that we left in Morriston library as part of our recruitment drive and got in contact. They joined the project just before lockdown in March 2020, and the first time we collected evaluation data for this individual was in May 2020 due to the start of the COVID-19 pandemic, and 6 months later since we collected data with the group of 16 at baseline. The participant has remained part of the group and contributed tremendously to the development and implementation of an Asset-based community development project. The 7 participants who are evaluated at baseline, mid and endpoint include 3 asylum seekers (but 2 have at the time of writing this report received refugee status, but at this time still living in housing provided by Clearsprings), 3 social housing tenants (1 recently moved into social housing because they received refugee status), and 1 private tenant. All 7 participants are unemployed, 4 because of immigration status and 2 are students. The most notable reason for staying to the end is the feeling of ownership of the Asset-Based Community Development project, the aspiration to continue developing it, changing their local area, and leaving a legacy.

### 3.3 Limitations

We had concerns about the impact of social distancing and lockdown measures on the ability to build social capital face-to-face and the subsequent findings of the project, as this was an unexpected external factor affecting the levels of social capital amongst our participants. After re-evaluating, a clear plan was designed to keep participants engaged and after a few weeks the Action Group decided to come back together, continue working on their community project and build social capital, albeit virtually. We quickly adapted to the context of lockdown to ensure that momentum behind the project is not lost. Key actions were taken:



- Providing mobile data packs for all Action Group participants to ensure they could stay connected with the project through virtual meetings on Zoom.
- WhatsApp group made it possible for people to keep in contact and contribute to the project in their own time and space. Some participants did not attend meetings but contributed their ideas and stayed connected through the WhatsApp group.
- Mobilising Tai Pawb as a project partner to provide support to the Action Group as key Public Health Wales personnel were mobilised to the COVID-19 health protection response.
- Focusing on what can be done virtually and 'parking' other ideas for activity within the community for a later date

3 participants discontinued between the first Action Group meeting on the 11th of November 2019 when IOS (Inclusion of Others on the Self) data collection was carried out with 16 participants, and during the formation of the Action Group 1 week later the 18th of November when the second round of interviews took place using the Adult Resilient Measure (ARM) and the Home office Indicators for Integration toolkit. At the end of the project 6 participants out of the 13 remained with an added participant who joined midway as explained in 3.2. Consequently, COVID-19 affected the ways in which data was collected at the end of the project. All interviews were carried out over the phone or by email depending on what participants preferred. Telephone conversations made it difficult at times to ask participants to elaborate on questions due to interruptions or other commitments in the home; or not being able to be completely comfortable to answer questions due to other people in the home, especially where participants live in shared accommodation.

At the time of evaluation 5 out of the 7 participants either had children at home due to COVID-19 school closures or were living in Clearsprings accommodation and sharing with other people. The focus of the participants had changed as well, because they had to adjust to the new reality, added with new responsibilities and difficulties; home-schooling, lack of IT equipment, and for some, worries about health and losing loved ones due to COVID-19. These factors made it hard to maintain participants' attention on the ABCD project. Another challenge was that the participants were worried that the project was not expanding quickly enough because of the lack of participation from some members, and also because of the size of the group. The need for additional participant recruitment was an extensive ongoing challenge, and more so due to time constraints. Although staff, partners and the group reached out to different stakeholder and members of the locality, Covid-19 and lockdown greatly hampered this process.

## 4.0 Results

### 4.1 Socio-demographic characteristics

As shown in **Table 5** the largest proportion of participants were aged between 30 and 39-year-old throughout the project, similarly with gender were over 50.0% remained female participants. The highest percentage of participants resided in Clearsprings accommodation, and throughout the process, there remained a need to recruit more participants from social housing. The different ethnicities are almost equal at 37.5% for white participants, 31.3% for both Black and Asian participants respectively at baseline. However, one week later at the Action Group, ethnically white participants represent 46.2% of the group due to the discontinuation of 3 participants from the other ethnicities; but the number of ethnically white participants drastically reduced by the end of the project to 14.3% as explained in **Section 3.2**. Many of the participants who stayed till the end of the 6 out of 7 were sanctuary seekers.

**Table 5 – Socio-demographics at the formation of the Action Group = 16, Action Group n=13, and We Love Morriston Group n=7**

	<sup>7</sup> Formation of the Action Group = 16		Action Group = 13		We love Morriston Group=7	
	number	%	number	%	number	%
<b>Gender</b>						
Male	5	31.3%	3	23.1%	2	28.6%
Female	11	68.70%	10	76.9%	5	<sup>8</sup> 71.4%
<b>Age</b>						
18-29	4	25.0%	4	30.8%	2	28.6%
30-39	6	37.5%	6	46.2%	3	42.8%
40-49	4	25.0%	1	7.7%	1	14.3%
50-59	1	6.3%	1	7.7%	1	14.3%
60-69	1	6.3%	1	7.7%	0	0.0%
<b>Ethnicity</b>						
White	6	37.5%	6	46.2%	1	14.3%
Asian or Asian British	5	31.3%	4	30.8%	3	42.9%
Black/ African/Caribbean/ Black British	5	31.3%	3	23.1%	3	42.9%
Mixed	0	0.0%	0	0.0%	0	0.0%
Other	0	0.0%	0	0.0%	0	0.0%
<b>First Language</b>						
English	6	37.5%	6	46.2%	1	14.3%
Other languages	10	62.5%	7	53.9%	6	85.7%
<b>Country of birth</b>						
Britain	6	37.5%	6	46.2%	1	14.3%
Other	10	62.5%	7	53.9%	6	85.7%
<b>Years in the UK</b>						
Since birth	6	37.5%	6	46.2%	1	14.3%
0-1 years	7	43.8%	6	46.2%	5	71.4%
2-3 years	0	0.0%	0	0.0%	0	0.0%
4-5 years	0	0.0%	0	0.0%	0	0.0%
6+	3	18.8%	1	7.7%	1	14.3%

7 Table 5 is showing the demographic makeup of each group as explained in 3.2 and 4.1; explain demographics was collected only at the start and when participants joined the project but is presented for each stage to illustrate the makeup of the people who dropped out/remained.

8 This data includes the 1 participant who joined at this stage as explained in 3.2



**Additional support**

None	6	37.5%	7	53.9%	7	100.0%
Childcare	3	18.8%	4	30.8%	0	0.0%
Transport	5	31.3%	2	15.4%	0	0.0%
Interpreter	2	12.5%	0	0.0%	0	0.0%

**Family members in your household**

0	8	50.0%	6	46.1%	4	57.1%
1	2	12.5%	2	15.4%	0	0.0%
2	2	12.5%	2	15.4%	0	0.0%
3	2	12.5%	3	23.1%	1	14.3%
4+	2	12.5%	0	0.0%	2	28.6%

**Number of children in your household**

None	7	43.8%	7	53.8%	5	71.4%
1	3	18.8%	3	23.1%	0	0.0%
2	5	31.3%	2	15.4%	2	28.6%
3	1	6.3%	1	7.7%	0	0.0%

**Home**

Own/Mortgage	3	18.8%	3	23.1%	0	0.0%
Council tenant	2	12.5%	2	15.4%	2	28.6%
Housing Association tenant	1	6.3%	1	7.7%	0	0.0%
Private tenant	1	6.3%	1	7.7%	1	14.3%
Clearspring	9	56.3%	6	46.2%	4	57.1%

**Employment status**

Full-time	0	0.0%	0	0.0%	0	0.0%
part-time	3	6.3%	3	23.1%	0	0.0%
Self-employed	0	0.0%	0	0.0%	0	0.0%
Student	1	6.3%	1	7.7%	1	14.3%
Unemployed	1	12.5%	1	7.7%	2	28.6%
Long term sick or disabled	1	6.3%	0	0.0%	0	0.0%
Retired		6.3%	1	7.70%	0	0.0%
Carer	1	6.3%	1	7.70%	0	0.0%
Asylum seekers	9	56.3%	6	46.2%	4	71.4%
Other	0	0.0%	0	0.0%	0	0.0%

**Disability/ Ailment**

Yes	3	18.8%	2	15.4%	0	0.0%
No	13	81.3%	11	84.6%	7	100.0%

## 4.2 Inclusion of Others on the Self scale findings

At the first Action Group meeting participants rated closeness to other people in group higher on the scale than anticipated, 37.5% rating their closeness at 5; the reason provided was simply due to the initial step of coming together, made people feel a sense of belonging.

Due to the big drop out between baseline and follow on as outlined in **Table 5**, and explained **Section 3.2** the changes are outlined in two tables, the first contains the data for 16 participants who took part in evaluation at the formation of the action group, and the second table compared baseline and endpoint data for the sub-group who stayed the course of the whole project. This allows us to see the change in perceived belonging within the subgroup who stayed and the impact of their participation

**Table 6 (b)** contains data of the 6 participants where data was collected at both the formation of the Action Group and at the end of evaluation. See **section 3.2** for 1 participant whose baseline data was collected 6 months later at the time of joining the group. Baseline data for this participant is only included with the 7 at midpoint and endpoint.

**Table 6 (a) the level of connectedness at the start of the project with 16 participants**

Scale 1 = not close 7 = close	How close do you feel to people in this group?	How close do you feel to your local community?
	Baseline (n=16)	
	Number (%)	
1	4 (25.0%)	2 (12.5%)
2	4 (25.0%)	2 (12.5%)
3	2 (12.5%)	4 (25.0%)
4	0 (0.0%)	1 (6.25%)
5	6 (37.5%)	4 (25.0%)
6	0 (0.0%)	2 (12.5%)
7	0 (0.0%)	1 (6.25%)

The connection in the community at baseline (n=16) shows a strong connection for half of the group, and an average to low connection with the other 50%.

**Table 6 (b) the level of connectedness from the start to the end of the project with the subset of 7 participants with data at both baseline and endpoint**

Scale 1 = not close 7 = close	How close do you feel to people in this group?			How close do you feel to your local community?		
	Baseline (n=7)	Mid (n=6)	End (n=7)	Baseline (n=7)	Mid (n=6)	End (n=7)
	Number (%)					
1	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (14.3%)	0 (0.0%)	0 (0.0%)
2	1 (14.3%)	0 (0.0%)	0 (0.0%)	2 (28.6%)	0 (0.0%)	0 (0.0%)
3	2 (28.6%)	0 (0.0%)	1 (14.3%)	2 (28.6%)	1 (16.7%)	0 (0.0%)
4	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (14.3%)	2 (33.3%)	0 (0.0%)
5	4 (57.1%)	3 (50.0%)	2 (28.6%)	1 (14.3%)	1 (16.7%)	6 (85.7%)
6	0 (0.0%)	1 (16.7%)	2 (28.6%)	0 (0.0%)	1 (16.7%)	0 (0.0%)
7	0 (0.0%)	2 (33.3%)	2 (28.6%)	0 (0.0%)	1 (16.7%)	1 (14.3%)

As shown in **Table 6 (b)** there is a trend towards feeling closer to the group/community that took place during the project, in both categories. **Participants described feeling closer to others in the group because of spending time together; physically before lockdown and via zoom and the WhatsApp group and building an idea together. The number is too small for statistical analysis but there is a positive change in the data.**

**Table 6 (b) also indicates that the level of social capital within the group increased significantly, with 6 out of 7 participants reported feeling closer to others in the group, scoring between 5 and 7, the higher numbers on the scale.** One participant scored average closeness 3, because they joined the project midway and had not had sufficient time to increase their connectedness. All seven participants rated their connectedness to their local community more highly at the end of the project, with all seven scoring 5 or above at the end point, compared with six out of seven scoring 4 or below at the baseline. **People have become more familiar with their local area, connected with other community groups, formed links with different services such as schools, and more specifically gotten to know their neighbours.**

## 4.3 Adult Resilience Measure findings

Data collected on this measure is with a total of 13 participants, 3 participants discontinued between the first Action Group meeting on the 11th of November 2019 when IOS data collection was carried out with 16 participants, and during the formation of the Action Group 1 week later on the 18th of November when these interviews took place. See 3.2 and Table 5. The data collection process was divided in this way to make sure that the interviews were not time-consuming or overwhelming for the participants, as it contained some sensitive questions. The 3 participants were all sanctuary seekers, 1 received refugee status and moved away from the area, the other 2 attended ESOL (English to Speakers of Other Languages) which clashed with suggested Action Group meeting days. Data in Tables 7a, 8a, 9a and 10a contains data of the 13 participants where data was collected in the Action Group. Tables 7b, 8b, 9b and 10b contains data for 6 participants who remained part of the Action group and We love Morriston, and data for 1 participant whose baseline data was collected 6 months later at the time of joining the group. Baseline data for this participant is only included in this tables.

Tables 7-10 differentiate between the categories to show changes in social capital over time. Data shows an increase in all four categories of the scale with high resilience as a strong characteristic.

**Table 7 (a) Bonds** (relationships between family members and people in their circle of friends, clubs or groups as explained in 1.1) – relationships with people who share similar characteristics at the formation of the Action Group with 13 participants

Scale 1 = not at all, 5 = a lot	Qu C – My family knows a lot about me	Qu H – My family stand by me in difficult times	Qu I – My friends stand by me in difficult times
	Baseline (n=13)	Baseline (n=13)	Baseline (n=13)
Number (%)			
1	2 (15.3 %)	4 (30.7 %)	0 (0.0%)
2	2 (15.3 %)	0 (0.00%)	1 (7.7%)
3	2 (15.3 %)	0 (0.00%)	4 (30.7%)
4	3 (23.1 %)	5 (38.6 %)	5 (38.5 %)
5	4 (31.0 %)	4 (30.7 %)	3 (23.1 %)

**Table 7 (b) Bonds** (relationships between family members and people in their circle of friends, clubs or groups) – relationships with people that share similar characteristics data collected at the start to the end of the project with the remaining 7 participants

Scale 1 = not at all, 5 = a lot	Qu C – My family knows a lot about me		Qu H – My family stand by me in difficult times		Qu I – My friends stand by me in difficult times	
	Baseline (n=7)	End (n=7)	Baseline (n=7)	End (n=7)	Baseline (n=7)	End (n=7)
Number (%)						
1	1 (14.5%)	1 (14.5%)	2 (28.5%)	2 (28.5%)	0 (0.0%)	0 (0.0%)
2	2 (28.5%)	2 (28.5%)	0 (0.0%)	0 (0.0%)	1 (14.5%)	1 (14.5%)
3	2 (28.5%)	2 (28.5%)	2 (28.5%)	2 (28.5%)	3 (42.7%)	1 (14.5%)
4	0 (0.0%)	0 (0.0%)	2 (28.5%)	2 (28.5%)	3 (42.7%)	4 (56.5%)
5	2 (28.5%)	2 (28.5%)	1 (14.5%)	1 (14.5%)	0 (0.0%)	1 (14.5%)

We know that an individual's social capital is important for their wellbeing, resilience, and social cohesion, and this includes relationships, or "bonds", between an individual and their direct family. We asked questions that related to the participant's perceptions of how well their family members know them and they can depend on them through difficult times, and what we found comparing baseline and endpoint was that almost half of the individuals in the group do not have strong relationships with family at either stage (**Table 7 a and b**), and the finding was found in both people seeking sanctuary and settled communities. This is further evidenced in **4.3.1** where participants spoke about how often they meet up or contact family or friends.

The table indicates that almost half of the individuals in the group at both baseline and endpoint do not have strong relationships with family. This is commonly found in sanctuary seekers because most of them have left family behind, for example, spouses, sometimes children and extended family. Our results found that although almost half of the individuals in both groups do not have strong relationships with family at either stage, this effect appeared stronger in sanctuary seekers. However, our numbers are too small to test whether the difference is significant and so this warrant further exploration in future studies.

**Table 8 (a) Bridges (connections between different groups of people and other communities as explained in section 1) – relationships with people who are different data collected at the formation of the Action Group with 13 participants**

Scale 1 = not at all, 5 = a lot	Qu A – I have people I can respect in my life	Qu F – I know where to get help in my community	Qu J – I am treated fairly in my community
	Baseline (n=13)		
	Number (%)		
1	0 (0.0%)	0 (0.0%)	0 (0.0%)
2	2 (15.4%)	4 (30.7%)	1 (7.7%)
3	2 (15.4%)	5 (38.5%)	5 (38.5%)
4	2 (15.4%)	1 (7.7%)	4 (30.7%)
5	7 (53.8%)	3 (23.1%)	3 (23.1%)

**Table 8 (b) Bridges (connections between different groups of people and other communities) – relationships with people who are different data collected at the start to the end of the project with the remaining 7 participants.**

Scale 1 = not at all, 5 = a lot	Qu A – I have people I can respect in my life		Qu F – I know where to get help in my community		Qu J – I am treated fairly in my community	
	Baseline (n=7)	End (n=7)	Baseline (n=7)	End (n=7)	Baseline (n=7)	End (n=7)
	Number (%)					
1	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.00%)	0 (0.0%)
2	2 (28.5%)	2 (28.5%)	4 (57.0%)	1 (14.5%)	1 (14.5%)	1 (14.5%)
3	2 (28.5%)	2 (28.5%)	2 (28.5%)	1 (14.29%)	2 (28.57%)	0 (0.00%)
4	1 (14.5%)	3 (43.0%)	0 (0.0%)	3 (43.0%)	3 (43.0%)	2 (28.5%)
5	2 (28.5%)	0 (0.0%)	1 (14.5%)	2 (28.5%)	1 (14.5%)	4 (57.0%)

There is a consensus that in Morriston people from different backgrounds get on well together, and that there are people or organisations that they can count on. However, in the COVID-19 context, participants are not only looking at their community in the boundaries of Morriston but collectively every community or support avenue that they connect with.

**Table 9 (a) Social and community inclusion- at the formation of the Action Group with 13 participants**

Scale 1 = not at all, 5 = a lot	Qu G – I feel I belong in my community	Qu K – I have opportunities to apply my abilities in life	Qu L – I enjoy my community’s cultures and traditions
	Baseline (n=13)		
	Number (%)		
1	1 (7.7%)	2 (15.3%)	1 (7.7%)
2	2 (15.3%)	2 (15.3%)	0 (0.0%)
3	5 (38.5%)	3 (23.1%)	6 (46.1%)
4	4 (30.8%)	4 (31.0%)	3 (23.1%)
5	1 (7.7%)	2 (15.3%)	3 (23.1%)

**Table 9 (b) Social and community inclusion - data collected at the start to the end of the project with the remaining 7 participants**

Scale 1 = not at all, 5 = a lot	Qu G – I feel I belong in my community		Qu K – I have opportunities to apply my abilities in life		Qu L – I enjoy my community's cultures and traditions	
	Baseline (n=7)	End (n=7)	Baseline (n=7)	End (n=7)	Baseline (n=7)	End (n=7)
	Number (%)					
1	0 (0.0%)	0 (0.0%)	1 (14.3%)	1 (14.3%)	1 (14.3%)	0 (0.0%)
2	2 (28.5%)	1 (14.3%)	2 (28.5%)	1 (14.3%)	0 (0.0%)	0 (0.0%)
3	3 (42.9%)	1 (14.3%)	2 (28.5%)	0 (0.0%)	4 (57.1%)	3 (42.9%)
4	1 (14.3%)	3 (42.9%)	2 (28.5%)	2 (28.5%)	1 (14.3%)	1 (14.3%)
5	1 (14.3%)	2 (28.5%)	0 (0.0%)	3 (42.9%)	1 (14.3%)	3 (42.9%)

The low and average scores on the scale of 1, 2 and 3 from participants is mainly found in the statement where participants are asked if they have opportunities to apply their abilities in life. **People did not feel that they had enough opportunities to use their abilities, skills, and experiences. Participants indicated that the change in social capital here is mostly due to their involvement in the CAPITAL project. Change increased from 0.00% to 42.8%, number 5 on the scale indicates that more people felt that they now had a lot of opportunities to use their abilities.**

**Table 10 (a) Individual capacity - data collected at the formation of the Action Group with 13 participants**

Scale 1 = not at all, 5 = a lot	Qu B – Getting and improving my qualifications is important to me		Qu D – I try to finish what I start		Qu E – I can solve problems without harming myself and others	
	Baseline (n=13)		Baseline (n=13)		Baseline (n=13)	
	Number (%)					
1	0 (0.0%)		0 (0.0%)		2 (15.3%)	
2	0 (0.0%)		1 (7.7%)		0 (0.0%)	
3	1 (7.7%)		0 (0.0%)		0 (0.0%)	
4	0 (0.0%)		5 (38.5%)		3 (23.1%)	
5	12 (92.3%)		7 (53.8%)		8 (61.6%)	

**Table 10 (b) Individual capacity - data collected at the start or the time they joined to the end of the project with the remaining 7 participants.**

Scale 1 = not at all, 5 = a lot	Qu B – Getting and improving my qualifications is important to me		Qu D – I try to finish what I start		Qu E – I can solve problems without harming myself and others	
	Baseline (n=7)	End (n=7)	Baseline (n=7)	End (n=7)	Baseline (n=7)	End (n=7)
	Number (%)					
1	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
2	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
3	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
4	0 (0.0%)	0 (0.0%)	3 (42.9%)	2 (28.6%)	1 (14.3%)	1 (14.3%)
5	7 (100.0%)	7 (100.0%)	4 (57.1%)	5 (71.4%)	6 (85.7%)	6 (85.7%)

The individual capacity category has the highest scores at both baseline and endpoint. Between 90-100% of participants scored all three questions with the highest scores of 4 and 5. This is an indication that the group have capabilities and assets and can improve their own lives.

## 4.4 Qualitative Interviews

Semi-structured interviews were carried out with 13 participants at baseline and 7 at the endpoint using the Home Office's Indicators for Integration. The questionnaire was paper-based, and the Community Development Researcher conducted the baseline interviews with the assistance of an Intern, and at the endpoint without assistance by telephone. We assisted participants with clarifying the statements or questions. The interviews were recorded, but answers were noted down if participants preferred. When an interviewee did not consent to their interview being recorded, the interview progressed if the participant gave informed consent to the remaining research procedures and field notes were written to this effect. 1:1, conversation-style interviews were undertaken, so that participants felt safe and supported during evaluation. There was a 10 – minute debrief to re-connect with participants on a personal level, to check if they feel okay at the end of the session. Recorded data were transcribed, anonymised and general themes identified through basic thematic analyses. Data collected was inputted, anonymised and analysed by the Community Development Researcher.

### 4.3.1 Bonds

Participants were asked how often they kept in touch with family members and friends, physically or online, and their level of involvement with social clubs, groups, and organisations. All participants met up with family or friends from once a day to about once a week; mostly friends, as the majority did not have strong family connections, or were separated from family due to different circumstances such as seeking asylum or family breakdown. The Community Development researcher observed that **participants found this question extremely difficult to answer, specifically regarding family; sanctuary seekers and settled individuals alike. Additionally, COVID-19 has hampered physical connections due to social distance measures, and lockdown restrictions.** However, online communications increased during this period, and the project supported those participants who did not have Wi-Fi and provided data packs.

### 4.3.2 Bridges

At baseline many of the participants described that they are adaptable and eager to mix with people from different backgrounds, ages, and ethnicities, and strongly believed that their neighbours are cordial; and essentially, their local area is a place where people from different backgrounds get on well together. 10 out of 13 participants said that they would be very comfortable and fairly comfortable to ask a neighbour to keep a set of keys to their home for emergencies. However, they were very uncomfortable when it came to ask their neighbour to mind their children, and fairly uncomfortable asking their neighbour for help. **It is important to note, however, that participants indicated that it was not because their neighbours were unpleasant, but because of a culture of self-reliance. One participant stated that they would feel embarrassed to ask, although they are confident that the neighbours would help.**

5 out of the 6 participants who participated in the interviews from the start in November 2019 to the end of data collection in November / December 2020 stated that the connection with their neighbours has increasingly become stronger due to lockdown. Participants noted that they see their neighbours more often, have started having conversations over the fence and have more confidence to ask for help, and in turn offer a helping hand. However, it is equally important to note that one of the participants experienced the opposite due to the pandemic; whereas they use to have stronger connections with their neighbours prior, they have not seen or spoken to their neighbours during this time but understand that it might be because they are self-isolating or shielding.

Out of the 13 participants interviewed at baseline, 9 agreed that they have visited, telephoned or e-mailed someone who has difficulty getting out and about, and that number has remained constant at end line with 5 out of 7 still offering support. 10 out of 13 have given advice and have helped writing letters and filling out forms, and 8 out of 13 stated that they have talked to a service provider or organisation on behalf of someone who needed help. **Unfortunately, at the end of the project, this number has significantly reduced to 1 out of 7. Participants stated that in current circumstances they can only offer limited online support.**

### 4.3.3 Creating links with key institutions, rights and pathways to participation

The highest involvement at 7 out of 13 in social groups or organisations in the cohort were in education for adults, religion, and community groups; the remainder of 5 out of 13 is divided between sport and exercise, health and disability, art and recreation, environment and animals, older people and cultural groups. Politics, justice and human rights, and trade unions came in at zero, but not because of lack of interests, but due to lack of knowledge and opportunity to engage.

There is a noticeable difference between sanctuary seekers and settled communities concerning their knowledge, experience and relationships with different services, and organisations that offers support and helps them to create links for inclusion, integration, and participation. Sanctuary seekers feel that they are very well supported by third sector organisations; specifically, organisations that support asylum seekers and refugees. They are confident in their services but limited in connecting with other services, because of their immigration status, and a lack of knowledge about their rights.

The settled community on the other hand know their rights and have in-depth knowledge of services available, but because of bureaucracy have learned to do things for themselves instead of depending on services. One participant responded that they feel that they do not have the 'social capital' to be taken seriously by authorities. They know where to go for support but do not trust that their concern will be taken seriously because they do not have 'high up' social connections.

**On a positive note, 7 out of 7 participants who took part in the end questionnaire said they feel better supported to create links because of their involvement and participation in the CAPITAL project.**

## 4.5 Researcher's Observations

### 4.4.1 Challenges in engagement

Community engagement with 'overlooked' groups is not easy due to the experiences of people feeling 'let down' consistently by decision-makers and service providers, which was a reoccurring theme during our conversations with people at the asset-mapping workshops. The other views are that these types of projects are not sustainable – **'they come and go, and it won't change anything, there is too many problems'** (participant E). Reference to the Communities First programme which worked with communities in this area and was discontinued kept coming up in conversations. This may explain why people who have lived in social housing in Morriston for many years have been reluctant to engage. Hence, the need for additional participant recruitment has been an extensive ongoing challenge. Community development is a slow process, it requires patience and trust; it takes time not only to build relationships but to help the participants build confidence, not only in themselves but also in their idea of a project.

### 4.4.2 COVID-19 and getting back on track

Additionally, COVID-19 measures and lockdown significantly hampered this process because people's commitments shifted to adapt to a different way of life. However, the WhatsApp group made it possible for people to keep in contact and contribute to the project in their own time and space. Some participants did not attend meetings but contributed their ideas and stayed connected through the WhatsApp group. **One participant reflected that although they have not been actively participating, merely being part of the group and reading the conversations has been a constant source of support and affiliation.** Although the project's initial plan was to physically bring people together to work on the project, community engagement and collaboration must be flexible enough to let people participate in the most suitably and appropriately way they can; to build and maintain inclusivity and connectedness.

### 4.4.3 Maintaining a power balance in co-production

At times, the participants expressed their view that their project would benefit from extensive professionals' involvement due to a lack of confidence in their abilities. In many of the asset-mapping workshops when individuals were asked to name their skills, knowledge, or passions, they indicated that they did not have any, but in further discussions realised that they had an abundance of assets.

**For example, one person replied that they were 'rubbish' and did not think they had any assets, but afterwards stated that they collected money for teas and coffees for their group and kept a record, managed the attendance register and organised the dates and times for the group. Once we highlighted that they had record-keeping skills, money management and organisational skills; they were elated and their demeanour changed.**

As professionals, we endeavoured to facilitate the group, offer assistance and expertise, but with the constant consciousness that this a community-led project. We have worked to support the participants to build confidence by taking responsibility in different tasks and overall decision-making. The group have been quite receptive to the idea of taking ownership of the We Love Morriston Project but are not confident enough to manage it in totality. Co-production is not about the participants being in total control, but that there is an equal contribution from everyone involved, whether as professionals, participants, stakeholders, other community groups or the communities of interest. It is important to recognise that everyone has a piece to bring to the table, and more so with groups of people that are not always recognised as having valuable assets. One of the participants summed it up perfectly:

*'Dignity of everyone's opinions for the betterment of the community. Fair play, balance and listening to all opinions and bringing a commonality and a balanced decision-making'.*

(Participant C).



## 5.0 Discussion

We set out to achieve these objectives as stated in 2.0

**5.1 To establish if the intervention worked or failed and the grounds of the outcome achieved, i.e., if this process of working together on an Asset-Based Community Development project has improved social capital in excluded groups.**

**After a mere three meetings the group indicated that they wanted to know each other more and felt comfortable to share very personal experiences. What was striking is the fact that although these individuals were from different backgrounds and had different experiences, all participants had experiences of trauma in some way.** As the meetings progressed, they got to know each other intimately. They discovered common challenges that they face due to their social, economic, and political position, and it made them closer and more sympathetic towards each other. Settled residents learned more about the asylum process, i.e., they are not allowed to work, do not qualify for mainstream benefits or social housing etc.; and on the other hand, asylum seekers learned about inadequate housing, the challenges of universal credit, unemployment, and other difficulties such as health issues that hampered people getting into employment.

These shared difficulties and challenges made them eager to get to the 'doing part', in order to improve themselves and their community. Facilitated sessions were highly informative, and the information flow between the facilitators and the Action group participants was seamless and provided a great learning opportunity for both sides. The benefits of utilising local community spaces for the asset-mapping workshops, interviews and facilitated sessions were highly significant and beneficial. It generated an increased familiarity with different local venues and activities, which somehow also increased a sense of pride and belonging. Additionally, it made it easy for the participants, not just to attend Action Group meetings or sessions, but it facilitated easier access to venues and enhanced knowledge of the services and activities available in the local area.

The group created a WhatsApp group just before the first lockdown and have continued to communicate on that platform. They have used it to share ideas, contribute to discussions and build the project, but most importantly support each other through this difficult time, and thereby strengthening their connection. One participant fed back:

*'By sharing experiences and ideas on the platform makes you feel like you are still part of the group. Realisation that although other ideas have been paused for now that they are still possible because we have managed to get the newsletter off the ground. It is a great achievement, hence a good motivator that although there is still lots to be done, we have managed to do something' (Participant F).'*

**It is evident that Asset-Based Community Development focused work is essential for building relationships between different groups in the community and facilitating integration for newcomers; regardless of if they are sanctuary seekers or British citizens moving into a new area.**

## 5.2 To evaluate the process of the ABCD intervention and identify mechanisms that inhibit or enhance the potential of the ABCD intervention to improve integration, specifically social capital, as well as the acceptability and feasibility of using ABCD approach

We have learned that there is a tendency to overlook these communities' assets and capabilities because of their status, environment, and level of influence. However, when afforded the opportunity and applied in a way that benefits and empowers individuals, inclusive co-production and an ABCD approach has the capacity to increase confidence and resilience; improve people's immediate environment, and health and well-being. It has been clear to see that local people are the experts of the needs in their communities, know how to best address issues that affect them and find solutions. However, it is important to highlight that due to being 'excluded' and 'overlooked' participants have to be constantly reminded of their assets, capabilities and supported and empowered to take on different tasks as the project progresses; this is attributed to the need for 'professional expertise'.

*'I completely feel that it is our project – our name, our reputation, and our ideas. I started feeling a sense of ownership earlier on before lockdown, I started taking personal responsibility. I really wanted the project to succeed and was getting nervous when the numbers of the group were not growing. Also, it's because you guys kept telling us 'it's your project' and encouraging us to take on the some of the tasks'.*

(Participant B).

The common outcomes in all participants, although varying in levels of change were the emergence of unity and common aspirations within the group and increased confidence. Participants are proud that they have been able to work and grow together as a unit, started to 'feel like family' even under the current circumstances; and have worked together collaboratively. **'We have used our skills to make Morriston a better place, not just for us, but for our kids and the next generation' (Participant A, Video)**. Participants reported that they have learned and experienced the benefits of community cohesion, and co-production. **'We love Morriston is bringing people, contribution in their community and sharing love' (Participant B, Video)**. This provides some evidence that asset-based approaches have a positive impact on individuals and communities, and that contact between different groups is useful and meaningful when it includes equal participation and contribution in tasks from everyone involved. More importantly, CAPITAL has worked to promote the Well-Being Goals as stated in the Well-being of Future Generations (Wales) Act 2015, particularly a Wales of Cohesive Communities, and showcases two of the five ways of working: involvement and collaboration.

### 5.3 Building the capability of local policy and decision makers to engage with traditionally 'need to reach' groups and coproduce services and facilities

It was crucial at the onset of the project to initiate stakeholder engagement by identifying and contacting key services and community groups in the Morriston area to support the delivery of asset-mapping workshops, and ongoing dialogue to inform the development of the project's outputs. In addition, we introduced the project to key policy-makers, including the three Cabinet Members at Swansea Council, responsible for the areas of health, housing, and communities, respectively. This was part of our commitment to ensure that the project's products met the needs of policy and decision-makers. The participants initiated, arranged, and met with Mike Hedges MS as their local Welsh Parliament representative. He agreed to investigate some issues raised by the group, such as availability of community transport, English for Speakers of Other Languages (ESOL) provision and use of community centres in Morriston.

A key aim of this project was to highlight the benefits of the ABCD / Co- production approach; allowing communities the opportunity to make decisions and act on issues that affect them as individuals and as a community. Unfortunately, they have not been able to meet up with local Councilors due to the pandemic but have attended meetings where they have been present.

The project plan includes the development of a co-production toolkit, focusing on engaging with traditionally 'overlooked' groups. After reflecting on the early findings, a decision was made to develop an interactive roadmap for inclusive co-production, highlighting the 'co' in co-production - contribution, engagement, and power on an equal basis (i.e., with 'underheard/seldom heard/under-represented groups') drawing on the learning from this project; including through dialogue with project participants about their perspective on the key learning that can be taken forward to other projects. There is a consensus that community members need to be included in the consultation and decision-making process before an agenda is decided at the beginning of the project.



## 6.0 Building social capital while social distancing

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The Coronavirus pandemic has presented many challenges to the CAPITAL project, principally because it aims to build social capital (bonding, bridging, and linking) through face-to-face work within a specific neighbourhood. No well-thought-out plan or extensive project management or projections can prepare adequately for a pandemic, and how quickly it shifts everything.

Without delay, alternative ways to keep communication flowing and still maintain relationships between project staff and participants, and between the participants, had to be established. In one aspect, unknowingly, online communications structures were already set up, because there was an already functioning platform of communication via WhatsApp, but we had to look at more innovative ways to use this platform at maximum capacity and establish other virtual mechanisms.

However, we adapted quickly to the context of lockdown to ensure that momentum behind the project is not lost. Key actions taken were:

- Providing mobile data packs for all Action Group participants to ensure they could stay connected with the project through virtual meetings on Zoom.
- Mobilising Tai Pawb as a project partner to provide support to the Action Group as key Public Health Wales personnel were mobilised to the COVID-19 health protection response.
- Focusing on what can be done virtually and 'parking' other ideas for activity within the community for a later date. This has resulted in seven community newsletters being produced during the pandemic, which have focused on sharing activities to promote well-being that can be done at home.

At the beginning of the project, 'community' was defined as those who live in the neighbourhood – 'within 10 minutes' walk from home'. However, with COVID-19 the participants redefined what 'community' means in this context. Participants explained that in their experience, a community is not restricted to the immediate locality or postcode; but that it is the different online networks that support people and communities, regardless of where they are situated.

## 7.0 Sustainability

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The CAPITAL project aims to be a foundation for coproduction beyond the lifetime of the project. It primarily aims to build capability within the chosen locality in two ways: to empower residents to participate in development activities by improving skills and confidence and, to train local institutions and services to engage with a diverse range of residents in their service planning and delivery by providing tools and training. The tools created by the project will be disseminated widely to services and policy-makers beyond the chosen locality. In this way, the project will have the potential to continue strengthening communities beyond its lifetime through a network of inspired, engaged, and empowered stakeholders. Additionally, it is hoped that the participant-led project (We Love Morriston) will continue beyond that date without support from PHW staff. During the process, PHW staff together with the project participants have created links with different community groups and services in Morriston, and additionally in the process of registering as a member with the Swansea Council for Voluntary services for further support.

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**MORE IN MORRISTON...** 

...than you might think

What we know	What we're good at	What we care about
Music	Cooking	Family
I.T.	Serving	Community
Management	Face-painting	Friendship
Investment	Knitting	Health
Planning	Art	Nature
Marketing	Sewing	Environment
Organising	Repairs	Charity
Health & Safety	Hairdressing	Gardening
Food Hygiene	Beauty	Faith
Sales	Writing	Volunteering
Languages	Record keeping	Poetry
Communication	Administration	Languages
	Logistics	Photography

COMMUNITY ASSETS, PARTICIPATION & INTEGRATION: **TAKING ACTION LOCALLY**  
The CAPITAL project is funded by the Health Foundation. It aims to strengthen social connections in the community and achieve better well-being for everyone.



**We ♥  
Morriston**

