CommonHealth Assets:

Bogside and Brandywell Health Forum

Project summary

What was CommonHealth Assets?

CommonHealth Assets was a large research project investigating the impact of community-led organisations (CLOs) on health and wellbeing. The research was funded by the National Institute for Health and Care Research (NIHR) – the largest UK health research funder.

We use the term CLOs to describe place based, community owned and run organisations in disadvantaged, underserved areas. We set out to create new knowledge and evidence about whether and how CLOs work, in what contexts, for whom, how and at what cost.

The research addressed two main questions, the first relating to how CLOs impact on individuals and the second to how they operate and survive as organisations.

Working with 14 CLOs from across the UK our researchers collected a range of different types of data, extracting information from existing literature and policies, and generating new data through interviews and workshops, surveys and card sorts, and by looking at income and expenditure reports published by CLOs.

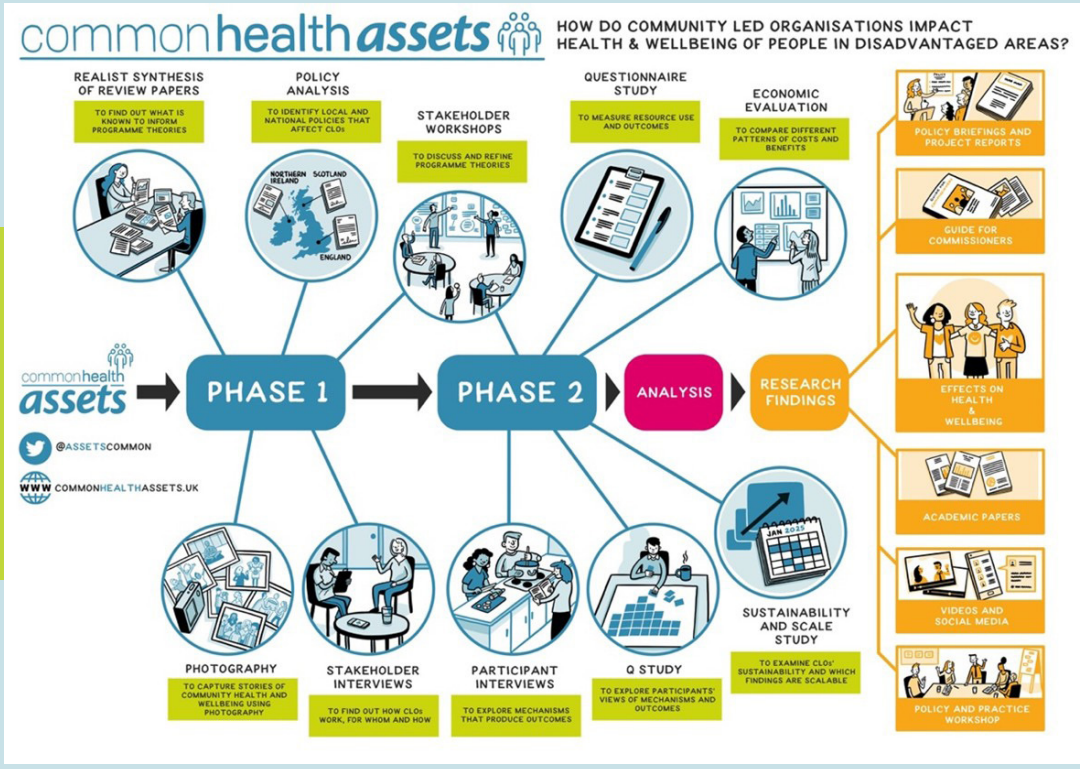


Figure 1: A picture of the whole project

Who was involved?

June 2022 to June 2025

14

Community-led organisations

CommonHealth Assets was a three-year, large UK multi-site, multi-method project involving academic researchers experts from several universities and partners from the community and voluntary sector.

Our partners identified 14 CLOs to work with us, selected to ensure diversity across geographies and populations (urban, rural, the demographics of communities, size). Our partner CLOs are in Glasgow and Lanarkshire in Scotland; Bournemouth and East London, in England; and Belfast, Derry and Fermanagh, in Northern Ireland.

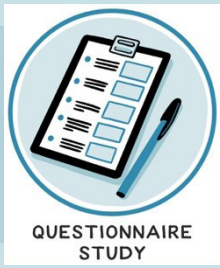
We worked together with our Lived Experience Panel of 12 CLO participants who examined and advised on the design and conduct of the research and interpretation of findings.

Researchers were located close to and worked closely with three or four CLOs each, working with community partners to develop ways to generate and collect data for the study. A short video made by the researchers describes how they worked with CLOs and community members.

What we did – methods, timescales, numbers

To answer our research questions, we used a range of different methods, tools and techniques. First, we set out to bring together what is already known – from reports, policies, academic research and, importantly, the knowledge in the community and voluntary sector held by practitioners and leaders. We used literature review methods, interviews, workshops and a policy analysis across the UK to come up with detailed 'programme theories' explaining how CLOs impact on individuals, and how CLOs work as organisations. This was our Phase 1.

In Phase 2, we tested those theories with new data, longitudinal survey methods (surveys over time with the same people), economic evaluation looking at costs and benefits, card statement sorting and interview methods.



Altogether we generated data from more than 400 people working in, volunteering and benefiting from the work of CLOs. 350 of those responded to our survey at four time points, allowing us

to examine the impact of CLOs on their health and wellbeing over 12 months. We measured wellbeing (capabilities), health-related quality of life, mental wellbeing and social connectedness. After bringing together all our research findings we amended our theories – based on this new evidence – to create new, evidence-based, explanations about how CLOs make a difference to the people they support.

What our research found

We do not cover all the research findings here. We have focussed on some big messages and then selected aspects of the study we expect will interest you as users of knowledge, practitioners and community leaders. If you would like to hear more just get in touch!

This is the first large-scale investigation to systematically capture and analyse the impact of CLOs on health and wellbeing in this way. The key findings are as follows:

- The study suggests that participation in CLOs has measurable impacts on wellbeing capabilities and mental wellbeing over time.
- The nature of the impacts is dependent on the type of activities people took part in.
  - Arts and crafts are associated with improvements in mental wellbeing.
  - Volunteering is linked with improved capability wellbeing and social connectedness.
  - Physical activity and outdoor engagement are linked to enhanced social connectedness.
- The effectiveness of CLO activities is influenced by the frequency of participant engagement.
  - Sustained Engagement Required: Certain activities require consistent, sustained participation to yield benefits. These include education, arts and crafts, music, psychological support, and physical activities.
  - Diminishing Returns: For some activities, benefits plateau after a certain frequency. For example, volunteering shows positive outcomes across multiple measures, but the benefits peak at a frequency of twice per week, after which it may become a burden on participants.
  - Cumulative Benefits: Conversely, other activities show a positive dose-response relationship, meaning greater engagement leads to greater benefits. This pattern is observed with outdoor and cultural activities.

Why it is important?

This research is needed because policy attention on community approaches for health and wellbeing has moved faster than the evidence base. There is a need for rigorous, theory-based evaluation and an understanding of what works in communities.

Although community development leaders and some public health experts have long argued that community is key to addressing health inequalities, evidence of impact is limited. While case studies and research reports based on individual experiences and opinions have provided valuable insights into how people feel about CLOs, there is a pressing need for large-scale studies that yield findings applicable across different contexts.

Learning for Bogside and Brandywell Health Forum

Our findings are drawn from data and analysis across our 14 CLOs. Below we highlight findings that are relevant to your organisation and community based on working with you over the past three years.

For Bogside and Brandywell Health Forum we have focussed on **healthy living** and **outdoor activities** for individuals, families and the local community as key areas of interest.

Our research explains the ways in which supported community health and lifestyle activities and opportunities, affect participants in CLOs, particularly through a focus on healthy living and living well. Our longitudinal survey showed that:

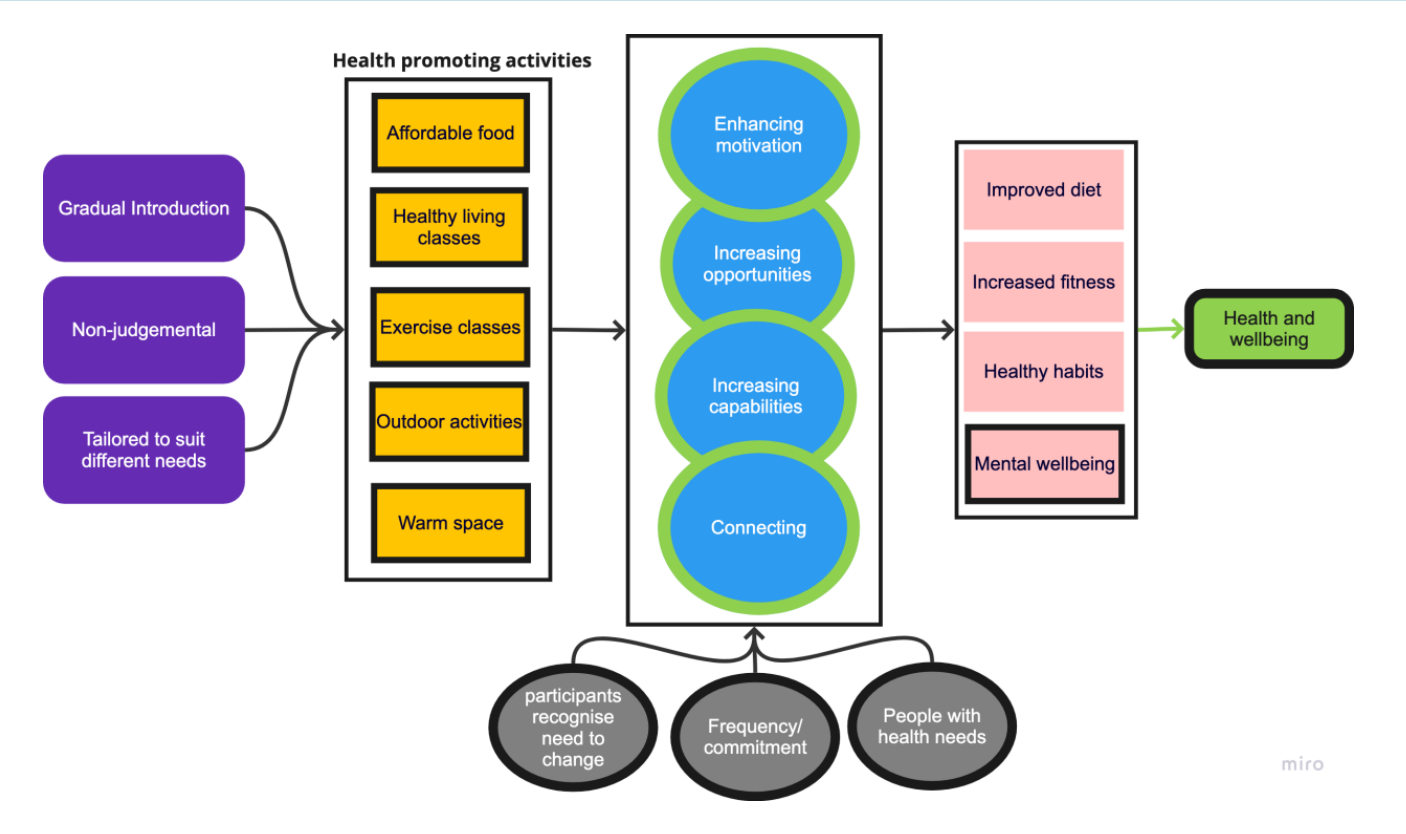
- Family-centred activities, like parenting classes, mother and toddler groups, and homework clubs are associated with improvements across all wellbeing outcomes measured (capability wellbeing, health-related quality of life, mental wellbeing and social connectedness) throughout the study period.
- Physical activities show early improvements in capability wellbeing that require sustained engagement to maintain over time.
- Outdoor activities positively impact on participants' social connectedness, capability wellbeing, mental wellbeing and health related quality of life. We found a 'dose-response' pattern for outdoor activities, which shows that participants experience positive benefits from the first session, and those accumulate with each session of outdoor activity.

- Activities centred around working, making and doing, such as crafts, meaningful occupation and education/skills impact on sense of purpose, social connectedness and mental wellbeing. Educational activities are also linked to improvements in health-related quality of life.

- Volunteering improves capability wellbeing and social connectedness, with benefits peaking at approximately twice per week, then levelling off or potentially declining with more frequent engagement.

The diagram and text below (Figure 2) show how **healthy living** activities shape outcomes and highlights the contexts and mechanisms behind them.

Figure 2: Healthy living



CLOs play a vital role in supporting healthier lives.

Many CLOs often start by meeting basic and everyday needs – like offering warm spaces and affordable food and over time engage people through offers of activities that encourage healthy habits, such as exercise classes, outdoor activities, and wellbeing workshops. These opportunities boost motivation, build confidence, and develop routines that improve both physical and mental health. We found that improvements in social connectedness happen quickly for new participants (measurable at one month). Other outcomes take longer (6-12 months).

When activities are welcoming, tailored to individual needs, and introduced gradually, they tend to be more effective. Regular participation also creates friendships, social connections and a sense of belonging, making healthy living feel enjoyable and sustainable.

Limitations and work to be done in the future

One of the limits of this study is that we cannot meaningfully break up the results into individual organisations to show impact for each CLO separately. This would require larger sample sizes from each organisation. The strength of the study is that it covers a larger sample across CLOs and so our explanations are more generalisable.

Academic journals have an important peer review process that adds to the credibility and robustness of our findings. As part of this process, reviewers might ask us to look at our data again and some details might change as a result. This report is an early view of findings written for you as a partner organisation.

More information

There is a lot of data and lots more to say. Look out for new papers on aspects of the findings including theories about how the organisational context impacts on how CLOs operate and an economic analysis of costs and benefits. We will also be sharing this learning at a range of events for different communities.

All new reports and publications will be published on our website, with many already there - just visit our website and click on 'publications'.

Thank you once again for your support and efforts during this research project. You have provided evidence that organisations like yours are having a positive impact on health and wellbeing and that more support needs to be provided to enable you to carry on this crucial work.

For more information please contact: commonhealthassets@gcu.ac.uk
or get in touch with the project lead Professor Rachel Baker at Glasgow Caledonian University: rachel.baker@gcu.ac.uk

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