



Healthy Neighbours Project Social Impact evaluation (2022-24)

2024

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Executive Summary

Project Background

Launched by Torus Foundation in 2022, the Healthy Neighbours Project aims to reduce health and wellbeing inequalities across Liverpool, St Helens, and Warrington. Supported by National Lottery funding secured in 2023, this initiative partners with local community organisations to deliver targeted activities addressing locally identified health issues. The project operates across six locations: Granby Toxteth Triangle and Daneville Estate in Liverpool; Four Acre and Parr in St Helens; and Grasmere & Greenwood Estate, and St Elphin's & St Katherine's Estate in Warrington. Each location is staffed with dedicated coordinators and trained volunteers who, with regular mentoring and training in areas like mental health first aid, safeguarding, and asset-based community development, are well-equipped to support their communities. The project prioritises communities with below-average health indicators, focusing on improving overall health outcomes.

Aims and Approach of Evaluation

Envoy Partnership was commissioned to conduct a comprehensive evaluation of the Healthy Neighbours Project. The evaluation aimed to assess the Social Return on Investment (SROI) and provide robust evaluation tools to enhance decision-making and operational practices. The research employed a mixed-method approach, integrating quantitative data (surveys, activity data) and qualitative data (stakeholder interviews, ethnographic observations, thematic analysis) collected between May and August 2024. Envoy Partnership also utilised their [Social Value Manager](#) tool to support the analysis and foster improved data capture practices across the related projects.

Key Achievements and Performance

Over the two-year delivery period (April 2022-2024), the Healthy Neighbours Project achieved substantial reach through its four delivery partners, **engaging 5,191 individuals across 2,889 events and activities**. The project **mobilised 197 volunteers who contributed 12,603 hours and facilitated 1,027 referrals addressing various health and societal issues**. Public health campaigns also increased from **29 to 43**, while consultation campaigns rose from **16 to 45**, demonstrating growing community engagement. The project successfully secured £50,300 in external match funding. Survey data showed that most participants were White British/Irish, with 46% residing in social housing, and a higher proportion of female participants (75%) compared to male (21%).

Summary of Findings

Resident Survey Results Overview (n=98)

The evaluation survey results offer quantitative evidence of improvements in resident well-being following engagement with their local community centres. The table below summarises the changes in their outcomes, comparing their conditions after participating in activities at the community spaces.

Q. Please rate how much MORE or LESS you experience the following statements, as a result of being in touch with your community space.	% of respondents ¹
Feeling happier about overall health and wellbeing	+82%
Sense of belonging to community	+82%
Feeling calmer and less anxious	+61%
Reduction in feelings of loneliness and social exclusion	+63%
Able to regularly participate in physical activity/ exercise	+66%
Knowledge of where to seek health and wellbeing support	+83%
Trust in local services	+77%
Confidence in accessing health and wellbeing support	+80%
Feeling health and welfare concerns are being heard	+73%

¹ These figures represent the percentage of respondents who answered, "MUCH MORE than before" and "A LITTLE MORE than before" to each statement (answer options: MUCH MORE than before, A LITTLE MORE than before, NO CHANGE, A LITTLE LESS than before, MUCH LESS than before). For the statement "Reduction in feelings of loneliness and social exclusion," responses are negatively coded i.e. 63% of people reported feeling "A LITTLE LESS" or "MUCH LESS than before." (For survey see Appendix 6).

Feeling more capable of handling problems	+66%
Sense of pride in neighbourhood	+69%
Consistent access to affordable, healthy food	+71%

The project has also positively impacted residents' financial wellbeing through various cost of living support initiatives. Through food pantries, cooking courses, school uniform recycling schemes, and energy advice services, residents reported average annual savings of **£545 on food costs, £1,170 in avoided debt costs, and £1,023 in general savings.**

Impact on Volunteers

Based on 20 in-depth interviews with volunteers, qualitative research with delivery partners, the evaluation identified that the Healthy Neighbours Project has had a significant positive impact on volunteers, enhancing their skills, confidence, and overall wellbeing. Key outcomes for volunteers include:

- Enhanced skills and knowledge through comprehensive training programmes
- Increased confidence in roles and ability to support community members
- Improved emotional resilience and ability to handle challenging situations
- Development of critical skills in areas such as suicide prevention and first aid
- Heightened sense of purpose and satisfaction from community engagement
- Expanded social networks and improved social connections
- Increased self-confidence and willingness to take on leadership roles
- Positive impacts on mental and emotional wellbeing

Impact on Delivery Partners

Evidencing through one-to-one interviews and anonymised outcome surveys with all four delivery partners, delivery partners have experienced benefits from their involvement in the Healthy Neighbours Project, leading to improved organisational capacity and community impact. The key outcomes for delivery partners are:

- Expanded reach beyond usual audiences, amplifying overall impact
- Enhanced recognition and brand awareness, including award nominations
- Improved project evaluation and process improvements
- Strengthened connections with other local organisations
- Access to shared resources and community spaces, improving collaboration and efficiency
- Increased support and training opportunities for staff and volunteers
- Improved ability to provide enhanced direct support to residents

Socio-economic Impact

The Healthy Neighbours Project has generated a substantial socio-economic value of approximately **£4,297,549** over two years of activity. Compared to the total input investment of £655,429, this represents a potential Social Return on Investment (SROI) estimate of **£6.56 for every £1 invested**. When accounting for volunteer hours (approximately 12,603 volunteering hours valued at £11.44 per hour (National Living Wage)), the SROI ratio adjusts to **£5.5 per £1 invested**.

Subjective wellbeing value to residents and volunteers, directly tied to improvements in the outcomes survey indicators (for residents), collectively equates to an estimated social value of approximately **£3,436,406**.

Resource saving value to health services derive from early detection activities, reduced GP visits, and decreased severe mental health impacts contributing to secondary and community care savings. This avoidance of admissions translates to **approximately £344,257 resource savings to the NHS**. Additional financial benefits for statutory agencies including Housing, Adult Social Care, and criminal justice system total **c.£516,887** through reduced rent arrears, delayed care entry, and decreased antisocial behaviour etc.

Key Challenges

The evaluation identified few key challenges potentially affecting the Project's reach and effectiveness:

- Engagement gaps with specific demographics, particularly men, working-age individuals (25-49), young adults (15-24), and residents from diverse ethnic backgrounds.
- Limited project visibility and promotion beyond word-of-mouth channels, potentially excluding those outside existing community networks.
- Difficulties in volunteer recruitment and retention, especially in certain geographical areas, with time commitment for training emerging as a key barrier.
- Inconsistencies in data reporting and evaluation across delivery partners, complicating impact assessment and year-on-year comparisons.
- Variations in intervention approaches among delivery partners, making it challenging to standardise impact measurement.

Key Recommendations

Based on the evaluation findings, recommendations are grouped into three key areas: Project Reach and Scope, Volunteer and Delivery Partner/Volunteer Experience, and Project-level Process Improvements.

1. Project Reach and Scope

- *Expand Demographic Engagement:* To ensure greater inclusivity, outreach efforts should be extended to underrepresented groups, including younger adults, working-age individuals, and ethnic minority residents. Strategies may include partnerships with local institutions, culturally relevant promotions, and targeted health programmes.
- *Enhance Promotion and Accessibility:* Moving to a year-round, multi-lingual promotional strategy and providing NHS staff and pharmacists with targeted toolkits will help increase project visibility, particularly among vulnerable and linguistically diverse residents.
- *Conduct Needs Assessment and Map Services:* Before implementing new strategies, a comprehensive assessment and service mapping are recommended to align resources and avoid redundancy.
- *To optimise funding allocation,* consider using funds to enhance health screening integration with NHS services, particularly for diabetes and cardiovascular risk assessments. Beyond current funding, explore partnerships with local businesses and healthcare providers to create diversified funding streams. Additionally, use funding to increase the number of delivery sites (e.g., from 6 to 10) and volunteer numbers through strategic partnerships with local universities and colleges.

2. NHS Outreach and Local Health Services

- To extend NHS reach and accessibility, project sites should incorporate additional on-site health services, such as flu vaccinations, BMI checks, diabetes management workshops, and cancer screenings. Addressing digital exclusion, particularly among older residents, will also be important to ensure equitable access to services.

3. Volunteer and Delivery Partner Development

- *Enhance Volunteer Engagement and Skills Development:* Establish structured volunteer roles, clear handbooks, and skills development programmes, including pathways that align with employability. Recognising milestones and engaging volunteers through forums will potentially improve retention and satisfaction.
- *Foster Collaborative Learning and Agency-Building:* Implement volunteer and resident forums and/or a "Community Classroom" for knowledge exchange among delivery partners, residents, and volunteers to promote shared learning and community-led initiatives and to further build on agency.

4. Process Improvements

- *Data Collection and Reporting:* Focus on tracking resident impact survey scores and volunteer progressions, with surveys available in multiple languages to address inclusivity. Strengthen data collection by standardising reporting systems and implementing regular verification processes. Support staff and volunteers with training on best practices in data collection to ensure robust data quality.
- *Leverage Torus Housing Insights:* Integrate data from Torus Housing to refine Healthy Neighbours interventions and improve alignment with local needs. Systematic sharing of project insights with Torus Housing will also support continuous improvement and tenant satisfaction.

1. Background of Healthy Neighbours Project

Torus Foundation has a strong track record in community engagement, fostering relationships of trust with residents who may have disengaged from mainstream services. Supporting over 8,000 people annually, the Foundation collaborates with local community organisations and service providers to offer comprehensive, wrap-around support.

In 2021, Torus Foundation identified a gap in health and wellbeing services for residents living in their general needs housing, which serves a diverse demographic of individuals and families. Recognising the success of the Community Champions approach² in other areas, which empowers local communities to improve health outcomes, Torus Foundation launched the Healthy Neighbours Project in 2022. The initiative began in Liverpool, St Helens, and Warrington, with local community organisations/centres (see below, and more information in the Appendix 4) commissioned to deliver targeted activities addressing locally identified health issues. In 2023, Torus secured National Lottery funding to expand this into a two-year Healthy Neighbours Project, which launched in April 2023.

Project Coverage Areas:

Project Coverage Areas	Local Area	Delivery Partner
Liverpool	Granby Toxteth Triangle and Daneville Estate	First Person Project CIC
St Helens	Four Acre and Parr	St Helens Wellbeing
Warrington	Grasmere and Greenwood Estate	Longford Neighbourhood Service Centre
	St Elphin, and St Katherine’s Estate	Friends of St Elphin’s Park

Volunteer Support and Development: Each area has dedicated coordinators and volunteers who help to encourage community members to take part in a range of activities. Volunteers receive regular mentoring and training opportunities to ensure they successfully fulfil their champion role including:


- Regular one to ones.
- Training such as making every contact count (MECC), safeguarding, equality and diversity, mental health first aid, first aid and asset-based community development.
- Regular group sessions with other volunteers.

Project Goals: The Healthy Neighbours Project aims to improve health and wellbeing outcomes in communities where health indicators are below national averages. By connecting residents to services and addressing gaps in provision, volunteer champions help organisations better understand and engage with their communities. The Project adopts an asset-based approach, leveraging local talent and resources to support community-driven projects. Its model is tailored to each area and evolves based on community feedback.





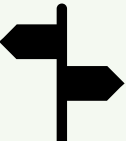
Key Activity Themes

Delivery partners engage actively with communities through a wide range of initiatives. Backed by consultations with residents across different delivery locations, these activities include organising sports and physical exercise, informational sessions and workshops, breakfast events, social clubs and events, creative activities like arts and crafts, as well as wellbeing sessions focused on managing mental health.

The key activity themes for the Healthy Neighbours project are outlined below:

Activity Themes	Description
 <p>Community and Social Engagement</p>	<ul style="list-style-type: none"> • Activities that foster a sense of community and provide social opportunities, these include the Community Café, Pavilion Tea Rooms, weekly sessions like the Breakfast Club and Coffee Morning, Arts and craft groups etc.

² [Community champions programme: guidance and resources - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/community-champions-programme)

	Gardening and Environmental Activities	<ul style="list-style-type: none"> • Activities that contribute to enhancing the local environment including gardening, litter picking, community clean-ups.
	Health and Wellness	<ul style="list-style-type: none"> • Healthy Living: promoting healthy lifestyles and includes activities like walking groups, and breath work and meditation. • Mental Health Support: support for mental health and includes mental health groups, 1-1 support, and educational projects. • Physical Health: activities focusing on physical health and includes activities like Zumba, yoga, sports, and walking.
	Learning and Development	<ul style="list-style-type: none"> • Educational Opportunities: Offering residents with opportunities for learning and development, including educational sessions on healthy living, language lessons, and easy cooking courses. • Skills Development: activities focus on developing skills and knowledge, such as interview preparation, CV writing etc for vulnerable groups like asylum seekers
	Cost of Living support	<ul style="list-style-type: none"> • Summer events (children’s activities, healthy snacks, school uniform exchange) through Friends of St Elphin’s Park • Cooking Course with zero waste recipe books (including slow cooker distribution) • Access to affordable food through food pantry/foodbanks • Access to volunteer led initiatives like repair cafes etc.
	Signposting to services	<ul style="list-style-type: none"> • To ensure users get access to the support available from GP’s, social care, housing, Children’s Centres, Local Authority and voluntary sector services, energy sector etc

2. Research Methodology

Objectives and scope of evaluation

Envoy Partnership was commissioned by the Torus Foundation team to conduct an external and comprehensive evaluation of the Healthy Neighbours Project in Warrington, St Helens and Liverpool. The main objectives of the evaluation were as follows:

- Provide an evaluation of the Social Return on Investment of the Healthy Neighbours Project including the pilot from April 2022 and the first year of the National Lottery Funded project.
- Provide Torus Foundation and the Healthy Neighbours delivery partners with holistic and robust evaluation tools to enhance decision making, performance management and operational practices.

The evaluation activities were designed to provide a coherent narrative of the Healthy Neighbours Project's achievements, alongside actionable recommendations for future initiatives. To achieve this, Envoy Partnership conducted two phases of research between May 2024 and August 2024: Primary research and secondary research, both of which are detailed below.

Research Methods

For impact and process evaluation, Envoy Partnership employed an overlapping mixed-method approach. This methodology integrated primary quantitative data (surveys, partner organisation activity data) and qualitative data (one to one stakeholder interviews, ethnographic researcher observations, thematic analysis of qualitative case studies) collected by Envoy Partnership and delivery partners; alongside secondary project input and output data for each delivery partner provided by Torus Foundation. The research tasks and samples are summarised in Table 1, and survey questions are presented in the Appendix 6. Analysis was further developed using Envoy's [Social Value Manager](#) SROI platform.

Table 1: Summary of research sample and tasks

Stakeholder group	Research task	Responses gathered
Residents / service users (residents from Pilot and from recent activities x6 site locations)	In person conversations on activities and one-to-one online interviews	25
	Outcomes survey	98
Volunteers (x6 site locations)	One-to-one online/ telephone interviews/ focus groups	20
Other wider stakeholder organisations/ partners (x6 site locations)	One-to-one online interviews/ phone interviews	8
Delivery Partners	One-to-one online interviews	4
	Outcomes survey	4

I. Primary Research

2.1.1. Qualitative research

- **Semi-structured in-depth interviews with stakeholders and focus group discussions** were conducted. The process was designed such that the sample size would be sufficient to identify all material outcomes experienced by stakeholders.
- Additionally, a Theory of change (ToC) **workshop was conducted with key staff members and delivery partners** to facilitate discussions on stakeholder outcomes, achievements, learnings, and Torus Foundation's evolving role and perceptions. Once ToC is identified and tested, it is easier to pinpoint appropriate indicators that demonstrate the magnitude of change in outcomes.

2.1.2. Quantitative Research

- **Outcome Surveys:** A resident questionnaire was designed to assess changes in health literacy, financial wellbeing, and overall quality of life among service users. Additionally, a separate anonymous survey was conducted with delivery partners to gather feedback on how their involvement in the Healthy Neighbours Project has impacted their respective organisations. (Survey questions are presented in the Appendix 6).
- Detailed **project output data** on volunteer recruitment, training hours, no. of community engagement and signposting activities etc. were collected through monthly KPI reports submitted by delivery partners.
- Envoy's **Social Value Manager SROI platform** was used for project data hosting, calculations, and analysis of social value generated for stakeholders. Further details are explored in Section 7 of this report.



II. Secondary Research

- Envoy Partnership conducted an **internal data review and gap analysis** using secondary sources like project data, funding details, Torus housing data, and activity feedback.
- **Publicly available reports** from ONS, IMD, NHS England, and wellbeing research were analysed to assess trends and factors influencing outcomes.
- Envoy also collated '**Socio-economic impact of Project**' (Section 7) of the Project from wellbeing studies, using social value methodologies to calculate financial proxies and cost savings from alternative pathways, which are informed by specific social value methodology principles (see Appendix 1, 2 and 3).

Data Limitations

The evaluation of the Healthy Neighbours Project faced few data limitations that should be considered when interpreting findings. While delivery partners conducted surveys in a manner sufficient to support robust analysis and generalise insights to the broader participant cohort, the proportion of feedback collected varied significantly across organisations and was not adjusted for weighting. As a result, the impact analysis presents aggregate-level insights based on the data available.

A small number of delivery partners experienced challenges in gathering outcome survey responses due to factors such as language barriers for residents (like in Granby Toxteth Triangle, Liverpool), limited resources during the busy summer period like shortage of volunteers to distribute the surveys, as most focussed their efforts on *delivering* their own core projects (for example at Grasmere and Greenwood Estate and St Katherine's Estate). Outside of these constraints, the research led to the collection of 98 responses in all, achieving statistical reliability at a 95% confidence level with a 10% margin of error. Although this sample size approaches a lower limit of what is reasonable for drawing reliable inferences, it remains sufficient to provide meaningful insights, considering the expected population size and practical limitations.

To ensure caution, we have adjusted the estimated number of people reached downward in the Social-economic Return on Investment model, thereby enhancing the validity of the aggregate results. Additionally, the inclusion of qualitative feedback serves to mitigate this limitation, offering complementary insights that provide a more comprehensive understanding of the project's impact.

3. National and Local Needs

We have conducted a local needs analysis below to establish a baseline understanding of the inequalities and challenges within the relevant delivery locations. This analysis helps us identify key demographic trends and compare data from sources such as Public Health, NHS, IMD, ONS etc ensuring our evaluation is informed by the local context and community needs.

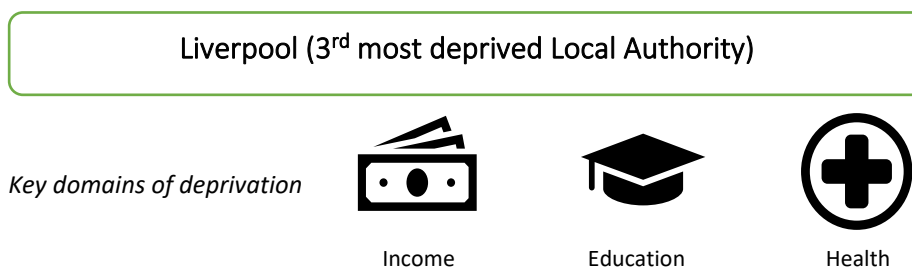
Indices of Multiple Deprivation

The Torus Healthy Neighbours Project serves diverse areas across Liverpool, St. Helens and Warrington with varying levels of social, economic and health inequalities. Public data sources like the UK government’s Index of Multiple Deprivation (IMD)³ provide a snapshot of the relative level of local need, facilitating more precise and impactful interventions to improve community well-being. The data covers measures in income, employment, education, health, crime, housing and living environment, and it reveals disparities between different local authority areas in England.

This section summarises the key dimensions of deprivation in each borough (Liverpool, St Helens and Warrington) as well as some key demographic information and well-being data in each locality where the Healthy Neighbours Project operates (based on data from the Office for National Statistics). This provides both a context for the Project and provides an insight into where interventions could focus in the future.

Liverpool

Liverpool⁴ is the most deprived local authority where the Healthy Neighbours Project operates. As the 3rd most deprived local authority in England (out of 317), almost half (49%) of the Lower-layer Super Output Areas (also known as LSOAs⁵) are within the 10% most deprived nationally. This indicates that areas in Liverpool are severely deprived, with particularly high levels of deprivation in relation to income, education and health.



Daneville Estate and Granby Toxteth Triangle

In Liverpool, the Healthy Neighbours Project operates across the Daneville Estate (Clubmoor East) and Granby Toxteth Triangle via the delivery partner First Person Project CIC.

Demographically, both areas have distinctive age profiles with a high proportion of children and young people and a lower proportion of elderly residents compared to national distributions. While 91% of residents in Clubmoor East identify as White, Toxteth is significantly more diverse, with only 48% identifying as White. The remaining population comprises 13.4% Asian, 13.7% Black, 8.8% Mixed or Multiple ethnic groups, and 16.2% from Other ethnic backgrounds. (This is a much lower proportion than any other local area served by the Healthy Neighbours Project)

Both areas have significant household deprivation across multiple domains with 68% of households in Clubmoor East and 65% in Toxteth deprived across one or more dimensions. These neighbourhoods experience significantly poorer

³ [The English Indices of Deprivation 2019 \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

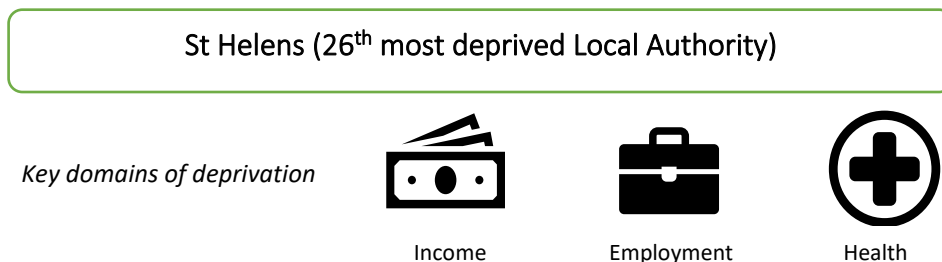
⁴ [imd-2019-liverpool-analysis-main-report.pdf](#)

⁵ The Index of Multiple Deprivation 2019 measures relative deprivation across small areas called Lower-layer Super Output Areas (LSOAs) – there are 32,844 of these areas across England. They are small areas designed to be of a similar population size, with an average of approximately 1,500 residents or 650 households..

health outcomes, with only 45% of Clubmoor East and 47% of Toxteth residents reporting "Very Good Health," falling below the national average. Projections⁶ for Liverpool indicate a doubling of depression diagnoses by 2040, coupled with a 38,000-case increase in major illnesses like high blood pressure, cancer, diabetes, asthma, and kidney disease.

St Helens

St Helens is ranked as the 26th most deprived local authority in England out of 317⁷. Currently, there are a quarter LSOAs within the borough that fall within the 10% most deprived LSOAs nationally. The most deprived LSOA in St Helens is located on the border of the Town Centre and Parr wards. Notably, the local authority experiences particularly high levels of deprivation in terms of income, employment, and health.



Parr and Four Acre Estate

In St Helens, the Healthy Neighbours Project operates across Parr and the Four Acre Estate via the delivery partner St Helens Wellbeing.

Demographically, both areas have a younger age profile than the national average with 22% of residents aged 0-22. Both experience significant levels of deprivation with 69% of households deprived in one or more dimension (e.g. health, income, education etc). In Parr, 1 in 10 households flag for three or more domains of deprivation. This is borne out in health indicators with only 41% of people in Parr and 40% in Four Acre reporting "Very Good Health".

Residents across St Helens face significant health challenges, including high rates of alcohol-related hospital stays, respiratory disease and obesity as well as depression and increased rates of self-harm amongst young people. This contributes to a lower life expectancy in St Helens compared with national averages⁸.

Warrington

⁹Warrington has the lowest average deprivation amongst the three local authorities served by the Healthy Neighbours Project as the 147th most deprived local authority (out of 317) and only 8% of local areas in the 10% most deprived nationally. However, they indicate the most severe barrier to housing and services of the three and when compared nationally still indicate relatively high levels of deprivation across multiple domains.



⁶ [State of Health in the City: Liverpool 2040 - Liverpool City Council](#)

⁷ https://new.sthelens.gov.uk/media/329160/indices-of-deprivation-2019-summary-report_accessible-version.pdf

⁸ https://www.sthelens.gov.uk/media/6849/Joint-Strategic-Needs-Assessment-2023-Mental-Health-and-Wellbeing/pdf/Joint_Strategic_Needs_Assessment_2023_-_Mental_Health_and_Wellbeing.pdf?m=638291592049400000

⁹ https://www.warrington.gov.uk/sites/default/files/2020-02/warrington_2019_deprivation_profile_report.pdf

Grasmere and Greenwood Estate (Orford) and St. Elphin's Close & Katherine's Way Estate (Fairfield & Howley)

In Warrington, the Healthy Neighbours Project works in Grasmere and Greenwood Estate (Orford) and St. Elphin's Close & Katherine's Way Estate (Fairfield and Howley) via the delivery partners Longford Neighbourhood Service Centre and Friends of St Elphin's Park.

Demographically, both populations match national age distributions, though Fairfield and Howley has relatively higher proportion of people aged 25-34 and aged 35-44. Both areas experience significant deprivation across multiple domains. 58% of households in Orford and 55% of households in Fairfield and Howley are deprived in one or more dimensions, and 45% and 47% of the respective populations report "Very good health".

Health outcomes in the wider Warrington indicate significant challenges in accessing healthy food and healthy lifestyles. Approximately 61.3% of adults in Warrington are overweight or obese, and cardiovascular disease is a major concern, accounting for about 20% of all deaths. Diabetes affects approximately 7% of the adult population, and mental health issues are prevalent, with about one in four people experiencing mental distress in their lifetime.

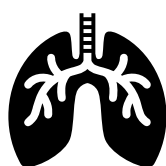
The ongoing cost of living crisis has exacerbated and increased the level of hardship, with rising debt and difficulties in accessing essential services like housing, fuel, and energy, particularly affecting disabled people and ethnic minorities. According to the Guardian¹⁰, The number of parcels handed out in the 2023 was almost triple the number from five years ago, and more than double last year's total.

Priority Areas Summary

The areas where Healthy Neighbours operates share similar health and well-being challenges. The Joint Strategic Needs Assessments¹¹ for each locality, along with data from the Office for National Statistics and the NHS indicate the most need in these six priority areas:



Infant and childhood nutrition



Respiratory conditions and diseases



Cardiovascular conditions and diseases



Obesity, adult nutrition and physical activity



Mental health, self-harm and suicide



Alcohol and substance misuse

Overall, the data shows that the Healthy Neighbours Project serves areas with high levels of deprivation across multiple metrics, particularly employment, income and health. Years of deprivation have led to comparatively poor health and employment outcomes, and residents face persistent barriers to improving their well-being. Moreover, the areas served by Healthy Neighbours share similar health and well-being challenges. This indicates high levels of need to redress social, economic and health inequalities and provide access to services and opportunities in the local area.

¹⁰ [Foodbank usage in Warrington has tripled in the last five years | Warrington Guardian](#)

¹¹ [Joint Strategic Needs Assessment \(JSNA\) | warrington.gov.uk; https://www.sthelens.gov.uk/media/6849/Joint-Strategic-Needs-Assessment-2023-Mental-Health-and-Wellbeing/pdf/Joint_Strategic_Needs_Assessment_2023_-_Mental_Health_and_Wellbeing.pdf?m=638291592049400000; Joint Strategic Needs Assessment \(JSNA\) - Liverpool City Council](#)

4. Rationale and Theory of Change

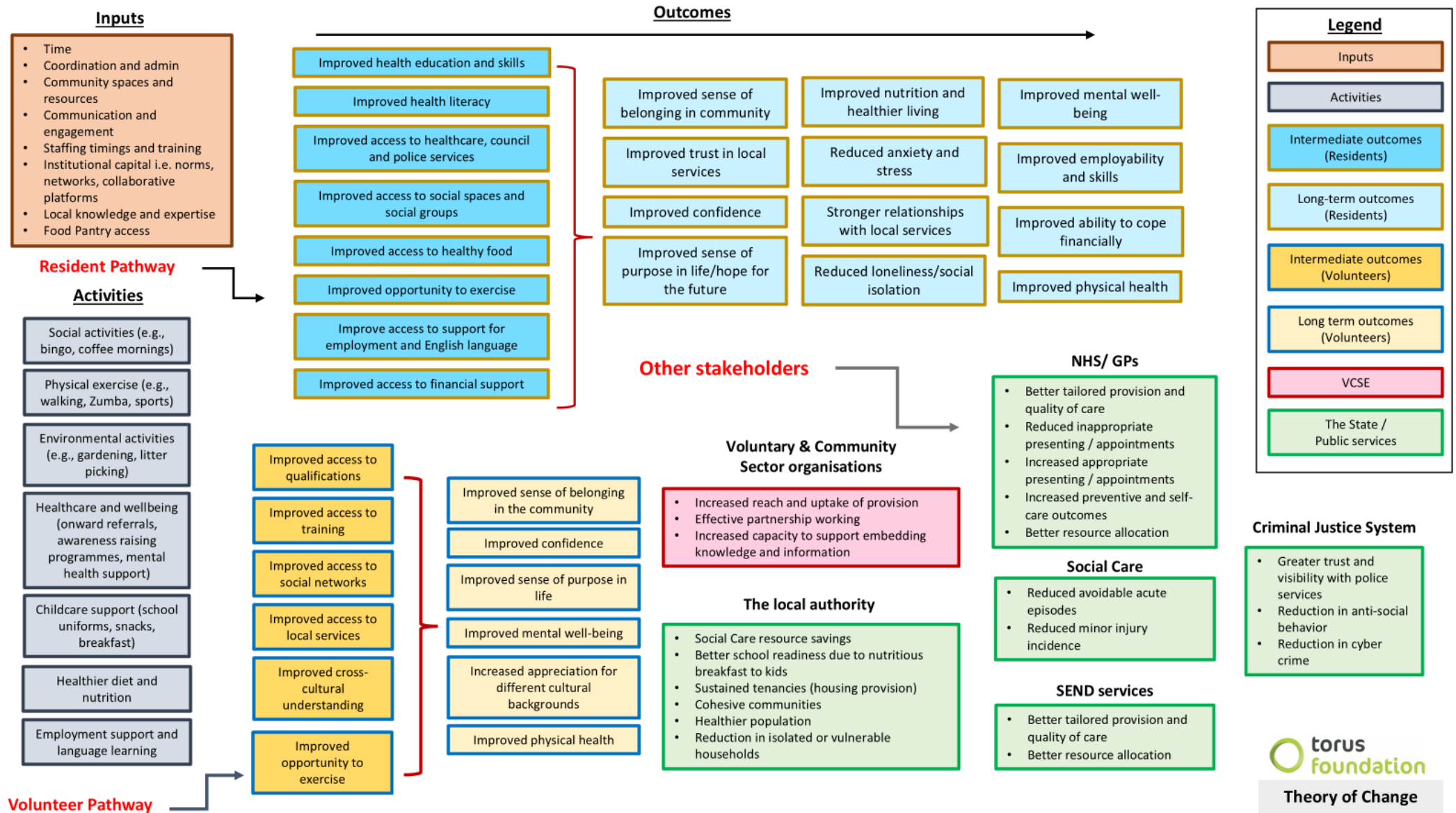
To effectively demonstrate the impact of the Healthy Neighbours Project on stakeholders, it is important to illustrate how project inputs, activities, and outputs contribute to outcomes and the processes facilitating this change. A Theory of Change (ToC) model serves as a roadmap by delineating why specific activities are expected to achieve desired outcomes. This approach ensures that the evaluation is grounded in established evidence and theory, linking Project effectiveness factors to individual activity types during the evaluation.

Envoy Partnership employed qualitative research methods, including in-depth interviews and focus groups with key stakeholders, and conducted a Theory of Change workshop with delivery partners and key Torus staff at the outset of the evaluation. This workshop was instrumental in defining the goals and anticipated outcomes of the support initiatives within the communities they serve, as well as the project activities and inputs expected to lead to those outcomes.

The Torus Foundation's Healthy Neighbours Project aims to address the inequalities and challenges outlined in the *National and Local needs* section above by collaborating with local organisations (delivery partners) to support communities and bridge gaps in provision across six project delivery locations. The ToC (Figure 1) roadmaps these target community outcomes identified by delivery partners. It is important to note that it illustrates the inputs, activities, and outcomes common across all 6 delivery locations; each section is likewise not inclusive of nor applicable to all delivery locations.

The outcomes presented in the ToC below range from intermediate to final outcomes, as some of these effects may only fully manifest long after the project has concluded. These outcomes are identified for both 'material' stakeholders (key beneficiaries) and broader fiscal stakeholders, such as the NHS, social care, local authorities, and Torus Housing, to highlight the most significant changes observed due to the Project. In this context, 'materiality' refers to stakeholders who are most affected by, and have the greatest influence on, the project's delivery. This classification was established during the collaborative Theory of Change workshop as well (see Appendix 5 for the materiality stakeholder map).

Figure 1: Theory of Change for Healthy Neighbours Project



5. Findings: Performance and Achievements

The following section explores the impact of the four funded delivery partners' support services on the Healthy Neighbours Project's target outcomes. As described earlier in *Research Methodology*, it draws on project-level inputs, activities, and outputs, quantitative and qualitative feedback from service users, and observations from service providers and Envoy Partnership.

Summary of Outputs

Table 2 below offers a KPI level output breakdown for all four partners over the two year delivery period (April 2022-2024)

Table 2: Summary of Healthy Neighbours Project Achievements 2022/2023 vs 2023/2024 (Source: Project KPI Reports)

Key Performance Indicators	April 2022 - March 2023	April 2023 - March 2024	Total Actuals (Two Years)
Total volunteers recruited			197
Total Volunteer hours	2,593	10,010	12,603
Number of Support Sessions/ Activities	1,081	1,808	2,889
Total People Engaged ¹²	2,346	2,845	5,191
Number of Referrals	377	650	1,027
Number of Public Health Campaigns ¹³	29	43	72
Number of Consultation Campaigns	16	45	61
External Match funding			£50,300

Table 3: Service user Demographics 2022-2024 (Source: Resident survey, n=98)

A. Occupation status	
Retired	38%
Employed full time	18%
Not currently employed not looking for work	12%
Unpaid Carer	10%
Full time student	7%
Employed part time (salaried)	5%
Employed - part time (zero hour contract)	5%
Not currently employed looking for work	4%
B. Long term physical / mental health condition or disability (LTCs)	
Have LTCs	47%
No/ Not answered	51%
C. Sex at birth	
Female	75%
Male	21%
Prefer not to say	4%
D. Social Housing (% of residents/ delivery area)	
Parr, St Helens	23%
Four Acre estate, St Helens	9%
Daneville Estate, Abingdon Grove, Liverpool	16%
Granby-Toxteth Triangle, Liverpool	18%
Grasmere and Greenwood Estate, Warrington	16%
St Elphin's Close and St Katherines Way estate, Warrington	18%

Overall, the delivery partners engaged meaningfully with 5,191 individuals across 2,889 events, sessions, and activities over two years. Data from outcome surveys revealed that the majority of respondents identified as White British/Irish, with 46% residing in social housing (see Table 3, D. for % of residents residing/ delivery area), most of whom were Torus housing tenants. A snapshot of other demographic groups reached by the Project is presented in table 3 to the left. While this survey represents a sample of the broader population engaged by the project, it provides insights that can be cautiously extrapolated to the larger population.¹⁴

Additionally, with the support of 197 volunteers over two years, the project's influence expanded through onward referrals from delivery sites, with referral numbers increasing to 1027 by April 2024. These referrals addressed a range of health issues (through NHS) as well as societal issues, including the cost-of-living crisis, housing concerns, financial literacy, maternity assistance, and cybercrime prevention. Furthermore, over the two years the project's scope broadened, as reflected in the increase of public health campaigns from 29 to 43, and consultation campaigns from 16 to 45.

¹² As a minimum, a conversation is had (at door or out in the community e.g., at an event) whereby support is offered and/or individual is signposted/ referred to health and wellbeing activity (in house to Healthy Neighbours or externally) whereby they are supported.

¹³ Public health campaigns – Focused support to promote public health key outcomes and calendar events. For example, promoting 'Know Your Numbers Week' and sharing key messages on what blood pressure is and what measurements mean, how it is influenced, what lifestyle changes can be made to better blood pressure, how to access clinical support.

¹⁴ NB While the survey provides valuable insights, there is a possibility that the respondents may not fully represent the diverse groups engaged by the project. The demographic profile reflected in the survey may be skewed towards those who were more willing or able to respond, potentially underrepresenting certain populations, such as ethnic minorities or younger age groups. This should be taken into consideration when interpreting the findings.

However, it is important to note that the frequency and focus of engagements varied across delivery partners, reflecting the diverse nature of their interventions. For instance, First Person Project CIC in Liverpool primarily offered mental health support through small-group sessions, whilst Longford Neighbourhood Service Centre centred its efforts on intimate coffee and crafts mornings to tackle social isolation. In contrast, partners such as Friends of St Elphin's Park and St Helen's Wellbeing (particularly in Parr) organised broader social activities with indirect mental health benefits, including gardening, walking groups, community cafes, and breakfast clubs. Consequently, these latter organisations reported higher engagement numbers for specific sessions and events. These variations underscore why the effectiveness of Healthy Neighbours Project should not be judged solely by their engagement and activity numbers and speak to the challenge of quantitatively summarising the achievements of diverse intervention approaches. This is why a mixed-method research approach was employed for this evaluation, with the detailed findings explored in the following sections.

6. Findings: Impact on Target Outcomes

The following section examines the research evaluation findings from primary data collection and secondary data analysis into the outcomes of the Healthy Neighbours Project for residents, volunteers and delivery partners.

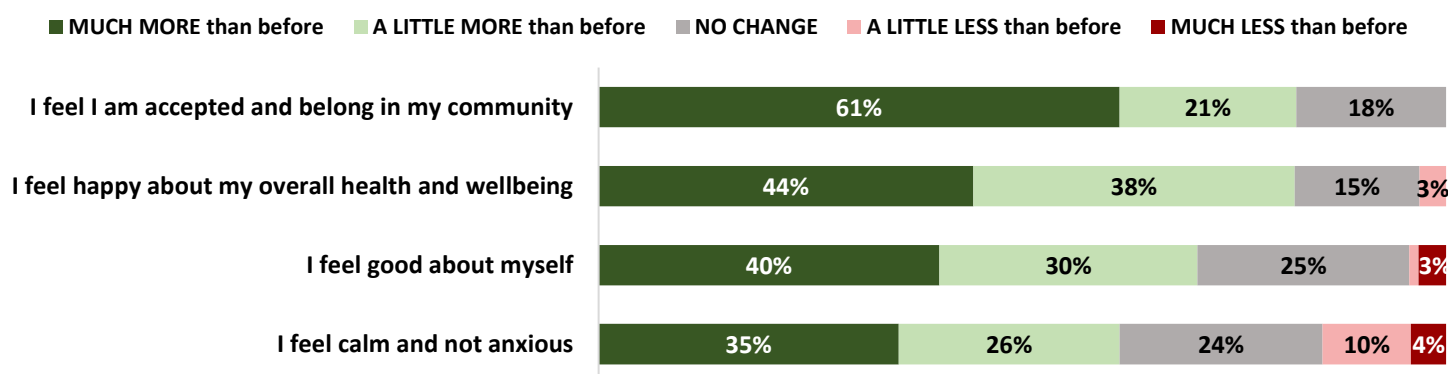
1. Outcomes for Residents

In August 2024, a wellbeing impact survey was shared across six delivery sites by delivery partners, Torus Foundation staff, and Envoy Partnership, gathering 98 resident responses. The survey asked people to rate how their wellbeing had changed since taking part in activities funded by the Project at community centres¹⁵. (see the questionnaire in the Appendix 6).

6.1.1. Impact on mental wellbeing

The quantitative research results underscore the positive impact that visiting community centres and participating in their activities have had on residents' wellbeing. Figure 2 illustrates the changes in self-reported wellbeing, **with 82%¹⁶ of residents reporting feeling happier regarding their overall health and wellbeing after engaging with their local community champions/Healthy Neighbours centre**. This improvement can be attributed to several key factors, including enhanced social connectedness, a sense of being heard and supported, assistance during the cost of living crisis, and access to essential health services. These factors are explored in detail below.

Figure 2: **Wellbeing Impact:** Please rate how much MORE or LESS you experience the following statements, as a result of being in touch with your community space. (Source: Resident survey, n=98)



Residents expressed feelings of isolation before engaging with their Healthy Neighbours community centres, placing them at high risk for increased stress and anxiety. This is particularly true for older residents who are already high-risk for loneliness due to factors such as reduced capacity, frailty, comorbidities, and limited engagement with technology.

¹⁵ The Healthy Neighbours Project is delivered across a variety of sites, which are referred to as 'community centres' in this report.

¹⁶ Percentage figures in this section are rounded to the nearest whole number

Healthy Neighbours project through delivery partners offer regular activities like bingo, coffee mornings, bowling, and arts and crafts among others. These activities encourage socialising and help residents form and strengthen local support networks, making them feel more connected to their community. **82% of survey respondents reported feeling a stronger sense of belonging to their community after participating in Project activities (see Figure 2).** One attendee emphasised the value of the breakfast events with Friends of St Elphin's Park, noting that it not only benefits children but also provides an opportunity for parents to meet and connect with one another.

"I saw one of the volunteers when walking back from the shops. Normally, I would have just kept my head down and walked home, but I stopped and had a conversation. It was nice to feel a bit of community." (Resident)



With the fabulous Mr Eave Appleton

Saturday 2nd March
Eyes Down: 7:00 p.m.
St. Elphin's Community Centre

6 games for £5



Moreover, these community centres serve as a support network specifically for caregivers and their loved ones. Based on insights from unpaid carers who participated in the survey and through qualitative research, it is estimated that unpaid carers receive **at least one hour of respite per week / visit** through the centre's activities, providing them with a much-needed break. For instance, a female service user whose husband has dementia has found relief through coffee mornings:

A caregiver whose husband has dementia has found considerable relief through local coffee mornings organised by the community organisation. These sessions provide valuable structure and activities, allowing her husband to contribute to organising tasks and interact with others, which helps him build relationships and feel less isolated. For the caregiver, the coffee mornings offer a much-needed opportunity to connect with others, receive support, and take a break from her caregiving duties. The Project has been crucial in improving both their quality of life and wellbeing. (Case study, resident)

The Healthy Neighbours Project also provides services directly targeting mental health, including free counselling for young people (provided specifically by First Persons Project CIC), mental health groups for men and women, educational courses on mental health and well-being, and weekly drop-in sessions facilitated / hosted by delivery partners. As discussed in the *National and local needs* section, mental health issues such as depression and anxiety are prevalent in the delivery locations, making these services particularly relevant. **According to our survey, 61% of residents reported feeling calmer and less anxious after engaging with the services offered by the Healthy Neighbours Project, while 63% noted a reduction in feelings of loneliness and social exclusion due to their participation in these activities.**

A North Liverpool resident was referred to Resilient Minds [mental health education course] by NHS North Liverpool Link Workers after experiencing job loss and seeking community involvement to stay active. The individual had a history of mental health challenges and addiction and was concerned about the potential impact of unemployment on their well-being. They began participating in Resilient Minds sessions and walking groups led by volunteers and staff from Healthy Neighbours. Through these sessions and groups, they reported feeling more

connected to their community and even encouraged their spouse to get involved in various volunteer-led activities, such as the women's group. Additionally, they joined the men's group that meets on Fridays, further deepening their community ties. (Case study, resident



Wellbeing benefits to children and families

The benefits of attending activities at community centres extend beyond individual well-being, positively impacting entire households. Families receiving support for financial assistance, mental health services, and community activities often experience improved overall quality of life, which enhances the living standards and health of children and youth in the household.

Interviews with parents and volunteers emphasised the impact of breakfast events at St. Elphin's Park on children, providing them the opportunity to interact with peers outside of school hours. This socialisation helps children **establish friendships** before starting school or moving to a new year, providing them with a sense of security. Additionally, children can bring leftover fruits to school, ensuring they have a healthy snack during the day.

Beyond nutrition, volunteers shared that children benefit from better personal hygiene and increased physical activity through engaging in organised summer events. This involvement supports their overall health, helps reduce screen time, promoting a more balanced and active lifestyle.

"Morning breakfast sessions provide an opportunity to integrate my son, who has learning difficulties, into an environment with other children. He has returned to full-time schooling after previously attending only half a day per week. I credit these sessions with providing the structure and social interaction crucial for his reintegration into mainstream education." (Resident)

6.1.2. Impact on physiological health

Researcher conversations with residents, particularly the elderly and those with long-term health conditions, reveal that before engaging with their local community centres, many struggled to access opportunities for exercise, walking, and wellness therapies to address their health concerns. These challenges often led to difficulties in social interaction, which exacerbated their existing medical conditions and negatively impacted their physical well-being.

According to the survey conducted by Envoy, **46% of respondents** reported having a long-term physical or mental health condition or disability. Details of their conditions and counts are outlined in Table 4 below:

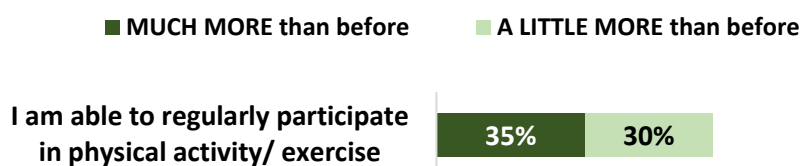


Table 4: Long Term Health Condition/ disability (Source: Resident Survey)

Category	Details	Count
Physical/Physiological Health	This category includes various physiological health conditions such as asthma, diabetes, cardiovascular issues, as well as physical impairment like arthritis, mobility issues etc.	23
Mental Health	This category covers mental health conditions including anxiety, depression, ADHD, and similar disorders.	11
Severe Mental Illness	This category includes responses that mention at least one physical health condition at the same time as their mental illness. It also includes severe mental illnesses like schizophrenia etc.	11

Since participating in the Healthy Neighbours Project, residents and volunteers have reported improvements in their physiological health due to increased engagement in regular physical activities, such as walking groups, light exercises, line dancing, Zumba, aerobics, circuit training and others. As shown in Figure 3, **66% of respondents indicated they can now engage in physical activity or exercise "much" or "a little" more than before, demonstrating a positive impact on their physical health and overall fitness.**

Figure 3: **Physical Health Impact:** Please rate how much MORE or LESS you experience the following statements, as a result of being in touch with your community space (Source: Resident survey, n=98)



In addition to the routine physical activities and **health checks**, such as blood pressure monitoring, provided by delivery partners, and **public health campaigns** including informational sessions for young parents, bowel cancer screening, deafness awareness, stop-smoking campaigns etc, the Healthy Neighbours Project has introduced several other initiatives that have further enhanced residents' well-being:

- The **Healthy Neighbours, Healthy Lungs Project** launched in October 2022 with a £36,000 grant to the Torus Foundation, this initiative focused on improving respiratory health, particularly for families in Warrington with children suffering from respiratory issues. Volunteer Parent Champions provided emotional support, shared experiences, and guided families to access local health services. This peer support not only alleviated some of the burdens on healthcare professionals (which is explored later in the report) but also helped families manage respiratory conditions more effectively, potentially improving their overall physiological health.
- The **Indoor Air Quality Project**, delivered in partnership with the Beyond CYP Transformation Project and the Cheshire and Merseyside Integrated Care Partnership, further supports physiological health by enhancing indoor air quality in homes across Liverpool, St Helens, and Warrington. With the assistance of Healthy Neighbours volunteers, 200 air quality monitors were distributed to families with children under 11, enabling them to monitor real-time air quality and take

Healthy Neighbours, Healthy Lungs

Do you have a child aged 0-5 with/or at risk of respiratory conditions?

Struggling to find somebody who understands how you feel?

Looking after children with breathing difficulties can often make you feel overwhelmed, especially if friends and family around you are not going through the same experiences.

Let's connect you to our Parent Champions, who have been where you are and can signpost you to support and activities to help you and your family.

corrective actions. Following the installation of these monitors, 148 families received support, and 13 tenants/families identified significant property issues (such as damp and mould) through the air monitors. The project has contributed to improved respiratory health and overall wellbeing by raising awareness about indoor air quality and empowering families to enhance their indoor environments.

“A local resident recently shared their experience after reviewing the results from an air monitor placed in their home with the help of Healthy Neighbours volunteers. The report revealed high levels of carbon dioxide, confirming concerns they had about their living environment. They had previously reported issues such as dampness, a cold house, and poor air flow to their housing provider. The resident expressed relief that the monitor provided tangible evidence of the poor air quality, validating their concerns and highlighting the need for further action to improve their living conditions.” (Case study, resident)

6.1.3. Attitudinal change around health literacy and access

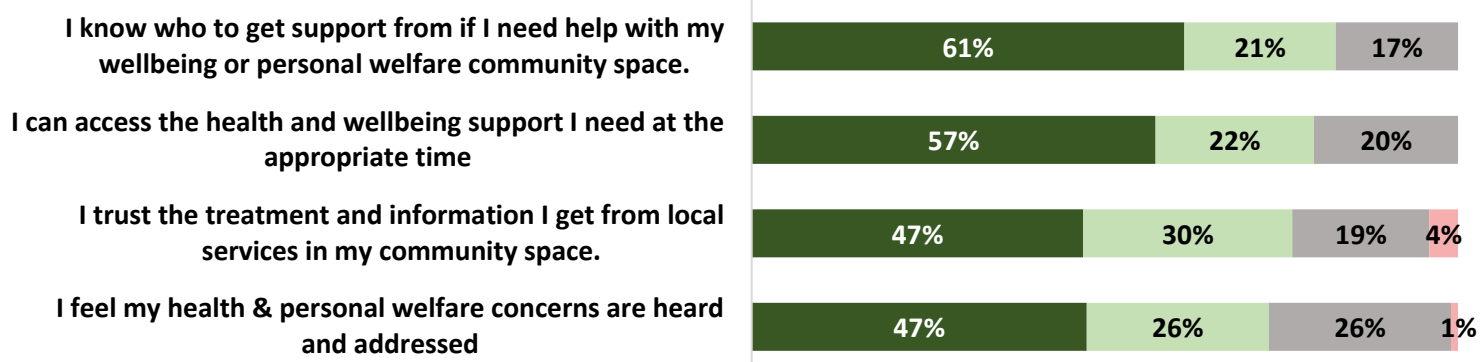
Through the Healthy Neighbours Project, volunteers raise awareness of local services and encourage residents to seek the support they need, helping them avoid suffering in silence. Regular interactions foster informal, trusting relationships between residents and volunteers, allowing for the sharing of culturally relevant health information. This approach contrasts with the often more formal interactions in healthcare settings like the NHS, where, as one resident noted, “your guard’s up.” These community-based interactions have led to improved health literacy among service users, **with 83% of respondents reporting that they now know where to seek health and wellbeing support, and 77% expressing trust in the treatment and information provided by local services (see Figure 4).**

Regular visits from services such as pharmacy health checks (e.g., blood pressure monitoring), the Citizens Advice Bureau, and energy advice services at community centres provide residents—especially the elderly, vulnerable, and those with mobility challenges—with convenient access to essential support. Consequently, residents are better equipped to manage their health and wellbeing needs. **Figure 4 illustrates the positive impact of these services: 80% of visitors feel more confident in accessing health and wellbeing support, and 73% report that their health and welfare concerns are now being heard and addressed.**



Figure 4: Impact on attitudinal change around Health literacy and access: Please rate how much MORE or LESS you experience the following statements, as a result of being in touch with your community space. (Source: Resident survey, n=98)

■ MUCH MORE than before ■ A LITTLE MORE than before ■ NO CHANGE ■ A LITTLE LESS than before ■ MUCH LESS than before



6.1.4. Improved sense of taking charge

Building on the improved access to services and health support discussed above, residents feel that they are now empowered to take charge of their problems – according to our survey, **66% of visitors reported feeling more capable of handling problems.** This boost in self-efficacy is closely tied to their increased knowledge and well-being practices, often stemming from recommendations by trusted community members such as coordinators or volunteers

Residents are now also taking charge of the upkeep of their neighbourhood. Through participation in activities like gardening, litter picking, and community clean-up, there has been a notable shift in attitudes toward the local area. According to the survey conducted, **overall, 69% of respondents now feel a sense of pride in their neighbourhood, and 71% feel better about themselves after contributing to similar initiatives.** According to some, where they once hesitated to invite friends and family, they now take pride in showcasing their community. As one resident shared, *“If I moved away from the estate, I would still come back for the community. I would travel by bus to bring my son to the sensory garden.”*



“There have been real benefits [of litter picking] for environment but also for me and my staff because activities like litter picking and garden upkeep have restored some civic pride. If a place doesn’t look well-maintained, some people may feel less inclined to make an effort and might, therefore, drop litter or engage in other anti-social behaviours. While enforcement has its limits, the most effective deterrent can be when people not only choose not to litter but also feel empowered to clean up their surroundings themselves and Healthy Neighbours Project has definitely enabled some of that.” (Councillor, Wider Stakeholder)

6.1.5. Affordable living

Community centres funded by the Healthy Neighbours Project play an important role in easing financial pressures related to cost of living through various supportive initiatives:

- **Cooking Classes:** A four-week course teaches participants easy, healthy one-pot recipes. Attendees learn practical cooking skills, receive portions to take home, a zero-waste recipe book, and a slow cooker at the end of the sessions.
- **Coffee Mornings:** These events offer free tea, coffee, and snacks along with social activities, helping to reduce the cost of socialising.
- **Food Pantry:** Certain delivery partners provide visitors with access to fresh fruit, vegetables, and staple items at subsidised prices through a pantry service and partnerships with foodbanks.
- **Breakfast events:** Provide children with a nutritious breakfast before school, ensuring they start their day well-fed.



- **School Uniform Shop:** At Friends of St Elphin's, a school uniform recycling and giveaway scheme supports families with the cost of replacing school uniforms.
- Outreach events to raise awareness of financial resources and offer advice on bills, debt services, digital scams etc.

Our survey reveals that with the assistance of the services mentioned above and referrals to local resources, annually residents were able to save an average of (Figure 5):

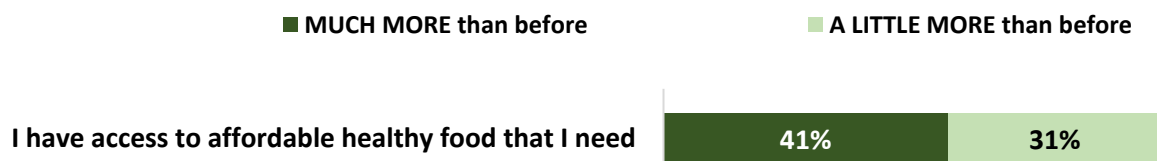
Figure 5: Cost of living support: Q. If your community space helped you to access cost of living/financial support, what is the approximate amount per year? (Source: Resident survey)



Residents and families, we spoke with highlighted the impact of breakfast mornings and food support initiatives. Parents often face difficult decisions when managing limited resources, frequently prioritising their children's needs over their own. For example, one parent we spoke to survived on bare minimum food for three days to ensure her children were fed. However, food pantries and community centre cafés provided her with much-needed hot meals, offering relief during challenging times. Additionally, it was found during research that many parents on zero-hour contracts struggle with delayed payments, complicating their ability to plan and purchase groceries in advance. This unpredictability often leads to periods of inadequate nutrition. The food and nutrition support provided by the Healthy Neighbours Project helps bridge this gap by offering immediate access to food and partially alleviating the burden of food insecurity. **According to survey results, 71% of respondents reported that they could consistently access affordable, healthy food after engaging with their local community centre.**

Additionally, community centres organise outreach events to raise awareness of financial resources and support. These events offer advice on reducing day to day household bills, accessing free debt services, understanding available benefits and avoiding telephone and internet scams. They also create a platform for residents to exchange advice on managing specific issues, such as high water and energy bills.

Figure 6: **Impact on access to affordable food:** Please rate how much MORE or LESS you experience the following statements, as a result of being in touch with your community space. (Source: Resident survey, n=98)



II. Outcomes for Volunteers

Motivation for volunteers

Healthy Neighbours' Volunteers are driven by several key factors, including their own positive experiences in community centre activities and a strong commitment to supporting their local area. Many take great pride and fulfilment in their roles, believing that "the more you put in, the more you get out." For them, volunteering goes beyond short-term involvement—it's a meaningful way to continue using their skills and provide long-term support to the community.

Qualitative research with residents revealed that volunteers' open, non-judgemental approach to listening fostered trust and respect in them. In fact, **85% of survey respondents agreed that volunteers and staff respect their viewpoints and concerns, and 89% said they trust their volunteers, highlighting the strong relationships they build within the community.**

Impact on volunteers

6.2.1. Enhancing Skills and Knowledge Through Training

Volunteers receive ongoing support and training from Healthy Neighbours Project, ensuring that each volunteer can navigate their role effectively while growing both personally and professionally and equipping them with essential skills for community engagement. This includes:

- Regular one-on-one sessions.
- Training in areas such as MECC (Making Every Contact Count), safeguarding, equality and diversity, mental health first aid, basic first aid, basic life support and asset-based community development.
- Group sessions with fellow volunteers for shared learning and support.

Qualitative research with volunteers revealed significant personal development as a result of their training, leading to outcomes in the following areas:

- **Professional Skill Development:** Hands-on experience in event planning, community outreach, and project management has enhanced volunteers' professional capabilities.
- **Increased Confidence:** Comprehensive training has bolstered volunteers' confidence in their roles. One volunteer noted, *"I'm confident because I've been trained. I know what I'm doing, and I feel like I can actually contribute meaningfully."*
- **Improved Emotional Resilience:** Specialised training in handling difficult situations has prepared volunteers to support vulnerable or distressed individuals effectively. As one volunteer shared, *"Knowing how to approach someone who's upset or in need of help... The training really prepared me for that. I feel more ready to step in when needed."*
- **Advanced Skills in Critical Areas:** Training in suicide prevention and first aid has equipped volunteers with vital skills and deepened their understanding of complex community issues.

All the above skills have significantly enhanced the volunteers' ability to offer informed support, effectively guide residents, and make appropriate referrals/ signpost to relevant services. As one volunteer reflected, ***"The training has given me an understanding of the various support services available in our community. Now, when someone comes to me with a problem, I can confidently direct them to the right resources or organisations that can help them best."***

"I was asked to participate in suicide prevention and suicide first aid training. I agreed because of my personal interest due to family issues, and I found it really helpful and insightful. There were many things I hadn't realised before. The training also provided us with contact information since we aren't diagnosticians and can't diagnose anyone ourselves. However, we can guide individuals to appropriate resources. Knowing where to direct people for help is a significant benefit and having that knowledge was invaluable." (Volunteer)

6.2.2. Sense of purpose / taking charge

Volunteers have also noticed an impact on their sense of agency and initiative, often taking the lead and leveraging their personal skills to benefit the community. This empowerment is evident in the following examples:

- **Arts and Craft Workshops:** Volunteers with artistic talents have initiated regular workshops at the community centres, where they share their creative art skills with other residents. These workshops serve not only as a platform for volunteers to showcase their abilities but also as valuable peer learning opportunities for participants.
- **Repair Café:** Another initiative is the establishment of a monthly Repair Café by some of the existing gardening volunteers at Friends of St Elphin's Park. This idea brings together skilled volunteers who help residents repair a variety of items, from clothing, electrical to bicycles. In addition to addressing practical needs, the Repair Café also tries to promote sustainability and community self-reliance.



This volunteer joined [community centre] because he is passionate about improving not only his mental health but others in the community. After two or three conversations, the volunteer made plans to set up breath work sessions in the mental health community hub. This was one of many passions that the volunteer spoke about, after he learnt about how beneficial breath work is for people. After much personal practice, the volunteer brought it to the centre, the sessions have been very successful, with knowledge and skills shared during the sessions. The volunteer has engaged in mental health first aid training level 2 and received his qualification. (Case study, Volunteer)

These initiatives allow volunteers to apply their existing skills in meaningful ways while also developing new ones through practice and peer learning. The opportunity to take charge and make a tangible difference has impacted volunteers' **sense of purpose and satisfaction** - As one shared, *"I feel that I'm helping someone in some way... If it was the other way around, I would hope that there be someone there who could show me and help me. I feel good about that, and I can help in that way."*

As volunteers witness the positive outcomes of their efforts, it reinforces their commitment to the Project and **motivates them to explore new ways** to serve their community. This dynamic environment of initiative and innovation ensures that the Healthy Neighbours Project remains responsive to evolving community needs and continues to provide meaningful experiences for its participants.

6.2.3. Improved social connections and confidence

Volunteers have found that volunteering through the Project not only fosters meaningful social connections but also boosts their self-confidence. It encourages them to step out of their comfort zones and take on leadership roles. For example, one volunteer shared,

"Although I'm very outgoing when I'm volunteering, I'm not very outgoing otherwise. I'm introverted, which means I don't like bothering people. If I see people outside, I don't necessarily go up to them and speak to them. Volunteering has brought me out of myself and makes me more sociable - now I've got more of a social group because we're all like family. We're all family in a way." (Volunteer)

Additionally, volunteers have found that participating in these sessions has expanded their social networks. One volunteer said, ***"I've met so many incredible people through this project—people who share my values and passions. It's more than just volunteering; it's like being part of a community that really cares."***

For others, volunteering has been a pathway to regaining confidence after personal challenges. One volunteer explained how the Project helped them re-establish a routine and provided "something to do," which eventually gave them the confidence to return to full-time work with their local council.

New volunteers often build their confidence by learning from their more experienced peers and adapting to new challenges. As one volunteer noted, ***"We listen to the new volunteers and focus on what they can do, instead of what they can't do."*** This supportive and accepting approach helps new volunteers integrate more smoothly and reinforces their confidence and enthusiasm for the project.

6.2.4. Improved mental health

Survey data from residents, including several who are also volunteers, reveals that they face mental and physical health challenges. As with residents, it is crucial for volunteers to experience ongoing benefits to their health and well-being through their involvement.

Volunteers have reported that their participation in the Project has reignited a sense of belonging and purpose, which positively impacts their mental and emotional well-being. As one volunteer shared, ***"I used to feel quite isolated before joining the Project, but now I feel like I'm part of something bigger. It's given me a sense of purpose and has genuinely improved my mental health."*** This renewed sense of purpose is a key factor in enhancing their overall well-being.

Several volunteers have highlighted the importance of the non-judgmental and supportive environment provided by the Project activities. Despite initial feelings of anxiety, they felt welcomed and supported by the group. This acceptance helped alleviate feelings of isolation and, in one case, led to a reduction in panic attacks through regular engagement in activities. This underscores the mental health benefits of social interaction and participating in meaningful activities. As one volunteer reflected,

"Before everything that happened [talking about personal life struggles], I was bubbly and friendly, but all the negativity wore me down. It was all hidden. But since joining the group and talking to people, the old me has come back. My mom even said, 'There's the old you. I see it in your eyes again.' That's so nice to hear." (Volunteer)

III. Outcomes for Delivery Partners

Envoy Partnership conducted several consultations with delivery partners and an outcomes survey, which helped identify key impact themes. To ensure respondents felt comfortable sharing their true experiences and to maintain transparency, the survey was anonymised. This approach encouraged open and honest participation, strengthening the overall robustness of the impact analysis.

When asked about the top benefits of participating in the Healthy Neighbours Project, delivery partners highlighted upskilling opportunities for staff and volunteers, increased publicity for their activities, and stronger connections with other local organisations as their top three benefits. Some of these emerging themes are explored below:

6.3.1. Broadened reach and improved organisation profile

The project has enabled delivery partners to expand their reach beyond their usual audiences, amplifying their overall impact. By leveraging established networks and outreach methods of the Healthy Neighbours Project and Torus Foundation, partners have been able to engage a wider segment of the community, reaching individuals who may have previously been inaccessible. Additionally, delivery partners noted that since their involvement in the Healthy Neighbours Project, they have received new opportunities and commissions to participate in other similar local initiatives.

“The project has enabled us to do more of the things that we were already doing which were showing excellent results in terms of empowering our residents and giving them purpose. It has also enabled us to increase the number of local volunteers who have all reported benefits to their health and improved lifestyles.” (Delivery Partner)

Being part of a strong umbrella brand of Healthy Neighbours Project can also lead to enhanced recognition, brand awareness and even award nominations for a few, boosting the profile of delivery partners - For example, First Person Project CIC being nominated for 'Partnership of the Year' by the National Association of Link Workers UK as part of the Link Worker Day 2023 Awards highlights the collective achievements and strengthens the reputation of all involved parties.

“Our involvement with Healthy Neighbours (HN) has allowed us to make connections with many services, institutions and assets in the community. We often speak with community leaders and members that are amazed at the scope of HN and what it allows us to provide, namely our Mental Health Groups. We have built up a profile and reputation of trust and action in the community around mental health and community building.”. (Delivery Partner)



Dani Lally Social Prescriber...
@SPDL18723966

Replying to @mattycaine87 @NorthLpSPLW and @FirstPersonCIC

We know people are safe when we pass them over 🙌

22:50 · 06 Jan 23



Thrive Careers Hub
@thrive_lcr

This Friday was all about wellness .

Today, @FirstPersonCIC incorporated mental health guidance into ongoing support.

The result - happier, more prepared young people that little bit closer to living happy, fulfilling lives.

You are having such a positive impact- thank you!

6.3.2. Improved Project Evaluation and Process Improvements

Partnering with the Healthy Neighbours Project provides access to tools and methodologies for evaluating the impact of their health and well-being initiatives. This upskills volunteers and staff and allows them to more effectively assess initiatives, plan future activities and apply for future funding.

“Our processes have improved throughout the HN project, especially when capturing data and reporting KPIs. We are able to report both broader quantitative data, and more personal qualitative data that adds depth and context.” (Delivery Partner)

Additionally, shared tools and approaches between delivery partners can facilitate knowledge exchange and process improvement across different initiatives through sharing good practice. For example, at the Envoy Partnership impact mapping (ToC) workshop, delivery partners were able to share their activities and collectively brainstorm what outcomes they seek to achieve for the project. This improved their understanding of the other projects, potentially facilitating clearer signposting and prompting innovation in what activities and services would be effective.

“We have been able to compare our model to other organisations with the same briefing. This has enabled us to develop other strategies and ideas for improving lifestyles for example we have used the Air Quality monitoring to ensure that landlords make necessary repairs in a timely manner and that where appropriate tenants learn how to modify their lifestyle choices to help themselves.” (Delivery Partner)

6.3.3. Improved Resident Support and Linkage with local Services

The existing relationships built by the Healthy Neighbours Project and Torus Foundation/Housing in local areas enable delivery partners to leverage these connections, providing enhanced direct support to residents at their activities/events. For example, through the project, residents receive direct advice and consultations on energy-related issues, leading to improved quality of life and reduced household expenses. They also gain access to affordable living solutions, such as donated slow cookers and food pantries.

Events also facilitate access to information, advice and guidance from government and local services. For example, at one of the summer events delivered by Longford Neighbourhood Service Centre, representatives from the local council, police and health and social care services were all present. This allowed residents to engage with those services in one space and build interpersonal relationships with their representatives.

“Healthy Neighbours Project (HNP) allows us to meet a greater potential with our work, providing a central service that we direct almost every referral towards to get involved with their communities and become supported and empowered to improve their own and their communities' mental health. Through HNP we provide Men's and Women's Mental Health Groups, a Buried in Treasures (Hoarding Support) Group, mental health education and 1-2-1 sessions, coaching and counselling services, with the additional factor of improved ability to create connections and referrals between wider health and community services in Liverpool. It allows for our adaptability and flexibility to meet community feedback and provide services tailored towards what they have identified.” (Delivery Partner)

6.3.4. Enhanced Resource and Asset Sharing

The Healthy Neighbours Project enables delivery partners to benefit from shared resources and community spaces, improving collaboration and efficiency. Partners can exchange educational materials, promotional tools, and even templates for activities such as quizzes and bingo, reducing duplication of effort and enhancing community engagement.

In addition, the established connections of Torus Foundation enable access to essential community spaces, often at subsidised rates or free of charge. For example, the Greenwood Crescent community centre in Warrington is frequently used to host activities like coffee mornings, cooking classes, arts and crafts, and gardening projects. Access to these central, accessible spaces allows projects to better meet local needs and provides a stable, familiar location for residents to access services and participate in activities.

Beyond physical spaces, delivery partners also receive vital resources like air monitors for residents, which have contributed to improved health outcomes.

6.3.5. Increased Support and Training for staff

Delivering partners reported that their staff and volunteers feel more supported since the start of the Healthy Neighbours Project through various training opportunities outlined in the previous section. Partners have noted that this training *“enhances [our] skills and knowledge, improving [our] effectiveness in delivering services.”*

Beyond training, Torus Foundation’s Fundraising as well as Compliance Team provides tailored support by working closely with partners to ensure that relevant policies and risk assessments are in place. This includes helping partners stay compliant with regulatory requirements, guiding them through risk management processes, and ensuring adherence to best practices.

7. Socio-economic Impact of Project

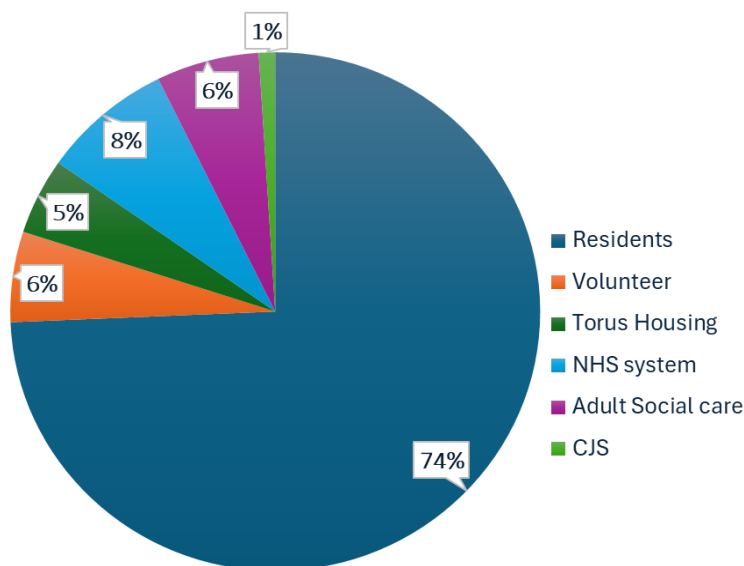
Our analysis suggests that Healthy Neighbours Project created total socio-economic value of **c.£4,297,549** (see Figure 7 for % distribution per stakeholder) from the two years of activity. Compared to the total input investment over the same two-year period of £655,429, this represents a potential **Social Return on Investment estimate of £6.56 generated based on funding alone** by the Healthy Neighbours Project. However, this ratio would be more reflective if including the total of c.11,000 volunteering hours as an input investment, i.e. £5.50 per £1 invested.¹⁷

Social Return on Investment (SROI) requires that all material outcomes are given a monetary value. This means that a ‘financial proxy’ (i.e., an approximation of monetary value) was developed, i.e. for the changes in health, wellbeing, long-term income etc.

The rationale behind Social Value/SROI in monetising subjective wellbeing and quality of life effects is to ensure that decision-making and performance assessment extend beyond purely economic and financial metrics. The measurement and analysis draw on the stakeholder map, Theory of Change and the qualitative and quantitative research discussed in this report.

This approach translates the worth of social impact into relative economic and resource terms, in this case highlighting that the value of social impact from the project outweighs economic or financial effects. Our model is based on a one-year benefit period, however with further long-term research, some outcomes may likely last for more than one year (and thus the estimated level of impact and SROI would increase). Envoy Partnership also utilised their **Social Value Manager** SROI platform to support the analysis and test the results, following Social Value UK and BSI principles on measuring social value.

Figure 7: Total Attributable Social Value Distribution by Stakeholder (%) – based on the social value generated for each stakeholder group.



¹⁷ Volunteering hour valued at opportunity cost of £11.44 National Living Wage (UK Gov 2023/24).

Valuing improved well-being

A healthcare economics approach has been used to value changes in health and wellbeing. This involved expressing health and wellbeing outcomes in terms of 'health status', in units of Quality Adjusted Life Years (QALYs) and Disability Adjusted Life Years (DALYs). The NICE (the National Institute for Health and Care Excellence) describes QALYS as follows: *"a measure of the state of health of a person or group in which the benefits, in terms of length of life, are adjusted to reflect the quality of life. One QALY is equal to one year of life in perfect health."*¹⁸ More information on the wellbeing valuation approach is available in the Appendix 1 and 2.

'Establishing impact' requires consideration of several different factors, to ensure that the social value incorporates considerations such as 'what would have happened anyway?' (deadweight), the contribution of other people or organisations to the value creation (attribution), and the creation of unintended consequences on other stakeholders (displacement). These three key impact factors in our analysis include the following, which aligns Social Value UK principles with consideration as recommended by The Cabinet Office SROI guide (2012):

- **Deadweight** (what outcomes are likely to have happened anyway) = 38% i.e. double of the benchmark from Homes & Communities Agency [Additionality Guide](#) 2014, benchmark average for health, communities, education projects. This is due to the fact that there is some existing provision in the neighbourhoods, in particular through historical activity from some of the partner VCS projects/existing community centres.
- **Attribution** (the extent to which outcomes arise because of the project's activities, rather than because of the contribution of other people or organisations) = 33% for residents / volunteers and 17% for other statutory agencies (50% of individual attribution) due to many other contributing factors in the lives of local residents/service users/ volunteers, other forms of support from VCS networks and collaboration with local agencies, as well as some support from local businesses.
- **Displacement** (whether any value is 'displaced' elsewhere, creating an unwanted outcome for other stakeholders) = 12% for financial and economic outcomes, from the Homes & Communities Agency [Additionality Guide](#) benchmark average (from Neighbourhood Renewal Fund case guidance by AMION).¹⁹

Sub-components of wellbeing are allocated a valuation weighting between physiological health factors and mental health factors, i.e. approx. 0.352 of a QALY supports mental health and wellbeing (Centre for Mental Health, 2003), which can be further broken down by sub components such as Anxiety, Depression, Loneliness, Agency/Control, Belonging, Family relationships etc (further examples can be found in My Care My Way, West London Clinical Commissioning Group; Greater Manchester Combined Authority frameworks; New Economy Manchester, Social Value of Public Policy Interventions; National Accounts for Wellbeing, nef).

For this evaluation, we have developed estimates of social value for society, alongside potential returns on investment for local statutory services through resource savings. The outcomes valued align directly with the Theory of Change, illustrating how the Healthy Neighbours Project's activities and levels of support generate meaningful reach and impact across key statutory service areas. This reinforces the project's role in driving positive outcomes and resource efficiencies in sectors like health and social care.

**Subjective wellbeing to residents and volunteers:
£3,436,406**

The overall subjective wellbeing value created for residents is directly tied to improvements in the outcomes survey indicators, (and triangulated with other secondary data on local deprivation). For volunteers, this value is connected to gains in wellbeing through learning opportunities, increased volunteering hours, and general wellbeing enhancements. Collectively, this equates to an estimated social value of approximately £3,436,406. Figure 8²⁰

¹⁸ if a medical intervention leads to an individual "gaining" a QALY, this could mean several things - It might mean that the individual is expected to live one year longer, and that one year of life will be lived in perfect health. More realistically, they may live two years longer, and those two years will be lived at 50% health. Or their life expectancy may not change at all, but the final five years of life will be lived at a 20% health

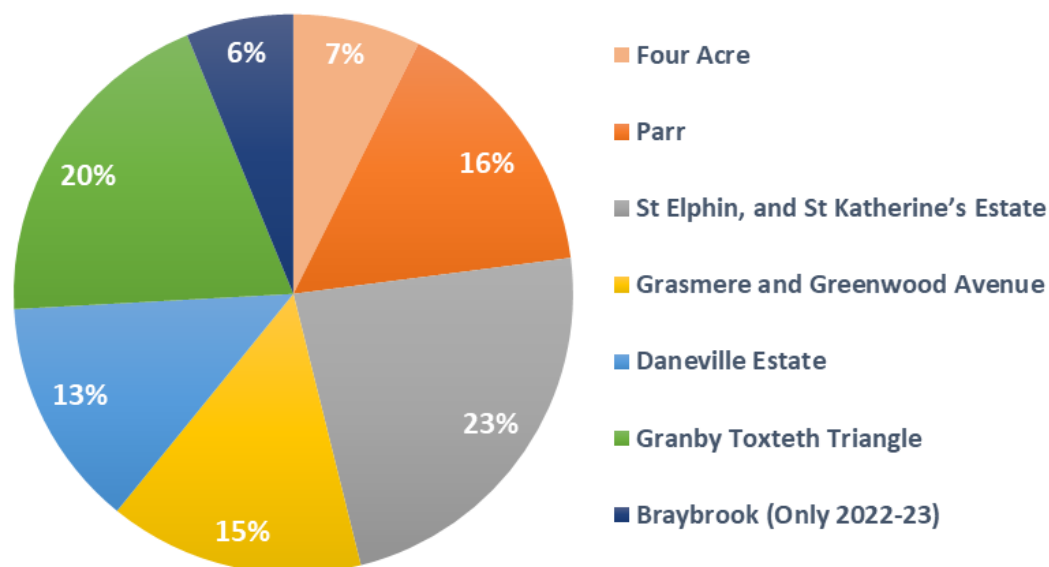
¹⁹ Benchmark based on composite average for health, housing & environment, communities, education projects.

²⁰ The value for Braybrooke pertains only to the 2022-2023 period, while values for other locations cover 2022-2024. For 2023-2024, First Persons Project delivered activities exclusively in Granby Toxteth, and Daneville. However, all sites were considered in determining the aggregate social value.

illustrates the social value generated for residents by each delivery location (%).

Figure 8: Social Value Created for **Residents** by each Delivery Location (based on average residents reached according to KPI reporting sheets) 2022-2024

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Resource saving to Health services: £344,257

Potential resource savings to health services primarily stem from early detection activities for diabetes and high blood pressure, and a significant proportion of resident reporting accessing the Healthy Neighbours projects have resulted in fewer GP visits for them. Furthermore, the reduction in severe mental health impacts has likely contributed to cost savings in secondary and community care. This avoidance of admissions translates to an estimated total value of approximately £344,257 (see table 7 for estimates).

Resource saving to other statutory agencies: £516,887

Financial benefits for other statutory-related agencies including Housing (e.g. Torus Housing), Adult Social Care, and the criminal justice system are realised through reduced rent arrears and fewer repair callouts, delayed entry into long-term social care, and a decrease in antisocial behaviour (ASB)/youth offending and cybercrime exposure, respectively. This totals c. £516,887 of estimated social value.

Our analysis indicates that, on an aggregate level, the Healthy Neighbours Project has the greatest impact on reducing loneliness and isolation, improving self-esteem, access to timely health and wellbeing support, enhancing social cohesion and integration, and overall mental and emotional wellbeing.

We have presented our tables of estimates for different stakeholder groups below, showing the difference between “attributable impact”, and “enabled impact” (the latter might not include considerations for attribution, deadweight, displacement and benefit period in the same way - see appendix 1, 2 and 3 for proxy and output count references/sources and methodology):

²¹ The pie chart presents data from April 2022 to 2024, derived from KPI reporting sheets that capture the "total number of people engaged." These figures were used to calculate the total number of individuals reached over two years by each site area, forming the basis for illustrating each site's share of the Healthy Neighbours Project's social value created for residents.

Table 5: Quantifying the social value of resident (service user) outcomes from Healthy Neighbours Project activities 2022-2024 (All values based on weighted sub - component of Quality Adjusted Life Year threshold amount, unless stated).

Stakeholder	Stakeholder outcome	Output count	Proxy Value	Total Value Enabled	Attributable social value	Attributable Value Sub Total
Residents	Improved overall health and wellbeing	5191	£1,056.00	£1,782,994	£368,117	£3,193,325
	Increased feeling of belonging	5191	£704.00	£1,351,390	£279,008	
	Reduced loneliness / social isolation	5191	£792.00	£892,233	£184,211	
	Reduced anxiety	5191	£1,056.00	£1,113,470	£229,887	
	Improved self-confidence	5191	£1,056.00	£1,495,550	£308,771	
	Increased sense of control over life choices and actions	5191	£792.00	£1,117,752	£230,771	
	Increased sense of purpose and meaning	5191	£440.00	£685,212	£141,469	
	Increased pride in the neighbourhood	5191	£792.00	£1,224,905	£252,894	
	Improved ability to deal with problems	5191	£528.00	£717,286	£148,091	
	Increased participation in physical activity/exercise	895	£2,916.00	£603,473	£124,593	
	Increased access to affordable, healthy food	835	£545.09	£128,684	£26,568	
	Improved response to health and personal welfare concerns/ feeling heard	5191	£528.00	£853,336	£176,180	
	Equal/fair access to timely health and wellbeing support	5191	£616.00	£1,128,968	£233,087	
	Increased trust in treatment and information from local community services	5191	£440.00	£710,849	£146,762	
	Avoided costs and debt (financial)	265	£1,170.00	£309,871	£56,299	
	Improved savings (financial)	477	£1,022.92	£487,649	£88,598	
	No of days of respite care (financial)	519	£107.14	£166,854	£30,315	
	Sustained tenures/ accommodation	106	£7,388.00	£782,676	£142,200	
	Improved wellbeing through better quality of air quality	135	£800.87	£108,117	£22,322	
	Improved wellbeing through improved property concerns (avoided/reduced damp and mould)	13	£1,186	£15,416	£3,183	

Table 6: Quantifying the social value of Volunteer outcomes from Healthy Neighbours Project activities 2022-2024

Stakeholder	Stakeholder outcome	Output count	Proxy Value	Total Value Enabled	Attributable social value	Attributable Value Sub Total
Volunteer	Volunteer hours	12603	£11.44	£144,173	£26,194	£243,081
	Volunteers receiving training/ learning	197	£814.19	£160,395	£29,141	

	Volunteer training hours received	4170	£212.50	£886,090	£160,989	
	Wellbeing value from regular volunteering	196	£1,824.00	£129,595	£26,756	

Table 7 below presents some of the estimated resource savings to local health and care services, that result from a range of project interventions and support activities (as illustrated by the Theory of Change, see Figure 1). Note that this table does not capture all savings due to limitations in cohort-tracking data, but it suggests that secondary care is likely a major beneficiary, owing to the project's extensive reach in terms of supporting wellbeing and public health goals on diabetes, cardiovascular and respiratory issues, and staying physically and socially active (particularly older people).

Table 7: Quantifying return on investment to local Health services from Healthy Neighbours Project 2022-2024

Stakeholder	Stakeholder outcome	Output count	Proxy Value	Total Value Enabled	Attributable social value	Attributable Value Sub Total
NHS system	Mental health crisis lines x1 episode reduction	1207	£418.00	£504,704	£45,849	£344,257
	Hospital care resource savings (x1 Inpatient secondary care episode) Unplanned hospital visits RE diabetes	886	£710.50	£629,694	£57,203	
	Hospital care resource savings (x1 Inpatient secondary care episode) Unplanned hospital visits RE cardiovascular issues	1139	£1,590.00	£1,811,786	£164,587	
	Hospital care resource savings (x1 Inpatient secondary care episode) Unplanned hospital visits RE respiratory condition	148	£2,004.00	£296,592	£26,943	
	Hospital care resource savings - reduced Severe Mental Health episode (A&E, non-elective)	1090	£468.00	£510,171	£46,345	
	Primary care resource savings - reduced GP visits	934	£39.23	£36,656	£3,330	

Table 8: Quantifying return on investment to statutory agencies like Torus Housing, Adult Social care and Criminal Justice systems from Healthy Neighbours Project 2022-2024

Stakeholder	Stakeholder outcome	Output count	Proxy Value	Total Value Enabled	Attributable social value	Attributable Value Sub Total
Torus Housing	Sustained tenancies: (based on Average rent for Torus houses per year)	106	£5,032.56	£533,143	£48,432	£202,887
	Repairs call-out cost x1 incidence avoided	1767	£447.55	£790,888	£71,846	
	Cost of Void Period occurrences (from older tenant falls injury)	166	£5,489.00	£909,364	£82,609	
Adult Social care	Delayed / avoided early entry to long-term adult social care, from proportion avoiding fall accidents.	166	£18,002.00	£2,982,395	£270,928	£270,928
	Reduction in youth offending (low level)	61	£4,446.21	£270,388	£24,563	£43,072

Criminal Justice Systems	Reduction in anti-social behaviour (Adults)	61	£3,310.94	£201,349	£18,291
	Reduced crime including cybercrime exposure	14	£178.15	£2,408	£219

Our SROI estimates therefore indicate a strong return on investment for society and shows growing resource benefits for a number of local health agencies and statutory services. Enhanced cohort tracking, and sense-checking the estimates with the related statutory agencies and partners, could provide more evidence of long-term health and wellbeing outcomes and improvements in self-care behaviours.

8. Enablers of Success

This section examines the key factors that contributed to the success of the Healthy Neighbours Project in meeting community health and wellbeing objectives. Several core elements underpin the Project's effectiveness:

Community led approach and Volunteer Autonomy

The Project's success is rooted in a community-led model that prioritises local engagement and empowerment. By collaborating with locally embedded organisations, the Project recruits volunteers who play a pivotal role in fostering trust, particularly in hard-to-reach communities. Local volunteers are instrumental in identifying specific needs, co-designing activities, and tailoring initiatives to the community, ensuring that residents lead at every stage, from recruitment to project delivery.

Additionally, the Project's ability to innovate and adapt is a crucial element of its success. Volunteers are granted the autonomy to introduce, test, and lead new initiatives, such as repair cafes and mental health walking tours. This approach empowers residents to make decisions about what is most needed, fostering a sense of ownership.

Cross-Sector Collaboration and deep rooted connections

Collaboration with local organisations—including health providers, local authorities, GP surgeries, local schools, foodbanks etc —amplifies the Project's reach and effectiveness. By creating a cohesive support network, the Project ensures that activities are affordable and accessible, mitigating financial barriers to participation. For instance, a school uniform shop was established at St Elphin's Park using donated pre-loved uniforms, an effort supported by the Warrington School Uniform Network and facilitated by Warrington Foodbank.

It is noteworthy that the Project's reach of c.5,000 individuals across six project sites within two years is exceptional. This success can be partly attributed to the utilisation of existing clientele and the well-established nature of participating delivery partners, which facilitated rapid word-of-mouth dissemination. The deep-rooted connections and longstanding relationships of these organisations within the community constitute another key factor in the Project's success.

Asset-Based Approach and Space Revitalisation

The Project employs an asset-based approach, leveraging local resources to respond to the evolving needs of the community. This strategy has successfully revitalised underutilised community spaces, addressing gaps in local provision. Notable examples include collaboration with the Salvation Army in St Helens, Parr to transform their previously underused facilities into a hub for Healthy Neighbours activities, and the repurposing of a seldom-used church community centre in St Elphin's, which has become a central hub for community engagement with the Project. As these areas are transformed and repurposed, residents develop a strong sense of ownership and pride. This emotional investment, in turn, often motivates them to take an active role in maintaining the spaces and participating in the activities hosted there.

Organisational Flexibility and Support

The flexibility and support provided by the Torus Foundation team have strengthened relationships with delivery partners and improved the project's operational efficiency. For example, when delivery partners face unexpected staffing or resource challenges that hinder their core activities, Torus Foundation staff often intervene with practical

assistance and hands-on support. This was demonstrated in their recent support in collecting resident surveys for this evaluation.

This proactive approach has fostered informal yet lasting partnerships, promoting continued collaboration. The adaptability of the Torus Foundation team has been a key enabler of success, ensuring project continuity despite unforeseen obstacles and operational gaps.

9. Limitation and Gaps

The following section outlines key challenges which emerged during the Healthy Neighbours Project, providing insights for Torus Foundation to consider when designing future rounds of the Project or other similar cross-sector interventions aimed at addressing health inequalities:

1. Gaps in Engagement

The evaluation highlighted the need for delivery partner interventions to balance efforts to reach as wide a population as possible with targeted approaches to engage those who do not typically participate in community organisations or may be overlooked by traditional outreach methods. These often include the most marginalised members of the target population.

Table 9: Age Demographics (Source: Resident surveys n=47)

Age Groups	
Ages 65+:	45.10%
Ages 25-49	29.41%
Ages 50-64	23.53%
Ages 15-24	1.96%

Our survey data²² highlights a particular gap in engaging men, with 77% of service users identifying as female. Additionally, there is a notable discrepancy between the age demographics of service users and the broader population in the delivery areas. For example, according to ONS, the project areas have a significant proportion of young adults: in St Helens, 38.74% of the population

is aged 25-49, and 12% is aged 15-24; Liverpool shows an even stronger youth presence, with 57% aged 15-24 and 30% aged 25-49; and Warrington reports 42.82% aged 25-49 and 11% aged 15-24. As shown in Table 9, younger age groups are underrepresented among service users, with the age distribution skewed towards older adults. This contrasts with the younger demographic profile of the areas served.

2. Visibility and promotion

Residents reported that their primary source of information about the project was through informal channels, specifically word of mouth from neighbours. While this organic spread of information aligns with the 'healthy neighbour' concept intrinsic to the project, it also inadvertently created an information gap. This approach potentially excluded a substantial portion of the community who were not part of these informal networks or who had limited social interactions within the neighbourhood.

One volunteer also mentioned that they found the opportunity "by chance" through a circuitous route, suggesting that there might be a lack of visibility or clear pathways to such volunteering opportunities as well.

3. Barriers to Volunteer Recruitment and Engagement

a. Geographical Challenges in Volunteer Recruitment

A limitation unveiled during the project was the difficulty in recruiting volunteers, for example coordinators for St Helen's Wellbeing said that this is specifically relevant for the Four Acre area. It was also mentioned that while participants from this area showed enthusiasm for supportive roles, such as preparing refreshments and sharing their skills, there was a reluctance for few to assume leadership positions within the sessions. This hesitation points to possible underlying issues of confidence or perceived capability among the local population, which could stem from various socio-economic factors unique to the delivery areas.

²² NB While the survey provides valuable insights, there is a possibility that the respondents may not fully represent the diverse groups engaged by the project. The demographic profile reflected in the survey may be skewed towards those who were more willing or able to respond, potentially underrepresenting certain populations, such as ethnic minorities or younger age groups. This should be taken into consideration when interpreting the findings.

b. Time Commitment as a Deterrent

Another barrier identified was the time commitment required for volunteer training. The long hours demanded by the few training programmes/courses emerged as an obstacle to volunteer participation and retention. This suggests that the current training structure potentially may not align well with the availability and lifestyle constraints of some potential volunteers. The length and intensity of the training could be particularly problematic for individuals balancing other commitments such as work, family, or education, potentially excluding a diverse range of volunteers who might otherwise be willing to contribute their time and skills to the project.

c. Initial adjustment period

Interviews revealed that some volunteers required time to acclimate to their roles, indicating a potential barrier to full integration and comfort. More experienced volunteers reported observing newcomers occasionally struggling with perceptions of inadequate contribution to the activities/sessions, which may discourage continued participation. This potentially impedes the expansion of the volunteer base and the project's overall efficacy. These highlight the necessity for a structured onboarding process which is explored in the next section.

4. Reporting and Evaluation Gaps

a. Consistency of Data Sources

The evaluation identified some inconsistencies in data reporting across different years and sources, which present challenges for conducting year-on-year impact assessments. For example, data figures from the 2023-2024 Key Performance Indicator (KPI) report have slight variations as compared to few other published reports, requiring internal verification. Additionally, the 2022-2023 KPI report had few missing KPI data points, which appear to have been addressed in the following year, likely due to improvements in data collection processes. Variability in reporting formats—ranging from Word to PDF and Excel—also made comparisons more difficult.

While the current KPI template offers a useful snapshot of impact outputs, these discrepancies point to the need for a more streamlined and consistent reporting system. Enhancing the template to ensure greater uniformity and clarity would be beneficial. Specifically, involving multiple staff members (at least 2-3) from the Torus Foundation who are familiar with the data sources would improve accuracy and accountability.

b. Comparing Impact Across Project Approaches

Having said the above, the intervention approaches of the delivery partners varied in their reach (e.g., the number of residents engaged), depth (e.g., intensity and duration of interactions), and clinical focus (e.g., the extent to which activities disseminated information about public health programmes).

By entrusting delivery partners to design their own interventions, the Healthy Neighbours Project acknowledged that these organisations possess the best understanding of the needs and dynamics of the populations they serve. Consequently, initiatives were customised to meet the unique cultural, educational, and accessibility requirements of specific target groups. While this customisation enhanced the relevance of each intervention, it also complicated cross-intervention comparisons and made it challenging to evaluate the overall Project effectiveness.

As discussed in the subsequent section, introducing standardised tools, such as wellbeing surveys employed in this evaluation, across all partners at specific intervention points would be crucial in overcoming these comparative challenges.

c. Monitoring and evaluation (M&E) practices without follow-up

M&E processes can provide excellent insights into Project delivery and impact. However, without clear actions and follow-up support with data, they create strain on already-stretched delivery staff and volunteers. This limits their ability to deliver as well as their enthusiasm to engage. Making the data meaningful and actionable for delivery partners beyond reporting requirements linked to funding is a key challenge to maintain motivation to participate actively in M&E. For example, for this research evaluation 98 responses were collected which is encouraging for the pilot year of outcomes surveys, however further efforts are required to increase this number and improve robustness. This shortfall underscores the need for more effective M&E practices that not only gather data but also ensure its utility and drive participation.

10. Recommendations

Based on our evaluation of the Healthy Neighbours Project and the gaps and limitations identified above, we can make the following recommendations to improve the project and deepen its impact for residents, volunteers and delivery partners.

I. Project Reach and Scope

10.1.1. Expanding Project Reach: Targeting the Right Audiences

While reaching c.5000 people in two years is excellent, our research indicates that the Healthy Neighbours Project has primarily engaged with older female residents, and potentially underrepresented several demographic groups facing health and well-being challenges in the project areas. These underrepresented groups include older male residents (as also evidenced by Longford Neighbourhood Service Centre's internal report, 2024), working-age individuals (25-49 years), young adults (15-24 years), and residents from non-white backgrounds. To address this disparity and enhance overall project awareness, we propose a multi-faceted approach to further amplify utilisation of community centres.

A. Targeted Demographic Engagement

We recommend exploring the following outreach strategies, including **collocating** services where appropriate, to boost engagement with underrepresented groups. The following ideas are preliminary and should be refined after mapping community facilities in the project areas:

- **Working-age cohort (25-49 years):** Target new parents, emphasising infant nutrition and maternal health. Explore partnering with local employers to develop workplace wellness programmes and use digital platforms to engage this tech-savvy group.
- **Young adults (15-24 years):** Establish robust partnerships with local educational institutions, including colleges and secondary schools, as well as youth clubs to create tailored engagement opportunities.
- **Ethnic minority residents:** Collaborate further with local businesses, religious institutions, and culturally significant events to enhance visibility within diverse community spaces. Where appropriate, organise cultural competency training for project staff and volunteers.
- **Male residents (old and young):** Develop targeted programmes addressing specific health concerns prevalent among older men (e.g., prostate health, cardiovascular disease). Partner with local sports/ Gym clubs (for example Bennetts recreation ground²³ or Sankey Wildcats Basketball Club²⁴ in Warrington) or hobby groups popular among older men.

B. Enhanced Promotional Strategy

The Project's initial promotional efforts of door to door leafletting and social media have been promising in raising awareness of the project. To further address health inequalities and ensure year-round access for vulnerable individuals, explore the following approach:

- **Sustained Momentum and Integrated, Multi-lingual Visibility:** Transitioning to a year-round promotional strategy will maintain the project's visibility and keep participating community centres top-of-mind for residents particularly during peak demand periods, such as the winter months. To enhance this sustained presence, explore increasing high-impact display options beyond traditional posters and leaflets- this could include leveraging multi-lingual digital signage in GP reception areas (i.e. targeting local ethnic/ESOL population), strategically placing informational brochures in both medical centres and pharmacies, and potentially collaborating with local media outlets for targeted multi-lingual messaging.
- **Empowering NHS Staff and Pharmacist Collaboration:** Develop comprehensive toolkits for both primary care staff and pharmacists. These toolkits should include conversation starters, informative leaflets, and engaging visuals (posters, digital signage) tailored to their respective audiences. Enhancing staff and

²³ Bennetts Recreation Ground

²⁴ Sankey Wildcats Basketball Club

pharmacist knowledge and providing them with clear communication tools will ensure integration of Healthy Neighbours Project promotion into daily interactions with diverse patients and customers.

C. Needs Assessment and Service Mapping

Prior to implementing strategies for underrepresented groups, it is imperative that Torus Foundation conducts a comprehensive needs assessment to avoid duplicating existing provisions and to design appropriate interventions. We recommend utilising platforms such as Yeme Tech²⁵ to map community organisations operating within target areas, ensuring efficient resource allocation and complementary service provision.

10.1.2. Enhancing NHS Outreach: Addressing Key Community Health Issues

Community centres funded by the Healthy Neighbours Project provide essential support for individuals who struggle to access traditional GP clinics due to mobility issues, transportation limitations, or social anxieties. Our study indicates that while the resource benefits for local health services are growing, they remain modest (See Table 7 in *Socio-economic Impact of Project*).

To enhance the project's impact, we recommend expanding outreach efforts through co-located NHS initiatives. Collaborating with care settings could significantly improve the reach and effectiveness of these services. In light of local needs, NHS outreach should extend beyond mental health support and basic health checks to include:

- **Vaccinations:** Providing on-site flu shots and other necessary inoculations.
- **BMI Checks:** Conducting regular weight and health monitoring for community members.
- **Diabetes Management Workshops:** Offering workshops focused on diabetes care and early detection strategies.
- **Early Cancer Screenings:** Implementing outreach programmes for early detection of various cancers, including breast, cervical, prostate, and lung cancer.
- **Maternity and Prenatal Health Support:** Enhancing prenatal care, postnatal support, and hosting information sessions for expectant mothers and new parents.

Additionally, Older residents face increasing barriers to daily life and support due to digital exclusion. Based on the current demographics of participants, the project should support more provision in this area. The charity Age UK is running the first phase of a similar [initiative](#) (2022-2026) and would be a good example.

10.1.3. Enhancing Funding Utilisation

The Healthy Neighbours Project has achieved success in securing funding through collaborations. This secured funding is vital for ensuring the smooth operation of delivery partners and supporting project activities. However, there are opportunities to further optimise funding allocation to strategically address project priorities for e.g.,

Further integration with borough-wide and neighbourhood-level health care infrastructure: Given our research, there remains a need to make further strides in increasing health checks especially in diabetes mellitus scoring, and cardiovascular issues (as mentioned above). Funds could also be used to develop targeted outreach programmes to educate the community about the importance of regular health screenings. This can involve informational campaigns, workshops, and personalised follow-up reminders to ensure higher participation rates.

Project Scalability: Use the additional funding to increase the number of delivery sites (e.g. from 6 to 10) and volunteer numbers either through partnering with more project delivery partners or supporting existing partners to build new initiatives. The expansion of locations will demand a corresponding increase in volunteer involvement. One suggestion is to increase partnerships with local universities or further education colleges to recruit student volunteers. With the rise in commuter students, there is an opportunity to engage students from institutions such as the University of Liverpool, Liverpool Hope University, and Liverpool John Moores University, who may reside in areas like Warrington or St Helens, where university campuses are distant. Additionally, the University of Liverpool's Institute for Ageing, located in Prescot, could serve as a promising avenue for collaboration.

²⁵ [YemeTech | Know Your Area](#)

II. Volunteer and Delivery Partner Experience

10.2.1. Enhancement of Volunteer Engagement and Development

Volunteers are integral to the success of Healthy Neighbours Project, demonstrating commendable passion and dedication. However, challenges in volunteer recruitment have been identified, primarily stemming from potential volunteers' perceptions of inadequacy in role fulfilment and requisite technical skills. To address these issues and improve both retention and recruitment, we propose the following recommendations:

- **Role Clarification and Empowerment:** Create a detailed universal volunteer handbook that clearly outlines roles, responsibilities, and the volunteer experience. Introduce a milestone recognition system to acknowledge volunteer contributions (e.g., at 10, 20, 50 hours of service) to boost engagement, confidence and satisfaction.
- **Structured Volunteer Pathways:** Collaborate with delivery partners to establish diverse 'volunteer pathways' with tailored onboarding processes and progressive levels of responsibility. These pathways could incorporate specialised training in areas such as a niche mental health first aid and elderly care.
- **Skills Development for Employability:** Leverage Torus Foundations Employment and Skills Team expertise to assist volunteers in articulating their experience as transferable skills for employment opportunities and to support volunteers in applying for roles which include opportunities within Torus Foundation and other Torus entities.

10.2.2. Building Agency and Expanding Impact

Volunteers possess valuable insights into local needs, presenting an opportunity for Torus Foundation to enhance their agency and broaden impact. Successful examples of agency-building initiatives include volunteer-led repair cafes, arts and crafts groups, and walking tours, which have been well-received by both residents and volunteers. Our research indicates that peer-to-peer learning is highly valued among Healthy Neighbours volunteers, suggesting a desire for increased engagement in such activities. To build on this, explore:

- **Volunteer and Resident Forum:** Establish a steering group composed of volunteers and residents for the Healthy Neighbours project across all delivery sites. This group should meet bi-annually or tri-annually to guide the project's strategic direction and provide feedback on activities, ensuring that the project remains responsive to the needs and perspectives of the community it serves.
- **Funding for Community-Led Initiatives:** Explore opportunities to allocate funds for projects led by volunteers or residents through this forum. This approach will empower local community members to lead their own initiatives and promote peer-to-peer learning.

10.2.3. Implement a Knowledge Exchange Platform

Project delivery partners have relatively few formal opportunities to learn from each other. More opportunities for knowledge exchange and collectively learning around data collection and monitoring and evaluation processes would strengthen relationships and provide immediate support to new and existing delivery partners. Specifically, we propose the implementation of a "**Community Classroom**" framework within the project which can be quarterly events that would provide a platform for various stakeholders, including delivery partner coordinators, volunteers, and residents, to share industry insights, expected outcomes, and identified needs. This initiative would offer delivery partners/Torus Foundation an opportunity to showcase their services and promote collaborative learning across the project network.

To further strengthen collaboration, consider inviting a borough head GP/local councillor to lead these forum sessions. Their insights into borough-level inequalities and understanding of social prescribing can provide valuable guidance for residents and VCS groups.

III. Project-level process improvements

10.3.1. Strengthen data collection

Develop and strengthen existing data collection processes—including focus groups, surveys, and video/audio file uploads—within a tailored and adaptable performance and reporting framework. Efforts should be continued and focused on tracking resident impact survey scores and potentially volunteer progressions.

- **Data Collection & Analysis:**
 - Existing resident surveys, developed by Envoy Partnership, can serve as models for gauging outcome indicators through comparisons to pre-intervention conditions. Data collection using these resident surveys should continue at regular intervals and can be imputed into the SROI model relatively quickly.
 - To address the inconsistencies in data reporting and enhance year-on-year impact assessments, it is recommended to implement a unified and standardised reporting system across all years and sources. This system should utilise a single, consistent format (preferably Excel or a compatible data management tool) for all KPI reports, ensuring that data is comparable and easily trackable over time. Regular internal data verification processes should be established, involving at least 2-3 key staff members from the Torus Foundation who are familiar with the data sources and reporting requirements.
- This year's evaluation also highlighted the importance of **addressing language barriers to ensure inclusivity** for example at the Granby Toxteth Triangle in Liverpool. To cater to non-English speaking residents, consider providing surveys and communications in multiple relevant languages. Additionally, allocating time or funding for translation and interpretation services can help bridge communication gaps, allowing for improved understanding and engagement across all delivery locations.
- **Optimising Data Collection:** While 98 responses achieved in the pilot year are encouraging, further efforts are required to increase this number and improve robustness, ideally to secure an overall sample within 5% margin of error (up to 7.5% maximum). Training for staff and volunteers on data collection methodologies and explaining the importance of monitoring is recommended. To further empower new organisations joining the Project, additional support should be offered in the form of data collection planning and training. Support could include workshops on best practices and the development of clear guidelines outlining key data touchpoints for collection.

10.3.2. Leveraging Torus Housing relationship

The strategic alliance between Torus Foundation and Torus Housing presents a significant opportunity to identify and address specific needs within the local community. Leveraging data on new tenant demographics, recurring tenancy requests, and reported challenges from Torus Housing could inform and refine future Healthy Neighbours interventions. Moreover, exploring the utilisation of customer data and insights collected by Torus Housing could provide valuable perspectives on tenant engagement issues, thereby enhancing the efficacy of targeted initiatives.

Reciprocally, Healthy Neighbours should provide systematic updates to Torus Housing, highlighting particularly efficacious housing interventions that enhance tenant experience. A salient example of this is the provision of air monitors through the *Indoor Air Quality Project*.

11. Appendix

- I. Research Principles
- II. Wellbeing Evaluation Approach
- III. Healthy Neighbours Project: Socio-economic Impact Evaluation Data Sources
- IV. VCS organisation involved in Healthy Neighbours Project
- V. Stakeholder Map
- VI. Survey templates

I. Research principles

Static reporting frameworks, no matter how sophisticated, often risk providing only narrow evidence on which to base decisions, rather than demonstrating the dynamic flows of value arising from different functions and outcomes, over the short and long term. Recent approaches to understanding social and economic value aims to translate the measurement of social impact into economic language.

Our approach is drawn from Social Value UK and BSI research principles, and as such is a stakeholder-informed impact analysis that uses a broader understanding of value-for-money. It is a *mixed methodology* approach, relying on both *qualitative* research and *quantitative* research.

The Envoy Partnership research team Collated “alternative pathway” costs based on SROI. The research was underpinned by the Eight Principles of SROI as set out by Social Value UK and previously the Cabinet Office SROI Guide.

The Eight Principles of SROI

1. Involve stakeholders
2. Understand what changes
3. Value the things that matter
4. Only include what is material
5. Do not over-claim
6. Be transparent
7. Verify the result
8. Be proactive

Mapping a theory of change

Analysis of Social Value involves the development of a Theory of Change (ToC), (which is presented in section four). A ToC shows the stakeholders affected by the Project, the inputs and activities involved, and the outputs and outcomes that arise. Once identified and tested, it is easier to pinpoint appropriate indicators that demonstrate the magnitude of change in outcomes. Measurement focuses on the ultimate benefit or change experienced by stakeholders, as well as the outputs - the quantifications of activities e.g. the number of residents.

Figure 9: Theory of Change/ Logic model process



Establishing impact

In Social Value terminology, ‘impact’ is a measure of the difference made by the project or organisation being evaluated. It recognises that there is likely to be a difference between the change observed, and the change for which the project or organisation can claim credit. Such considerations are important to ensure that the analysis does not over-estimate value created.

II. Wellbeing Valuation Approach

A significant part of measuring Social Value/SROI focuses on monetising changes in subjective well-being and quality of life. In practice, there are different methods of valuing the same quality of life/well-being outcome. Each has their advantages and disadvantages in this instance. More so given how health and well-being are complex, dynamic and multi-faceted, in terms of physiological, mental and relational well-being measures.

We have used a **Quality Adjusted Life Year (QALY)** health economics approach, which is long-established with the health and care sector i.e. the value we as a nation would place on one year of additional life with good quality of life. This has particular benefits in this study:

- Some of the more material well-being outcomes relevant to the stakeholders and provision assessed for this study do not have values available from one-size-fits all tools.²⁶ For example, the ‘well-being valuation’ methods used in SV Bank / HACT approach, or in the TOMs, to value fixed aspects of subjective well-being, poses a significant degree of inflexibility (and in the case of the National TOMs, we would argue quite inaccurate in not offering many monetised values of subjective quality of life).
- There is – in the evaluator’s judgement – a much lower risk of overclaiming with QALY values. The QALY approach involves putting a ceiling on the total mental well-being value that could be claimed for one individual (i.e. £10,560 per person per year). Whereas – if someone experiences several HACT-defined outcomes, for example – then the ‘well-being valuation’ method could relatively easily allocate them over £100k²⁷ of subjective value per person per year. While this may be statistically valid, this sometimes is not particularly helpful or meaningful when assessing value creation that is built on effective measurement of impact. More so when considering there is diminishing marginal utility to income and consumption.
- Furthermore, QALY approaches are more acceptable to Public Health and Health care partners/agencies, reflective of a population-level and policy-level “willingness to pay” approach to valuing quality of life.

We have drawn on literature from healthcare economics as a benchmark for relative impact and importance. In the field of medicine, interventions are often evaluated in terms of their impact on a person’s overall ‘health status’. Within global healthcare, this is often done using a measure known as Quality Adjusted Life Years (QALYs). NICE (National Institute for Health and Care Excellence) defines QALYs as:

“A measure of the state of health of a person or group in which the benefits, in terms of length of life, are adjusted to reflect the quality of life. One QALY is equal to 1 year of life in perfect health.”²⁸

QALYs are commonly used within the health and care sector in the UK when deciding if medical interventions represent good value for money and are an increasingly common measure for social interventions. Very roughly, a social or medical intervention is judged to be good value for money if it costs less than £30,000²⁹ for every QALY it creates for the patient. This is known as a cost-effectiveness threshold. It means that, in theory, the NHS would be prepared to pay up to £30,000 for each QALY created by for a patient by an intervention, and by extension, it is a useful benchmark for the value we, as a society place on achieving one year of “good quality of life”. If £30,000 is the benchmark value for 1 QALY, to convert fractional QALYs into a financial proxy, we can multiply the QALY amount by the NHS £30,000 cost-effectiveness threshold. For example, 1 QALY is ‘worth’ £30,000, and 0.1 QALY would be ‘worth’ £3,000.

Valuing Physiological Wellbeing A person’s entire health status is made up of different components. The Centre for Mental Health’s (CMH) report shows how much a person’s health status is affected by having poor mental health.³⁰ The CMH calculates the average loss of health status for an individual developing a severe³¹ mental health condition to be 0.352 QALYs, suggesting that a person’s full mental wellbeing accounts for approximately 0.352 of a QALY, or their health status. It follows then, that in theory their physiological health is worth approximately 0.648 of a QALY (£19,440), since 1 QALY represents their entire health and wellbeing status.

²⁶ e.g. ‘being treated fairly / equal to others’; ‘having a sense of autonomy/agency’; wage penalties experienced by vulnerable or previously unemployed workers.

²⁷ e.g. using the HACT calculator V2020, if a 25-49 year old in London experienced the values: “not worried about crime”, “high confidence (adult)”, “relief from depression/anxiety (adult)”, “relief from being heavily burdened with debt”, “active in tenants group”, and “full-time employment”, they would get £104,465 of subjective well-being value per year (excluding financial or economic benefits).

²⁸ <https://www.nice.org.uk/glossary?letter=q>

²⁹ The cost-effectiveness threshold is usually given as £20,000 - £30,000. We have used the upper threshold here.

³⁰ Centre for Mental Health (2003), Economic and social costs of mental illness in England, <https://www.centreformentalhealth.org.uk/economic-and-social-costs-2003>. The original report in 2003 was updated in 2009/10, although the per-person figures for social costs did not change in the update

³¹ i.e. a ‘level 3’ mental health problem: severe problems, or extremely anxious

III. Healthy Neighbours Project: Socio-economic Impact Evaluation Data Sources

Table 10: Quantifying the social value of resident (service user) outcomes from Healthy Neighbours Project activities 2022-2024 (All values based on weighted sub - component of Quality Adjusted Life Year threshold amount, unless stated).

Stakeholder	Stakeholder outcome	Output Count	Output count source	Net Impact ³²	Proxy Value per individual	Proxy source	Total Value (non-adjusted) [Output Count x Proxy]	Total Attributed Value [Net Impact x Proxy, after deadweight & displacement]	Attributable Value Sub Total
Residents	Survey Question: Improved overall health and wellbeing	5191	KPI reporting sheets submitted by delivery partners	349	£1,056	Value assigned using guidance from the National Accounts of Wellbeing (nef, 2009), Social Value (New Economy Manchester, 2012), and sub-proportions of 0.352 QALYs identified in The Economic and Social Costs of Mental Illness (Centre for Mental Health, 2003).	£1,782,994	£368,117	£3,193,325
	Survey Question: Increased feeling of belonging	5191		396	£704	As previously referenced, See nef (2009), New Economy Manchester (2012), and Centre for Mental Health (2003)	£1,351,390	£279,008	
	Survey Question: Reduced loneliness / social isolation	5191		233	£792	As previously referenced, See nef (2009), New Economy Manchester (2012), and Centre for Mental Health (2003)	£892,233	£184,211	
	Survey Question: Reduced anxiety	5191		218	£1,056	As previously referenced, See nef (2009), New Economy Manchester (2012), and Centre for Mental Health (2003)	£1,113,470	£229,887	
	Survey Question: Improved self-confidence	5191		292	£1,056	As previously referenced, See nef (2009), New Economy Manchester (2012), and Centre for Mental Health (2003)	£1,495,550	£308,771	

³² Net Impact formula: Output Count x Attribution x (1 - Deadweight) x (1 - Displacement)

	Survey Question: Increased sense of control over life choices and actions	5191		291	£792	<i>As previously referenced, See nef (2009), New Economy Manchester (2012), and Centre for Mental Health (2003)</i>	£1,117,752	£230,771
	Survey Question: Increased sense of purpose and meaning	5191		322	£440	<i>As previously referenced, See nef (2009), New Economy Manchester (2012), and Centre for Mental Health (2003)</i>	£685,212	£141,469
	Survey Question: Increased pride in the neighbourhood	5191		319	£792	<i>As previously referenced, See nef (2009), New Economy Manchester (2012), and Centre for Mental Health (2003)</i>	£1,224,905	£252,894
	Survey Question: Improved ability to deal with problems	5191		280	£528	<i>As previously referenced, See nef (2009), New Economy Manchester (2012), and Centre for Mental Health (2003)</i>	£717,286	£148,091
	Survey Question: Increased participation in physical activity/exercise	895	17% of survey respondents participated in physical activities, extrapolated to the total residents reached ³³ .	43	£2,916	<i>As previously referenced, See nef (2009), New Economy Manchester (2012), and Centre for Mental Health (2003)</i>	£603,473	£124,593
	Survey Question: Increased access to affordable, healthy food	835	16% of survey respondents accessed food and nutrition services, extrapolated to the total residents reached.	49	£545	<i>Average from survey respondents conducted by Envoy</i>	£128,684	£26,568
	Survey Question: Improved response to health and personal welfare concerns/ feeling heard	5191		334	£528	<i>As previously referenced, See nef (2009), New Economy Manchester (2012), (2003)</i>	£853,336	£176,180
	Survey Question: Equal/fair access to timely health and wellbeing support	5191	KPI reporting sheets submitted by delivery partners	378	£616	<i>As previously referenced, See nef (2009), New Economy Manchester (2012), and Centre for Mental Health (2003)</i>	£1,128,968	£233,087
	Survey Question: Increased trust in treatment and information from local community services.	5191		334	£440	<i>As previously referenced, See nef (2009), New Economy Manchester (2012), and Centre for Mental Health (2003)</i>	£710,849	£146,762

³³ Total residents reached = 5191

Survey Question: Avoided costs and debt (financial)	265	5% of survey respondents received support with debt, extrapolated to the total residents reached.	48	£1,170	Average from survey respondents conducted by Envoy	£309,871	£56,299
Survey Question: Improved savings (financial)	477	9% of survey respondents received savings support, extrapolated to the total residents reached.	87	£1,023	Average from survey respondents conducted by Envoy	£487,649	£88,598
Survey Question: Days of respite care (financial)	519	10% of survey respondents identified as unpaid carers, extrapolated to the total residents reached.	283	£107	Average daily cost of respite care sourced from Carers' breaks and respite care - Social care and support guide - NHS (www.nhs.uk)	£166,854	£30,315
Survey Question: Sustained tenure/ accommodation	106	2% of survey respondents received rent payment support, extrapolated to the total residents reached.	19	£7,388	Proxy value for accommodation sourced from HACT, "Able to pay for housing" (subjective value, outside of London, 2020).	£782,676	£142,200
Survey Question: Improved wellbeing through better air quality	135	Total number of families supported through the installation of air quality monitors as part of the Indoor Air Quality Project, excluding those with property concerns related to damp and mould.	28	£801	Assumed as 50% of Disability Adjusted Life Year cost to individual wellbeing from poor air quality (Gent University - Cony, Laverge et al, 2022, A Methodology to assess economical impacts of poor IAQ in office buildings from DALY and SBS induced costs)	£108,117	£22,322
Survey Question: Improved wellbeing through avoided/reduced damp and mould	13	Total number of tenants/families who identified significant property concerns (damp and mould) following air quality monitor installation.	3	£1,186	Average of i) Disability Adjusted Life Year cost to individual wellbeing from poor air quality; and ii) HACT "Rectification of serious condensation and mould" (outside of London, 2020)	£15,416	£3,183

Table 11: Quantifying the social value of volunteers outcomes from Healthy Neighbours Project activities 2022-2024 (All values based on weighted sub - component of Quality Adjusted Life Year threshold amount, unless stated).

Stakeholder	Stakeholder outcome	Output Count	Output count source	Net Impact	Proxy Value per individual	Proxy source	Total Value (non-adjusted) [Output Count x Proxy]	Total Attributed Value [Net Impact x Proxy, after deadweight & displacement]	Attributable Value Sub Total
Volunteer	Volunteer hours	12603	KPI reporting sheets submitted by delivery partners	2290	£11	National real living wage per hour sourced from Real Living Wage Foundation.	£144,173	£26,194	£243,081
	Volunteers receiving training/ learning	197		36	£814	Proxy value for "Benefitting from Learning Opportunities" assigned by Real Worth Study (QALY-based Wellbeing Valuation, 2020).	£160,395	£29,141	
	Volunteer training hours received	4170	Total hours of volunteer training provided per site, as reported by delivery partners, multiplied by total volunteers.	758	£212	Average cost of training per employee sourced from How Much Does Mental Health Training Cost? (greatmindsatwork.com)	£886,090	£160,989	
	Wellbeing value from regular volunteering	196	Total number of active volunteers recorded in KPI reporting sheets, adjusted for attrition	15	£1,824	Wellbeing value for regular volunteering assigned by HACT (outside of London, 2020).	£129,595	£26,756	

Table 12: Quantifying return on investment to local Health services from Healthy Neighbours Project 2022-2024

Stakeholder	Stakeholder outcome	Output Count	Output count source	Net Impact	Proxy Value per individual	Proxy source	Total Value (non-adjusted) [Output Count x Proxy]	Total Attributed Value [Net Impact x Proxy, after deadweight & displacement]	Attributable Value Sub Total
NHS system	Mental health crisis lines x1 episode reduction	1207	23% of survey respondents who reported having a long-term mental health condition potentially avoided mental health crisis	110	£418	Mean cost of guided self-help sourced from PSSRU (https://www.pssru.ac.uk/unitcostsreport/)	£504,704	£45,849	£344,257

		lines, this was extrapolated to the total residents reached.						
Hospital care resource savings (x1 Inpatient secondary care episode) Unplanned hospital visits RE diabetes	886	17% of survey respondents who reported having diabetes potentially avoided an unplanned hospital visit RE diabetes, this was extrapolated to the total residents reached.	81	£711	<i>Diabetes hospital costs derived from NHS Tariff 2022-2023 (HRG codes: KB01F and KB02K).</i>	£629,694	£57,203	
Hospital care resource savings (x1 Inpatient secondary care episode) Unplanned hospital visits RE cardiovascular issues	1139	22% of survey respondents who reported having cardiovascular issues potentially avoided an unplanned hospital visit RE cardio issues, this was extrapolated to the total residents reached.	104	£1,590	<i>Average hospital cost for acute cardiovascular (low severity 0-3) based on NHS Tariff 2022-2023 (HRG code: EB10E).</i>	£1,811,786	£164,587	
Hospital care resource savings (x1 Inpatient secondary care episode) Unplanned hospital visits RE respiratory condition	148	We have assumed that total number of families supported through the installation of air quality monitors as part of the <i>Indoor Air Quality Project</i> potentially avoided an unplanned hospital visit RE respiratory issues, including those with property concerns related to damp and mould.	13	£2,004	<i>Average hospital cost for respiratory infections from NHS Tariff 2022-2023 (HRG code: DZ27U).</i>	£296,592	£26,943	
Hospital care resource savings - reduced Severe Mental Health episode	1090	23% of survey respondents who reported having Severe Mental Illness potentially avoided an unplanned hospital RE SMI, extrapolated to the total residents reached.	99	£468	<i>Costs for A&E mental health liaison services and ambulance services taken from PSSRU (https://www.pssru.ac.uk/unitcostsrepo rt/)</i>	£510,171	£46,345	
Primary care resource savings - reduced GP visits	934	18% of survey respondents reported reduced GP clinic visits since joining the project, extrapolated to the total residents reached.	85	£39	<i>Cost of a GP attendance (9-minute appointment) sourced from King's Fund 2020-2021.</i>	£36,656	£3,330	

Table 13: Quantifying return on investment to statutory agencies like Torus Housing, Adult Social care and Criminal Justice systems from Healthy Neighbours Project 2022-2024

Stakeholder	Stakeholder outcome	Output Count	Output count source	Net Impact	Proxy Value per individual	Proxy source	Total Value (non-adjusted) [Output Count x Proxy]	Total Attributed Value [Net Impact x Proxy, after deadweight & displacement]	Attributable Value Sub Total
Torus Housing	Sustained tenancies: (based on average rent for Torus houses per year)	106	2% of survey respondents who reported accessing rent support sustained their tenancy (and therefore rental payment), extrapolated to the total residents reached.	10	£5,033	Torus Housing data	£533,143	£48,432	£202,887
	Repairs call-out cost x1 incidence avoided	1767	34% of survey respondents who reported both increased sense of control and pride in their neighbourhood are potentially more likely to take better care of their homes, potentially reducing repair callouts, extrapolated to the total residents reached.	161	£448	Torus Housing data	£790,888	£71,846	
	Cost of Void Period occurrences (from older tenant falls injury)	166	The output count is linked to the metric of "Delayed or avoided early entry into long-term adult social care" below, as we have assumed that individuals at risk of falling who enter care homes will potentially result in void period costs for Torus Housing. This was extrapolated to the count of total residents reached.	15	£5,489	Torus Housing data	£909,364	£82,609	

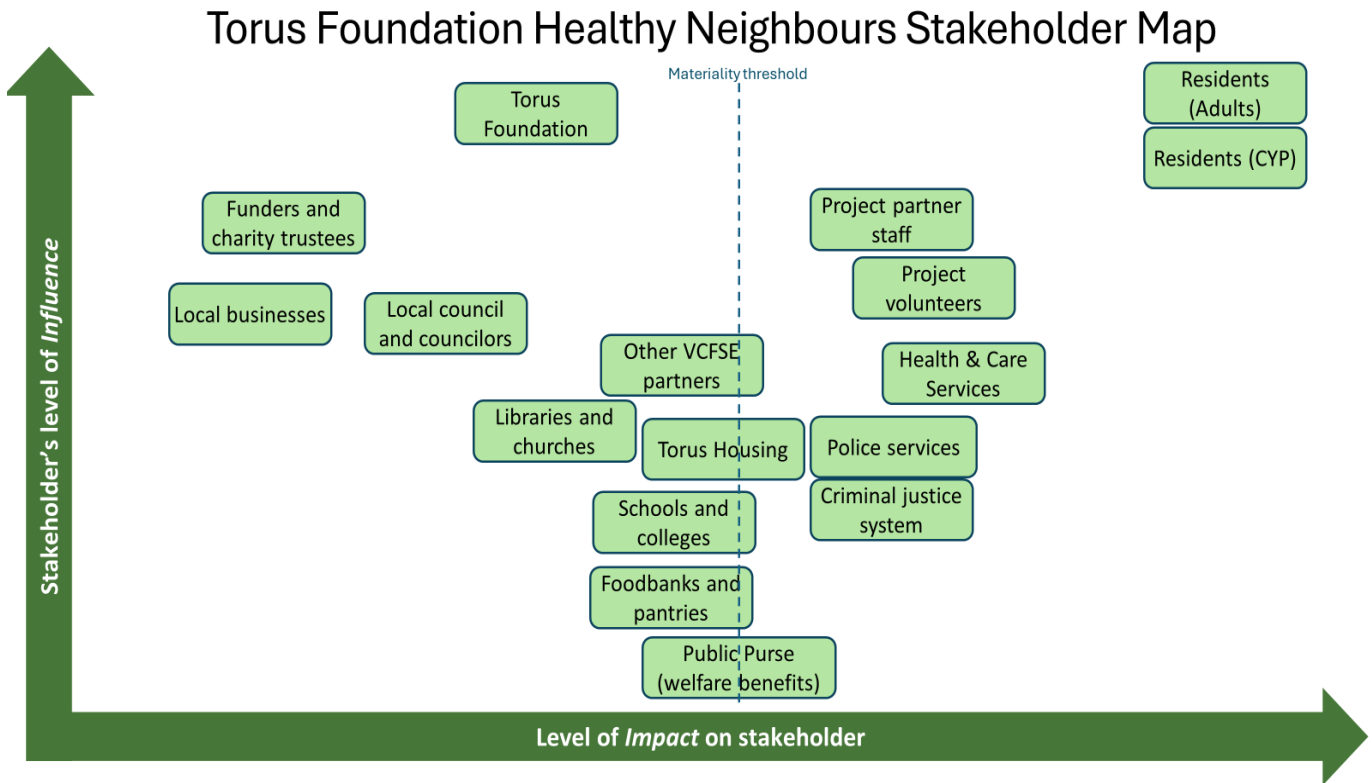
Adult Social care	Delayed / avoided early entry to long-term adult social care	166	3% of survey respondents who reported both attending physical activities and having physical disabilities would reduce the risk of falling through support received, extrapolated to the count of total residents reached.	15	£18,002	Cost associated with 'falls' assigned by PSSRU 2023 (Table 7.2.2)	£2,982,395	£270,928	£270,928
CJS	Reduction in youth offending (low level)	61	This figure represents a reduction of 135 crime incidents from 2022-2024 across six specific project locations, calculated using ONS data on reported crime reduction per household within the immediate LSOA areas. Calculations assumed 400 households per location, based on ONS's recommended minimum baseline. We attributed 45% of these incidents to youth offending, 45% to adult anti-social behaviour, and a conservative 10% to cybercrime, reflecting the national estimate range for cyber-related incidents in the UK (15-20%). Attribution has been adjusted downwards significantly to avoid overclaim.	6	£4,446	Lower end cost of young offending incidence sourced from <i>The cost of a cohort of young offenders - Technical paper (nao.org.uk)</i>	£270,388	£24,563	£43,072
	Reduction in anti-social behaviour Adults	61		6	£3,311	Average cost of anti-social behaviour incidents calculated using proxy values from <i>The Economic and Social Costs of Anti-Social Behaviour (LSE, 2003, p.43)</i> and <i>Tackling Anti-Social Behaviour (NAO, 2006, p.24, Fig.13)</i> , adjusted for 3.5% inflation.	£201,349	£18,291	
	Reduced crime including cyber crime	14		1	£178	Estimated physical and emotional costs of cybercrime sourced from <i>The economic and social costs of crime (publishing.service.gov.uk)</i>	£2,408	£219	

IV. VCS organisations/ Delivery Partners involved in the Healthy Neighbours Project:

- 1) **First Person Project (FPP) CIC, Liverpool:** provides people with the tools and guidance to improve their mental health, supporting them to create bespoke action plans that will help develop individual and community assets and provide methods to build resilience and maintain positive mental health. The founder brings over 10 years of clinical expertise working within NHS mental health. Co-ordinators of the project have their own lived experience of dealing with mental health issues and all have close links with their communities. With a key focus on mental health, FPP believe 'all roads lead to and from mental health' and provide support with initiatives across health and wellbeing.
- 2) **City Healthcare Partnerships St Helens Wellbeing:** the charity aims to make it easier to access a wide range of healthy living and wellbeing support through a 'one stop shop'. Joining up services that provide advice and help with healthy eating, exercise, weight management, stopping smoking, breastfeeding, emotional and social wellbeing, oral health and volunteering. Being a non-profit affiliate of the NHS, St Helens Wellbeing also have great partnerships with NHS/ clinical services and in the community. There are a range of expertise and clinical qualifications across the service and partnership working is key, particularly within, for example, their social prescribing team.
- 3) **Friends of St Elphin's Park, Warrington:** the charity manages the park and Pavilion Tea Rooms; the heartbeat of the local community where voluntary groups run projects at the community café, providing employment and skills training and community sessions all of which are 100% volunteer led. Since joining the Healthy Neighbours Project, the charity has also gained access to a local community centre which is now being used as a hub to support the local community. Friends of St Elphin's work together with the community and provide a welcoming space to engage and deliver services.
- 4) **Longford Neighbourhood Service Centre, Warrington:** a charity established in 1996, supporting the community to access wellbeing and employment support. Their hub is a hive of activity and is used by partners across Warrington to bring services to the area and make them accessible to all. The centre cafe is well known and trusted within the local community, providing an accessible space to hold events, activities and sessions.

V. Stakeholder Map

The Map below lists the all the stakeholders, their possible subgroups, and a materiality judgement which is indicated by the blue dotted line. Materiality is an accountancy term that refers to whether information is sufficiently relevant or significant to affect the views of people making decisions on the basis of the information. In the context of this evaluation, materiality refers to whether outcomes are sufficiently relevant or significant to be included in the analysis. Stakeholders are judged to be ‘material’ if they are expected to experience one or more material outcomes. Here, all the stakeholder to the right of the blue dotted line as seen to be ‘material’.



VI. Outcome Surveys as distributed to stakeholders

1. Survey for Residents

1. a. Which of the following locations do you attend activities?

- Parr, St Helens - *City Healthcare Partnerships St Helens Wellbeing*
- Four Acre estate, St Helens - *City Healthcare Partnerships St Helens Wellbeing*
- Daneville Estate, Abingdon Grove, Liverpool - *First Person Project CIC*
- Granby-Toxteth Triangle, Liverpool - *First Person Project CIC*
- Orford (Grasmere Avenue and Greenwood Crescent), Warrington - *Longford Neighbourhood Service Centre*
- St Elphin's Close and St Katherines Way estate, Warrington - *Friends of St Elphin's Park*

1. b. Roughly, how often do you visit this space?

- Every day Few times a week Few times per month Once per month Every few months Once per year

2. What way have you used your community space? (For e.g., **physical or social activities/ classes, health checks, accessed healthy food and nutrition, information and advice etc.**)

3. Please rate how much MORE or LESS you experience the following statements, as a result of being in touch with your community space.

	MUCH MORE than before	A LITTLE MORE than before	NO CHANGE	A LITTLE LESS than before	MUCH LESS than before
feel happy about my overall health and wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
feel I am accepted and belong in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
feel lonely and left out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
feel calm and not anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
feel good about myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
feel I'm in control of my choices and actions in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
feel the things I do in life are worthwhile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
take pride in my neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
can deal with problems well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
am able to regularly participate in physical activity/ exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
have access to affordable healthy food that I need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
feel my health & personal welfare concerns are heard and essed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
can access the health and wellbeing support I need at the opriate time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
know who to get support from if I need help with my being or personal welfare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
trust the treatment and information I get from local services y community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. If relevant for how you use the community space, how much **MORE or LESS** have you needed the following health and care services as a result of the activity or support you received:

Services	If LESS than before: No. of times less	If MORE than before: No. of times more	Not relevant to me: Please tick or leave blank
GP clinics			
Unplanned hospital visits			

Other health condition support, please describe			
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5) If your community space helped you to access cost of living/financial support, what is the approximate amount per year? (Please respond to all that apply)

Day to day Cost (e.g. bills & food)	Helped with Savings	Helped avoid or reduced existing Debt	Helped with paying my rent
£	£	£	£

6) Select a response to indicate your level of agreement with each statement below:

	Strongly agree	Agree a little	Disagree a little	Strongly disagree	Not relevant
My concerns & viewpoints are respected by my local volunteer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am able to trust my local volunteer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a better understanding of other people's health and mental wellbeing participating in community activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7) If you feel like the community space has positively affected your life, how long do you think those positive effects will last?

- Not positively affected my life Less than 1 month 1-6 months 6-12 months 1-2 years More than 2 years

Not sure

8) How much do you agree or disagree that the English language is a barrier for you to access local services?

- Strongly agree Agree a little Disagree a little Strongly disagree Not relevant

DEMOGRAPHICS

9) Residential Postcode:

10) a) Are you a Housing Association resident? Yes No 10.b) If yes, who is your landlord? _____

11) Please confirm your sex at birth: Male Female Intersex Prefer not to say

12) Your age:

13) Occupation status: Unpaid Carer Employed – full time Employed – part time (salaried) Employed - part time (zero – hour contract) Not currently employed – looking for work Not currently employed – not looking for work Retired Full time student

14) [If responded 'Unpaid carer' in Q11] If you are an unpaid carer, how many hours of respite support do you receive per week on average?

15) How would you describe your ethnic background (Please tick):

- | | | | | |
|--|--|--|--|--|
| <p>Black or Black British</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> Other Black/African/Caribbean group</p> | <p>Mixed</p> <p><input type="checkbox"/> White and Black</p> <p><input type="checkbox"/> White and Black</p> <p><input type="checkbox"/> Other Mixed/Multiple</p> | <p>Asian or Asian British</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Other Asian background*</p> <p><input type="checkbox"/> South Asian e.g. Indian, Pakistani, Bangladeshi</p> | <p>White</p> <p><input type="checkbox"/> White British or White Irish</p> <p><input type="checkbox"/> Gypsy or Irish Traveller</p> <p><input type="checkbox"/> Other White background</p> | <p>Other</p> <p><input type="checkbox"/> Arab</p> <p><input type="checkbox"/> Jewish</p> <p><input type="checkbox"/> Other, please describe _____</p> <p><input type="checkbox"/> Prefer not to say</p> |
|--|--|--|--|--|

16) What is your current living condition? Tick all that apply:

- Owned home Housing Association Other residential care Rough Sleeping
- Private rent Retirement home Homeless/sofa surfing

Other, please describe _____ Temporary accommodation (including refuge)

17) **[If responded 'Temporary accommodation (including refuge)' in Q15]** Have you had any support with Interview preparation and CV writing through your community space? If yes, please describe _____

18) Do you have a long-term physical or mental health condition or disability? If yes, please describe _____

19) Please tell us more about your experience with your community space or highlight your concerns or issues, if any:

20) Are you a volunteer at your community space (Please tick)? Yes No

21) Thank you for sharing your thoughts! To help us keep a track of responses, please provide the following details:

Initials of first and last name: _____ Month of birth: _____

2. Survey for Delivery Partners

Torus Foundation Healthy Neighbours Project: Impact on Delivery Partners

This questionnaire is designed to provide feedback about how being involved with the Healthy Neighbours Project has impacted your organisation. The form is completely anonymised unless you choose to include specific identifying information in the boxes below.

Please tick this box to indicate that you understand the questionnaire and consent to having your responses stored securely by Envoy Partnership in line with their data privacy policy

1. Please indicate to what extent you agree with the following statements

As a result of being involved with the Healthy Neighbours Project.....

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
<i>Our capacity as an organisation has increased</i>					
<i>Our access to other local services has increased</i>					
<i>Our staff and volunteers feel more supported</i>					
<i>Our staff and volunteers feel more trained</i>					
<i>We feel closer to other organisations in the local area</i>					

2. Below is a list of benefits to your organisation that could result from being involved with the Healthy Neighbours Project. Please select three from the list that you see as the main benefits for your organisation as a result of being involved with the Healthy Neighbours Project

- Improved access to community spaces
- Improved access to equipment, tools, educational, promotional and marketing materials
- Increased publicity of our activities
- Improved evaluation and data collection knowledge and tools
- Upskilling opportunities for staff and volunteers
- Practical help from Torus Foundation staff at events and activities
- Knowledge exchange between projects to develop best practice
- Stronger links with other local organisations

3. Has your involvement in the Healthy Neighbours Project resulted in any **process improvements** for your organisation? If yes, please provide some specific examples.

4. Has your involvement in the Healthy Neighbours Project resulted in any **adoption of best practice from other organisations in the partnership**? If yes, please provide some specific examples.

5. How has your involvement with the Healthy Neighbours Project impacted **your profile or reach within the community**?

6. **What lessons, if any**, have you learned through your involvement with the Healthy Neighbours Project? Please provide examples.

7. Do you **have any other comments** to capture the impact of the Healthy Neighbours Project on your organisation?