**Evaluation Specification**

This specification is for the evaluation of an Asset Based Community Development (ABCD) programme, Making It Happen (MiH). East Sussex County Council (“ESCC”) have awarded a contract to Sussex Community Development Association (“SCDA”) to deliver a cross county programme in partnership with four other local voluntary sector organisations: 3VA, Hastings Voluntary Action (HVA), Rother Voluntary Action (RVA) and Action in Rural Sussex (AiRS). The programme aims to strengthen and support local community capacity to take collective action on health and the social determinants of health. At its heart, the programme is committed to embodying the principles of ABCD to make this happen.

The primary goal of the Making it Happen project is to improve wellbeing and reduce health inequalities. The following outcomes have been developed to support community development delivery, but it is anticipated that these will be reviewed as part of a theory of change process:

* People feel more connected to their community
* People and communities have the capacity to recognise their own strengths and assets and to create positive change
* Public private and voluntary sectors working collaboratively with communities to build on each other’s strengths and assets

The key underlying assumption is that by adopting asset based community development, there is the potential to enhance the ability of individuals and communities to create or sustain health and wellbeing through positive impacts on the psychosocial factors that contribute to the distribution of health outcomes[[1]](#footnote-1).

*See Appendix 1 (p13) for more detailed background information*

**This Specification is set out in four parts with one appendix, as follows:**

* **Part One The Programme**
* **Part Two Detailed Specification**
* **Part Three Requirements and Required Outputs**
* **Part Four Tender Timetable and Application Process**
* **Appendix Background information**

**Part One: The Programme**

Making it Happen is an East Sussex County Council 5.5 year investment programme defined as being:

‘about building the confidence and capability of people to come together in their neighbourhoods to create positive change and to tackle local issues that matter to them most’.

Seventeen areas have been selected across the County based on the presence of both challenges – as evidenced through Indices of Multiple Deprivation, Joint Strategic Needs Assessment and other local data sources – but also, crucially, the presence of positive opportunity such as a community building, parks, or existing grass roots community activity.

**Asset Based Community Development (ABCD) and health and wellbeing**

Public Health England research found that there is extensive evidence that connected and empowered communities are healthy communities. The PHE framework recognises that ‘the assets within communities, such as the skills and knowledge, social networks and community organisations, are building blocks for good health.’ [[2]](#footnote-2) Making it Happen is about supporting the development of those building blocks through adoption of ABCD.

Asset based working requires both whole system and whole community working. Instead of services that target the most disadvantaged and reduce exposure to risk, there [needs to be] a shift to facilitating and supporting the wellbeing of individuals, families and neighbourhoods. It requires all agencies and communities to collaborate and invest in actions that foster health-giving assets, prevent illness and benefit the whole community by reducing the steepness of the social gradient in health’.[[3]](#footnote-3) The programme aims to encourage collaboration and contribute to learning in terms of place-based working where people in local communities work together with public, private and voluntary sectors to create, support and sustain flourishing neighbourhoods.

The [ABCD Institute](https://resources.depaul.edu/abcd-institute/Pages/default.aspx) defines the principles and values of ABCD as follows:

‘Asset-based community development begins with the gifts of people and their capacity to organize to create the world they want to see’[[4]](#footnote-4)

**‘Start Small**

ABCD values small, grassroots, resident - driven approaches that use stories as the basis for learning, sharing and acting for change.​

**Build Relationships for Mutual Support**

ABCD believes that relationships are the core of flourishing communities. Relationships create trust and activate gifts and power.

**Nurture Citizen-Led Action**

ABCD defines a citizen as an active contributing member to the wellbeing of their community regardless of legal status. When citizens act together, they demonstrate their own power and bring about positive change. ABCD values everyone’s voice and contributions.

**Work for Equity and Justice**

ABCD fosters a world where all people thrive. ABCD helps people use their gifts to work in their communities to disrupt systemic oppression and regenerate power in new and creative ways.

**Believe in Possibility**

ABCD is rooted in hope. People in communities, even in extreme situations, can use their gifts to imagine ways to create change.

**Lead by Stepping Back**

ABCD shines a light on residents’ power to contribute to and make decisions in their communities. The work of institutions is to lead by stepping back to support residents’ efforts to create and implement the changes they seek for their community.

**Include Everyone**

ABCD does not just invite people to the table but builds a new table where everyone has a true place. ABCD celebrates and values diversity. We are better when more diverse voices are present in shaping who we are and how we practice ABCD.’ *(ABCD Institute)*

Underpinned by these principles and values, Making it Happen Community Development Workers (CDWs) employ a range of tools and techniques that foster relationship building, network development, confidence and capacity building and collaboration to deliver change. CDWs work with communities to:

* Assess the resources, skills and experience available in a community (‘Discovery’).
* Organise around issues that move its members into action, (‘Design’).
* Determine and take appropriate action (‘Delivery’).

**Part Two: The Evaluation**

**Objectives for the evaluation**

* To understand the change processes, including what works, for whom, how and why, to inform ongoing learning and adaptation
* To influence and inform relevant policy, strategy and practice across organisations and sectors around asset based community development.
* To reflect on the scale of the intervention and whether it needs to occur at a very local level or whether it can be scaled up.
* To identify the extent to which there has been a long term strategic impact and legacy of the programme. This might include learning both for delivery of neighbourhood-focussed ABCD and for wider learning across East Sussex and beyond, both nationally and internationally.
* Additionally, given the nature of the programme being both driven by communities within the context of the complex systems that the programme contributes to, we would like to understand if it possible to assess whether the programme represents good value for money.

**Intended user(s) and use(s) of the evaluation**

The evaluation will be used to understand the processes and outcomes of community led change in the priority areas, learn from practical delivery and to inform relevant policy and strategy. In addition, to understand what is different about what works across the priority areas and to embed learning from that as the programme progresses.

Users of the evaluation include: Commissioners; delivery providers, people who live in the priority areas; Organisations and services from all sectors that work within or provide services for communities within the County, nationally and internationally.

**Key evaluation questions**

The requirement is for an objective evaluation of Making it Happen. Including:

1. **Structure – Programme**:

* How is the programme being delivered? Including; a description of the inputs’; characteristics of the populations included; who was involved; and what activity took place.

1. **Process – Asset Based Community Development:**

* What impact does the strategic context within which this programme is operating have for the programme and for delivery in the priority areas?
* How does the local context and conditions within the priority areas impact on delivery of outcomes? For example, is there a distinction between how the process works in different areas for example, in urban and rural environments?
* What has been the impact of training, learning and development opportunities on skills development and professional work within the partnership and wider community of practice?
* Are there critical success factors and challenges in delivering the intervention? What are they?
* How does the theory of change, including the key underlying assumptions, need to be adapted as a result of ongoing evaluation findings?

1. **Outcome – Health and Wellbeing**:

* Has there been a health and wellbeing impact in the MIH areas at both individual and community levels’ as a result of the programme. How, in what way and for whom?

**The principles and approach that will guide the evaluation**

People’s lives, the issues that communities manage and the systems relating to these issues are complex. The programme recognises the key concepts from complexity theory in terms of; unpredictability and emergence; path dependence and the importance of context and being humble about knowledge claims.[[5]](#footnote-5) Therefore:

The evaluation must support learning and improving, rather than proving, creating ongoing dialogue as a driver for improvement and adaptation.

Methodology should be both formative and summative, recognising the time required to evidence long term impact.

A blended approach to generation of data is required. Much will be generated by and through community development workers in their work with people and communities (see appendix P13), with the evaluator undertaking or commissioning additional data collection, as well as analysis to inform the evaluation.

Involvement of community participants in the evaluation must be proportionate and sensitive to time, capacity and circumstance of individual community members.

Qualitative evidence should be backed up by complementary quantitative data, or use of comparisons with other areas or ABCD programmes to illustrate impact.

We expect the evaluation to pull together information about what already exists as well as external or bigger picture factors or changes that might influence the programme. The evaluation should illustrate how this programme adds value, or otherwise, to that bigger picture.

The evaluation must recognise the unique characteristics of each community and build understanding of factors that enable change.

The evaluation must build capacity of all key audiences to understand and use the evaluation findings.

Appreciation of the complexity of an evaluation of ABCD. The evaluator must have knowledge and experience of quantitative and qualitative methodology suitable for an evaluation of this kind.

Given the length of the programme, we want the evaluator to have thought through ideas and practical measures to ensure that the evaluation team remains consistent and that the integrity of the evaluation process remains robust throughout the process

**Factors that may influence methodological approach**

Programme implementation and delivery has begun. There are different stakeholders with different objectives, and individuals and communities who engage with the programme will define their own objectives. The programme delivers ABCD which by its nature evolves in response to individual or community priorities.

ABCD is one approach to the development of communities which views a community or neighbourhood in terms of the positives, strengths and assets, rather than in terms of needs, problems or deficiencies.

Success of ABCD is hard to attribute and may be affected by a number of external factors (eg implementation environments, participant characteristics, support (or lack of) from other interventions).

Emergent factors and multiple causes, or sudden changes that are unpredictable can impact on the success or otherwise of ABCD. Unintended impacts are unpredictable, and may only be identified and addressed as and when they occur.

The impact of COVID is an explicit example of sudden change which has had and will continue to have impact on delivery and therefore may impact on decisions about methodology to be deployed.

It will take a long time until some impacts will be evident.

**Methodology**

The first task of the external evaluator(s) is to design the evaluation and select appropriate methodologies, including identification of aspects that may require additional commissioning.

**Roles and responsibilities of different actors**

|  |  |
| --- | --- |
| **Role** | **Responsibility** |
| Commissioning Platform | Approval body |
| Evaluation Steering Group | Recommendations / evaluation oversight. Drawn from membership of the Commissioning Platform and supported by the SCDA Service Manager and the Evaluator. |
| Operational Delivery Group | Evidence source and data collection. To be informed, consulted and engaged regarding evaluation process, progress and learning |
| SCDA Senior Service Manager | Lead contact for the Partnership holding oversight of the evaluation process |
| Evaluator | Evaluation Delivery. Including design, delivery, guidance and technical expertise including around the engagement and involvement of wider stakeholders. Working with the Steering Group to identify additional expertise and therefore commissioning requirements if necessary. |
| Academic Advisory Group | Academic advice |
| Programme Working Groups | Leading on the development of key strands of work including for learning, training and development both informing the evaluation and absorbing lessons from the evaluation. |
| Wider stakeholder voice - Individuals, neighbourhoods, VCS, ESCC, wider statutory services | Informed, consulted, engaged as advised by the evaluator |

**The Commissioning Platform** has overall responsibility for making decisions about the evaluation. This is a partnership made up of CEOs of the five delivery partners and representation from the East Sussex County Council Commissioning Team.

Day to day the lead contact for the evaluation is the **SCDA Senior Service Manager** who is also the Programme Manager. This role will be supported by an **Evaluation Steering Group**. Responsibilities include:

* ensuring that the evaluation runs according to plan and meets the milestones or deliverables on time
* problem-solving where needed (or direct issues to the relevant individual / entity to address)
* ensuring evaluators have access to all relevant project / programme documents and stakeholders involved in the project / programme and/or the evaluation

The **Operational Delivery Team** meets monthly to share learning and develop practice. The group will drive the development of a wider community of ABCD practice.

An **Academic Advisory Group**, with input from University College London, University of Sussex and Brighton and Sussex Medical School, has provided academic advice to inform the evaluation scope for the Making it Happen project. This group will continue to support the ongoing development of effective methodology and knowledge sharing.

**Programme working groups**, or task and finish groups, lead on the development of key strands of work. Currently there are Task and Finish Groups meeting to support development of activity around learning, training and capacity building and around children and young people.

Wider **stakeholder engagement** will take place across the programme and as appropriate via events, workshops, engagement activities, training and one to one conversations. This will include a ‘Challenge Panel’ mechanism to support ongoing engagement of community and wider stakeholders in the programme.

**Responsibilities of the evaluator to include:**

* Develop an evaluation plan, in conjunction with the evaluation manager and program staff.
* Provide twice yearly reports on the implementation of the evaluation (written or in person).
* Attend program staff meetings, evaluation advisory board or coordinating committee meetings.
* Work with the steering group to commission additional evaluation expertise if necessary, and within the total budget
* Ensure adherence to ethical standards adherence (e.g., confidentiality of data) during all phases of the evaluation.
* Implement of oversee implementation of data / evidence collection, for example:
  + Interviewing program staff, program participants
  + Conducting focus groups
  + Observing community development activity
  + Reviewing qualitative evidence records
  + Developing data management procedures and tools (e.g., database)
  + Coding, entering, and cleaning data
  + Analysing data
* Train additional data collectors as necessary such as on:
  + Participant/case selection for sampling purposes
  + Using data collection instruments
  + Data quality assurance
* Write interim (quarterly, biannual, yearly) evaluation reports and the final evaluation report.
* Present findings to program staff and others in the organisation
* Present findings at meetings and conferences.
* Keep up to date with wider body of knowledge and information about this field of enquiry, including other comparative studies or research into the process.

*(Adapted from: The Program Manager’s Guide to Evaluation. Second Edition. Washington DC: Office of Planning, Research and Evaluation. Administration for Children and Families, US Department of Health and Human Services, 2010; p.27)*

**Evaluation timeline and milestones**

A detailed timeline and milestones will be set once methodology has been agreed.

**Part Three: Specific requirements and required outputs**

The total budget for all aspects of this evaluation is: £180,000

The evaluation will run alongside the programme until it ends in March 2025.

It is anticipated that the Evaluator will prepare the following:

|  |  |
| --- | --- |
| **Output** | **Timing** |
| Inception report, summarising key agreements, issues and responsibilities for action | Within 72 hours of inception meeting |
| Proposed evaluation framework and implementation plan for delivery meeting the requirements of this specification | Within 2weeks of agreeing evaluation contract |
| Adopt principles and practice of co-design to establish a programme theory, and identify points at which the team can influence activity | Within 2 months of agreeing evaluation contract |
| Pilot a programme theory | Within the first six months |
| Delivery of actions set out in this specification and in the evaluation framework and implementation plan | Over lifetime of programme and meeting quarterly reporting and Commissioning Platform and other strategic meeting timeframes |
| Annual report and presentation materials suitable for a wide range of audiences. This could include use of various media such as print, online, video. | Within 20 working days in advance of the Commissioning Platform meeting preceding each annual challenge panel |
| Final report with recommendations and summary briefing update suitable for a wide range of audiences. This could include use of various media such as print, online, video. | Draft by end May 2025 with final report by end July 2025 |

The evaluation should be delivered in accordance with the following:

* The approach adopted must be collaborative and participative
* All materials should be written to a high standard of clear, plain English and accessible for all audiences.
* The project evaluator must meet deadlines agreed with the Senior Service Manager.
* The evaluation should be completed without risk to the reputation of SCDA or ESCC
* All work must be carried out in line with data protection and other legal and good practice guidelines.

The scope of the work and terms and conditions will be outlined in a contract provided by SCDA once the work has been awarded. We expect to award a single evaluation contract for the duration of the Making it Happen project to the end of March 2025, which will be subject to delivery of the agreed outputs and quality standards.

Tenders are welcome from any parties able to offer the required skills, experience and capacity. Any consortium or partnerships bids must make this fully transparent, and be led by a single lead party with whom the contract will be agreed, and who will be solely and fully responsible for the performance and delivery of the evaluation programme. Consortium and partnership bids must make clear the different roles and responsibilities of different members, make clear how work will be organized, managed and quality controlled, and demonstrate that value for money will not be compromised by internal management and administrative arrangements.

All applications must state how the evaluation process will deal with any changes in personnel and put in place measures which accommodate change without inhibiting the integrity of the evaluation process.

We are looking to appoint an evaluation partner who has:

* Knowledge of and/or a track record of working with statutory and voluntary sector
* Experience of evaluating ABCD, or other strengths-based services
* Experience of evaluating complex adaptive systems
* Knowledge of and /or a track record of working with partners in similar types of programmes demonstrating familiarity with working in similar shire counties to East Sussex
* Experience of a range of different evaluation techniques consistent with the goals of the evaluation, and the principles of MiH
* An appreciation of the policy context in which the project is taking place
* Capacity for and commitment to consistent engagement in East Sussex
* Exhibits financial and organisational robustness and satisfies the due diligence process for this procurement.

# **Part Four: Form of Tender**

Tenders for conduct of the evaluation of Making it Happen (maximum ten pages in Calibri size 11 Font) should provide the following information:

1. Your understanding of the task 15%
2. Your experience, skills and qualifications for undertaking the task of similar scale and subject matter. Allocation of roles and tasks. Partnership or consortium bids should specify the relevant experience of different members, together with relevant measures to ensure that any changes in team membership that may occur during the lifetime of this commission are managed effectively 25%
3. Proposed methodology, including conduct and management of the evaluation exercise (including any partnership or consortium delivery), deployment of a staff team, how quality will be maintained and demonstration of an approach which ensures consistent engagement in East Sussex 30%
4. Outline programme - including indicative tasks and split of team member roles 5%
5. Budgetary proposal – in total, and for each of the remaining four and a half years of the project (first full year starting April 2021 so first period is six months). Please include days/rates for key team members, and estimated direct research costs related to the proposed methodology e.g. surveys 15%
6. Additional assumptions made and assessment/mitigation of risks 10%

You may assume that:

* gathering of core monitoring data related to the outputs and targets required by ESCC funding will be undertaken within the project and will be available to the evaluation team
* additional data gathering including qualitative material and statistics beyond core ESCC will be the responsibility of the evaluators to organise. Wherever possible ESCC will seek to assist with this within the normal operations of the project, subject to agreement with the evaluation team

# **Tender Timetable and Application Process**

|  |  |  |
| --- | --- | --- |
| 12th | October 2020 | ITT release date |
| 12th | November 2020 | Submission deadline 12pm |
| 24th | November 2020 | Assessment completed |
| 2nd – 3rd | December 2020 | Clarification meetings (Newhaven or via Zoom / Teams if necessary) |
| 8th | December 2020 | Project evaluator appointed |
| w/c 14th | December 2020 | Inception meeting (Newhaven or via Zoom / Teams if necessary) |
| w/c 2nd | January 2021 | Project commences |

Proposals should be submitted by **12:00 noon on Thursday 12th November 2020** to: Angie Greany [angie.greany@sussexcommunity.org.uk](mailto:angie.greany@sussexcommunity.org.uk)

Candidates should keep **2nd and 3rd December 2020 available** for clarification meetings with SCDA in Newhaven should we decide this is necessary.

The appointment decision will be made shortly afterwards, and we wish to hold an inception meeting with the successful bidder on the **week commencing 8th December**. Please note these dates are non-negotiable.

Questions relating to this ITT and the project should also be directed to Angie Greany via email, by **17:00 on** **5th November 2020 at the latest**. Questions received after this date will not be considered. SCDA reserves the right to make available to other known bidders the answers to questions raised.

The maximum level of budget available is as stated. SCDA will be looking for cost effectiveness and imagination in the way the evaluation proposals are set out to help maximise learning and return on investment in the evaluation.

It is expected that all candidates will be of good financial standing hold relevant indemnity insurances and that their proposal will represent good value for money to SCDA

Appendix 1

**Background information**

**National context**

The World Health Organisation (WHO) defines health as ‘state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’.[[6]](#footnote-6) Specifically, mental health is described by WHO as: “….a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”.[[7]](#footnote-7)

Communities, both place-based and where people share a common identity, have a vital contribution to make to health. Community life, social connections and having a voice in local decisions are all factors that underpin good health. However, inequalities persist and too many people experience the effects of social exclusion or lack social support. The assets within communities, such as the skills and knowledge, social networks and community organisations, are building blocks for good health.

Public Health England (PHE) describe a family of community-centred approaches that are not just community-based, but are underpinned by the core concepts including; a focus on voice and control, leading to people having a greater say in their lives and health; equity, leading to a reduction in avoidable inequalities; and social connectedness, leading to healthier more cohesive communities. . [[8]](#footnote-8) The strands of the framework are:

|  |  |
| --- | --- |
| Strand | Approach |
| Strengthening communities | involving building community capacity to take action on health and the social determinants of health |
| Volunteer/peer roles | focusing on enhancing individuals’ capabilities to provide advice, information and support or organise activities around health and wellbeing in their own or other communities |
| Collaborations and partnerships | involving working in partnership with communities to design and/or deliver services and programmes |
| Access to community resources | focusing on connecting people to community resources, information and social activities |

**Local context**

The population of East Sussex was estimated to be 552,300 in 2017. Internal migration from within the UK is the main driver of population growth in the county – the number of deaths each year is higher than the number of births. East Sussex has a much older population profile than the country as a whole. The over 65s now represent a quarter of the county’s population and are projected to make up nearly a third of all people by 2031. The number of older people aged 85 and over is expected to increase by 63%, from around 21,700 in 2016 to 35,300 in 2031.

Whilst much of East Sussex is relatively affluent, 12% of the population lives in areas which are amongst the 20% most deprived areas in England. This figure ranges from 2% of the population living in Lewes and Wealden districts, to 40% in Hastings; making Hastings Borough Council the 20th most deprived lower tier local authority in England.

The [Wellbeing and Resilience Measure](http://www.eastsussexjsna.org.uk/publichealthreports/previous#2016_17_report) (‘WARM’) has been has been calculated for East Sussex at ward and district and borough level, and also modelled at clinical commissioning group and GP practice level. This has been designed to support local agencies and communities to better understand, plan and act. WARM provides a way of understanding and identifying an area’s strengths, such as levels of social capital, confidence amongst residents, the quality of local services or proximity to employment; as well as vulnerabilities such as isolation, high crime, low savings and unemployment.

ESCC commissioned Ipsos MORI to carry out its [2017 Community Survey](http://www.eastsussexjsna.org.uk/JsnaSiteAspx/media/jsna-media/documents/evidenceandlinks/Surveys/Community-Survey-2017-Final-Report-For-Website.pdf), gaining insights into residents’ perceptions across a range of measures, such as their views on the local area, levels of health and mental wellbeing, involvement in local communities, and attitudes towards public services. This survey follows on from the [2015 Community Survey](http://www.eastsussexjsna.org.uk/JsnaSiteAspx/media/jsna-media/documents/publichealthreports/2016_17/DPHreport2016_17_Main_report.pdf), with the questionnaires being almost identical across the two studies. Another survey is planned to take place in 2019 allowing the findings to be tracked across a period of four years.

Detailed information on the demographics of East Sussex can be found on the [East Sussex Joint Strategic Needs and Assets Assessment](http://www.eastsussexjsna.org.uk) (“JSNAA”) and [East Sussex In Figures](http://www.eastsussexinfigures.org.uk) websites.

East Sussex has significant strengths and performs better than the national average for many indicators in the [Public Health Outcomes Framework](https://fingertips.phe.org.uk/profile/public-health-outcomes-framework), despite relatively high levels of deprivation. The county’s population is growing and people are living longer, so demand for health and social care is growing faster than the county’s budget. In this context ensuring that we implement evidence based prevention interventions across the life course is a priority.Like other areas of the country, the health and care system in East Sussex faces the challenge of how to continue to improve health and social outcomes in challenging financial times.

The annual report of the Director of Public Health East Sussex 2014/15 ‘[Growing Community Resilience in East Sussex](http://www.eastsussexjsna.org.uk/JsnaSiteAspx/media/jsna-media/documents/publichealthreports/2014_15/Growing-Community-Resilience-in-East-Sussex---Final-main-report.pdf)’ outlined the evidence base for and benefits of developing strong and resilient communities to improve health outcomes for local people. The report recommended that partners come together to build on communities’ strengths and the energies of the people - taking an asset based approach. The 2015/16 Director of Public Health Annual Report, [Strengthening Personal Resilience in East Sussex](https://mysite.escc.gov.uk/personal/escc_terryhu/Documents/Strengthening%20Personal%20Resilience%20in%20East%20Sussex,%20Annual%20Report%20of%20the%20Director%20of%20Public%20Health%202014/15)’[[9]](#footnote-9), built on the 2014/15 annual report*,* by focusing on the need to develop and strengthen personal resilience to underpin and support growing community resilience.

**Making it Happen (MiH) Programme Description**

The MiH programme aims to improve wellbeing and reduce health inequalities through community centred and asset based approaches. The initial period for the programme is Five (5) Years and Six (6) Months from Services Commencement Date – 1 October 2019. Extension is permitted for up to twenty four (24) Months.

Whilst, SCDA has been awarded the contract to deliver MiH, delivery will be through a Strategic Partner Model, whereby SCDA are the Strategic Partner organization, and Action in Rural Sussex, Hastings Voluntary Action, Rother Voluntary Action and 3VA form part of a Provider Network. SCDA is an East Sussex based charity dedicated to working with and strengthening communities and supporting services for vulnerable groups and people in the community in the county, and, with partners across the South East. SCDA are an independent registered charity, company limited by guarantee and a development trust delivering a range of projects to meet the needs of communities in East Sussex since 1997.

Making it Happen is about discovering, celebrating and building on the positive things in local neighbourhoods. Community Development Workers will support communities to come together to make the most of the opportunities that exist to create positive change.

The project has been delivered in East Sussex since October 2019 and aims to:

* Draw upon and strengthen community capacity to take collective action on the social determinants of health through Asset Based Community Development;
* Encourage the growth, vibrancy and diversification of the voluntary, community and social enterprise sector through the award of grants to voluntary, community and social enterprise (“VCSE”) organisations for evidence based community-centred and asset based services through the Secondary services; and
* Increase levels of knowledge, skills, confidence and ability of staff and volunteers in the VCSE sector relating to asset based practice.

Seventeen areas have been selected across the County for the initial phase of work based on the presence of both challenges – as evidenced through Indices of Multiple Deprivation, Joint Strategic Needs Assessment and other local data sources – but also, crucially, the presence of positive opportunity such as a community building, parks, or existing grass roots community activity.

The following areas are included:

**Wealden District:**

* Uckfield North
* Polegate
* Hailsham East
* Crowborough East

**Rother District:**

* Central & Sackville
* Eastern Rother
* St Michaels
* Sidley

**Eastbourne Borough:**

* Shinewater
* Willingdon Trees
* Hampden Park East

**Hastings Borough:**

* Greater Hollington
* Castle Ward

**Lewes District:**

* Newhaven Valley
* Newhaven Meeching
* Peacehaven West
* Peacehaven North

Within each neighbourhood, MiH will deliver Asset Based Community Development (“ABCD”), drawing on and strengthening community capacity to take collective action on health and the social determinants of health.

MiH will also provide opportunities to increase levels of knowledge, skills and ability with staff and volunteers in the VCSE sector relating to ABCD. This will be delivered through a range of formats, including; workshops; peer-learning; action-learning sets; and e-learning.

Through the MiH there are three levels of grant proposed:

1. Micro grants (Small Sparks Grants) will be available for community groups, groups of people and individuals to develop and test new community-led activity, up to the value of £500.
2. Small grants (Next Step Grants) will be available to support groups or VCSE that need financial input to achieve their identified goals, between £501 and £3,000.
3. Large Community Development Grants (Grow Grants) of between £1,001 and £15,000 will be available to “Secondary Services”.

The Large Community Development (LDC) Grants for Secondary Services must deliver against community identified outcomes. Therefore, the start dates for Secondary Services are dependent on an understanding of needs, assets and aspirations of communities, including through inclusive asset mapping. The LDC Grants are yet to commence, but will launch in 2020/21.

The Secondary Services will reflect evidence based ABCD: drawing on and strengthening community capacity to take collective action based on values and practices whereby individual and community assets, strengths and capabilities are the foundation for improving for health and wellbeing. This may focus on a target community based on a shared identity or interest.

A number of key performance and quality indicators (KPQIs) are included in the MiH programme. The main KPQIs relating to the evaluation service are as follows:

* Local intelligence on the dynamic needs, assets and aspirations of communities is improved
* Increased understanding the evidence, theory and practice of asset based and community-centred approaches
* Increased community centred and asset based services in East Sussex
* Widened participation for marginalised, minority, and socially isolated groups
* Pathways to health improvement and community services established

Community development workers are now routinely gathering evidence based on delivery of ABCD including quantitative and qualitative evidence such as:

* ABCD methodology spreadsheet (routine reporting on activity)
* CDW Reflection notes (routine)
* Meeting 'harvest' (routine)
* Learning conversations / stories (routine)
* Asset maps (as appropriate)
* Activity / project plans (as appropriate)
* Community feedback (as appropriate)
* Grant allocated (as appropriate)
* Case study (2-3 per team per quarter)
* Peer learning review (annual?)
* Wellbeing impact evidence (to be defined)
* Other (as appropriate)

In addition, Making it Happen facilitates delivery of and will gather evidence from:

* Small Sparks Grants
* Next Step Grants
* Grow Grants
* Training on ABCD and Community-Centred and Asset Based Approaches

A Commissioning Platform (“Platform”) will provide governance of MiH and facilitate the sharing of local intelligence on the dynamic needs, assets and aspirations of communities in East Sussex. SCDA, delivery partners and ESCC will participate in the Platform.

## **SCDA**

Sussex Community Development Association (SCDA) is the commissioner of this evaluation. SCDA is an East Sussex based charity dedicated to working with and strengthening communities and supporting services for vulnerable groups and people in the community in the county, and, with partners across the South East.

We are an independent registered charity, company limited by guarantee and a development trust delivering a range of projects to meet the needs of communities in East Sussex since 1997.

Our formal objectives[[10]](#footnote-10) are to promote for public benefit regeneration in an area of social and economic deprivation, particularly in East Sussex, by the:

* Relief of poverty and unemployment
* Advancement of education, training, or retraining, and the provision of work experience; help with starting a business; and the creation of training and employment opportunities
* Maintenance, improvement or provision of public amenities
* Preservation of buildings or sites of historic or architectural importance
* Provision and development of recreational facilities for the public at large or those who by reason of their youth, age, infirmity or disablement, poverty or social and economic circumstances, have need of such facilities
* Protection or conservation of the environment
* Provision of public health facilities and childcare
* Promotion of public safety and prevention of crime

The values and aims currently in place to advance these objectives are:

* **Driven by need -** User and local community involvement to identify gaps in services; development of projects to meet community needs; and meeting the needs of the most vulnerable in the community
* **Person centred -** Holistically meeting needs with integrated services
* **Aiming high -** Continuous quality improvement; evidencing individual and community impact; continuing innovation; and development of effective delivery models
* **Building stronger, healthier and more inclusive communities -** Developing community assets including volunteers; developing individual and community learning and skills to meet current and future needs and support current and future change with resilience; and sustainable community-based initiatives including social enterprise
* **SCDA as the glue -** Support effective partnerships between voluntary, statutory and private sectors to address identified community needs

1. *Psychosocial pathways and health outcomes: Informing action on health inequalities*, PHE and UCL Institute of Health Equity (2017) [↑](#footnote-ref-1)
2. ‘A guide to community-centred approaches for health and wellbeing’ Public Health England, 2015 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/768979/A\_guide\_to\_community-centred\_approaches\_for\_health\_and\_wellbeing\_\_full\_report\_.pdf [↑](#footnote-ref-2)
3. What makes us healthy? The asset approach in practice: evidence, action, evaluation’ Jane Foot, 2012 http://www.janefoot.co.uk/downloads/files/healthy%20FINAL%20FINAL.pdf [↑](#footnote-ref-3)
4. AWhat makes us healthy? The asset approach in practice: evidence, action, evaluation [↑](#footnote-ref-4)
5. ’ Jane Foot, 2012 http://www.janefoot.co.uk/downloads/files/healthy%20FINAL%20FINAL.pdf 2014 [↑](#footnote-ref-5)
6. Constitution of the World Health Organisation [↑](#footnote-ref-6)
7. Strengthening mental health, World Health Organization (2001) [↑](#footnote-ref-7)
8. A guide to community-centred approaches for health and wellbeing, PHE and NHSE (2015) [↑](#footnote-ref-8)
9. [↑](#footnote-ref-9)
10. Sussex Community Development Association: ‘Making a difference in your community’ Vision and Forward Plan 2015-2018. More on SCDA here: http://sussexcommunity.org.uk/ [↑](#footnote-ref-10)