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**TWENTY  
YEARS OF  
TRANSFORMATION**

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**TOWARDS A BRITAIN  
WITHOUT POVERTY**

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**COMMUNITY  
RENEWAL TRUST  
2000-2020**

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POVERTY  
IS COMPLEX.

THE SOLUTIONS  
DON'T HAVE  
TO BE.





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# PART 1

# 20 YEARS OF TRANSFORMATION



## BEGINNINGS...

In 2000, Bob Marshall and I began developing Community Renewal with a burning question: “What would it take to lift a neighbourhood out of poverty?” We set up 3 prototype projects in Glasgow to develop our approach.

In 2003 we established Community Renewal with just 4 staff in Foxbar, a housing estate near Paisley. We wanted to test our new, more holistic way of transforming neighbourhoods by empowering people to get involved in community activity, improve wellbeing and get them into fair work. We had developed a methodology for engaging with **every household** in a neighbourhood. In just over 3 years we increased the employment rate in Foxbar by 6%.

By 2006 we had grown to 75 staff and were working in 17 neighbourhoods across five local authorities. We realised we were pushing boundaries, testing new ways of thinking and supporting statutory agencies to integrate better.

We now have close to 100 staff and volunteers working across six Scottish neighbourhoods.

From humble beginnings we have now conducted over 40,000 listening conversations. These conversations have resulted in over 5000 people going into sustained work and over 4000 to take up health improvement services. Sixty new groups and community organisations have been established.

In four of our neighbourhoods we have seen datazones lifted out of the 15% most deprived in the Scottish Index of Multiple Deprivation.

## “LIFE RESPONDS TO NURTURE”

DR. DAVID REILLY





# A LEARNING ORGANISATION

## AS WE APPROACH OUR 20TH YEAR OF ACTIVITY, WE WANTED TO SHARE WHAT WE HAVE LEARNED.

This publication is not motivated by a desire to pat ourselves on the back, but rather to spark a fresh conversation about what it might take to lift neighbourhoods out of poverty.

We have some radical ideas about lifting neighbourhoods out of poverty but they are radical in their simplicity. They go against the grain in current thinking about “wicked problems” and complex solutions, and we know we will be strongly challenged by those who believe that complex solutions are needed for complex issues.

We can only ask that you keep an open mind while we explain how we have come to our understanding, and then hopefully engage in a conversation with us about lifting your neighbourhoods out of poverty.

Our work has been robustly evaluated over the years.

Examples include:

- **Place-Based Employment Approaches**  
SLIMS (2008)  
Professor Alan MacGregor, TERU,  
University of Glasgow (2011)
- **Health Case Management**  
Dr. Janine Thoullass, Aberdeen University (2013)
- **Community Link Workers**  
Animate (2018)
- **Local Conversations**  
New Economics Foundation (2018)





# FOXBAR

## NEIGHBOURHOOD CASE STUDY

**WE MET BILLY IN OUR FIRST PROJECT IN FOXBAR. HE WAS FISHING IN DURROCKSTOCK DAM. DESPITE THE POND BEING FULL OF RUBBISH HE STILL WENT FISHING THERE SEVERAL TIMES A WEEK WITH HIS CARRY OUT AND SANDWICHES. ALTHOUGH HE WAS ALONE THAT DAY, HE TOLD US THAT HIS CONCERN ABOUT THE STATE OF THE POND WAS ONE SHARED BY HIS FRIENDS.**

He agreed to invite them for a cup of tea and a chat about this. True to his word the following week he turned up with 15 of his fishing buddies who were all in their fifties and mostly on Incapacity Benefit. On that first meeting they decided to organise a litter pick, and a few weeks later 45 adults and children met up to clean the pond, filling 127 bin bags with rubbish.

A local councillor who joined the clean-up then arranged for the Council team to remove the bigger items from the pond such as shopping trolleys and mattresses. Buoyed by their success the group wanted to fix the vandalized benches to give them somewhere to sit and enjoy the newly cleaned pond.

Needing funds to do this, we helped them form **Friends of Foxbar** – securing a £5,000 grant for six cast iron benches. They later went on to secure funding for security lighting, better fencing and a children's play park at the pond.

One day Billy took us by surprise when he asked if we could help him learn about "pond management". We organised a course for Billy and about a dozen of his fishing buddies and this was the first formal learning any of them had done since school.

The next surprise came when one of the group approached us to ask if we could get him a job. One by one many of the fishing group also asked us to find them a job.



Within a year, 19 middle aged men who had mostly been on incapacity benefit for years, had gone into sustained work.

There was a deeper, latent desire to work with these men that we were able to tap into **by engaging them in a different way**. Through listening to them, building trust and supporting them achieve the transformation of their pond, their desire to work came out naturally, in their own time and with a motivation and support from their friends that helped them succeed.

In just over 3 years we supported 280 people into sustained work in this neighbourhood of 4000 people.

The asset of Durrockstock Dam became a real focal point for the community as more groups and events were created including an Easter egg hunt attended by 125 parents and children.

*Friends of Foxbar* volunteers continued to improve the appearance and wildlife of the pond. In 2008 they received their deserved reward when Durrockstock Dam was declared an official Scottish Nature Reserve.

This story highlights the fact that deep-down people know what they want and by really listening to Billy, that single conversation became a catalyst that transformed the pond and the community spirit.





**A CASE MANAGEMENT CLIENT IN EDINBURGH**





SEVENTEEN  
NEIGHBOURHOODS



2000  
INTO EDUCATION/  
TRAINING

4000  
INTO PREVENTATIVE  
HEALTH  
SERVICES



5000  
INTO WORK



40000  
ONE TO ONE  
CONVERSATIONS



JOBS  
LASTING OVER  
ONE YEAR







# OUR TRACK RECORD

Before we get to our idea about how to lift neighbourhoods out of poverty, let us share a little with you of what we have done since 2000 that has shaped our thinking.

## **3 CYCLES OF LEARNING**

Our learning has evolved in 3 consecutive cycles of learning:

- Lifting employment and income (2000-present)
- Lifting health and wellbeing (2006-present)
- Lifting community activism towards a vision for a better place (2011-present)

In the following pages we set out what we learned through these cycles.



## OUR **FIRST** LEARNING CYCLE

# **LIFTING** EMPLOYMENT AND INCOME IN NEIGHBOURHOODS

Since 2003 we've worked in around 17 neighbourhoods of 4000 to 5000 people, utilising a methodology that made contact with **every single household**.

A 2011 evaluation by Professor Alan McGregor showed that 52% of the people we engaged had not been receiving support from any other agencies and that 74% of the people we supported into work remained in work after a year.

By 2014, we had supported over 4500 people into sustained work, bringing approximately £44 million in post-tax income into these deprived neighbourhoods and saving the Treasury approximately £56 million in benefits.

When we have had the opportunity to work in a neighbourhood for around five years, we have seen year-on-year decreases in employment deprivation to the extent that large masses of the neighbourhood (entire datazones) have come out of the 15% most deprived in the Scottish Index of Multiple Deprivation.

This corresponds to a **tipping point** of an increase of about 10% of the working age population going into sustained work.

In 2012 we observed 5%, 10% and 15% SIMD datazones exiting the 15% most deprived in:

- Muirhouse (North Edinburgh)
- Whinhall (North Lanarkshire)
- Whitecrook (West Dunbartonshire)
- Branchton (Inverclyde)

In several of these neighbourhoods we had supported an additional 450 people into work over 5 years.

Of the 40 datazones that came out of the SIMD 15% in 2012, we were working in 5 of them.



# LIFTING EMPLOYMENT AND INCOME FOR YOUNG PEOPLE

Of the 5000+ people we have now supported into work around 25% have been aged 16-25 years old.

We have developed an **Employment Safety Net** in deprived areas where we systematically target young people who are not engaged in any employability activity. We engage and support them to explore their ambitions and get them involved in learning, training or employment. This safety net has been successful in engaging around 90% of those young people into learning, training or employment. The knock-on effect in these neighbourhoods has been huge in terms of reduced anti-social behaviour and crime.

The *Employment Safety Net* has also been designed to engage and work with particularly vulnerable young people including those who have been in contact with the criminal justice system, care experienced young people, teenage mums, travelling people, and young people who have experienced mental health or substance misuse problems.

In Muirhouse, our *Employment Safety Net* successfully engaged and supported 11 young people with experience of the criminal justice system. After 4 years of support, only 1 of them had re-offended, and all had made significant progress with training and employment.



## EMPLOYMENT LEARNING CYCLE **CASE STUDY 1**

# KEVIN'S STORY

**KEVIN WAS A 17 YEAR OLD LIVING IN FERGUSLIE PARK WHO WAS PART OF A GROUP WHO WERE DISENGAGED AND INVOLVED IN ANTI-SOCIAL BEHAVIOUR.**

We began a conversation with a group of young men in Ferguslie Park about their life in that neighbourhood and what emerged was the lack of hope they felt about their career prospects. When we talked to them about their experience of school, none of them had felt that they had belonged there, and some of them had come to this realisation as early as primary school. We discussed work experience in school and what types of work experience they picked back then and why. We asked them to pick 3 fresh options for work experience.

Working closely with the group we co-designed a programme of activity that would include work tasters, gaining a certificate for learning a new skill, and a project to support their community. The group decided they wanted to learn First Aid skills. As they knew of an elderly couple struggling with ill-health, they also offered to do a garden makeover with support from a landscape gardener.

We **made sure** we got them all their **first choice** in a work taster. Kevin chose administration and we arranged for him to get some work experience in the local housing association. He tried it and loved it, and through his own hard work turned this opportunity into a permanent contract.

Ten years later he is now married with a young family and still enjoying working in administration although now in a more senior position in a technology company.





A portrait of a man with short, dark hair, wearing a dark blue jacket over a grey shirt. He is smiling slightly and looking towards the camera. The background is a textured, greenish-grey wall.

**“A LOT OF THINGS HAVE CHANGED FOR ME SINCE THOSE TIMES, BUT I WOULD LIKE TO TAKE THE TIME TO THANK YOU FOR THE OPPORTUNITY TO BETTER MYSELF BACK THEN. I WAS MAYBE A BIT TOO YOUNG TO APPRECIATE JUST EXACTLY WHAT COMMUNITY RENEWAL WERE DOING FOR ME AT THE TIME, BUT I CERTAINLY APPRECIATE IT NOW.”**

**KEVIN . FERGUSLIE PARK**









# **CLAIRE'S** STORY

**CLAIRE, A 16-YEAR-OLD CARE EXPERIENCED YOUNG PERSON WAS DUE TO LEAVE SCHOOL IN THE SUMMER AND WAS REFERRED TO US BY HER SCHOOL FOR ADDITIONAL SUPPORT.**

Rachel, one of our **Employment Safety Net** Case Managers, worked with Claire to build a holistic picture of her life.

What emerged was an isolated, anxious young woman who had been bullied and was lacking in confidence. She was estranged from her family and had no fixed address. Claire had real difficulties in communicating with people and managing her anger.

Slowly Rachel gained Claire's trust and confidence. Claire wanted a house of her own but had no interest in work, believing she would be worse off in work and off benefits. Open to volunteering and passionate about Thai Boxing, she took on a placement at the *Muay Thai* gym two days a week. She also got her own tenancy after a couple of months. Having used a benefits check to show that she would be better off in work, Claire was persuaded to try a work placement at a solicitor's office, whilst still volunteering at the gym.

However still lonely, isolated and anxious, Claire was now being bullied at her gym. Work though, was beginning to help her expand her social circle and improve her finances. We supported a job move to work at a children's charity, ensuring a smooth transition for Claire in a job she was doing well in. However, her personal life worsened – her anxieties leading to panic attacks, heavy drinking and episodes of violence.

Working on techniques to manage her anxiety, Rachel taught Claire about breathing exercises, muscle relaxation and mindfulness. She also looked at the triggers for her outbursts and encouraged her to keep a journal.

Finances were still a cause of anxiety, so we helped her secure an £1800 Buttle Trust grant for estranged young people. Claire was able to use this to improve the décor of her new home, giving her the confidence to invite friends round for company.

With support, motivation and confidence building, Claire's job continued to go well and was made permanent with increased hours.

Claire continues to do well in her job and is enjoying feeling settled in her own home.



## OUR **SECOND** LEARNING CYCLE

# IMPROVING **HEALTH** AND WELLBEING

### **PRIMARY PREVENTION PROGRAMMES**

In 2006 we began a partnership with the NHS to support Primary Prevention Programmes such as Keep Well, a cardio-vascular screening programme.

In Lanarkshire we helped support the uptake of Keep Well from 40% to 70% through actively engaging more vulnerable people with our house visits. In all we have supported over 4000 people engage with prevention and health improvement services including cardio-vascular and bowel screening, diabetes clinics, Smoke free Service and mental health support.

### **HEALTH CASE MANAGERS AND COMMUNITY LINKS WORKERS**

2006-2008 saw us develop a new role and new methodologies including holistic assessment and case management for working with people who need support from multiple agencies.

In the past 13 years we have employed over 40 Case Managers who have provided support to over 1000 people. The vast majority of these people have achieved significant and even transformational change in their lives.

In Moray we set up and managed the Mental Health Community Link Worker Initiative which placed Link Workers in all 13 GP practices in the region.

### **MODERNISING PRIMARY CARE**

We spent two and a half years supporting six GP practices in Grampian with part of their modernisation programme by carrying out **Deep Community Engagement** as one strand of the change process.

Our approach was based on 3 principles:

- Creating an alternative to the “fix-it” paradigm for patients for whom there was no medical fix available
- Supporting patients to take more responsibility for their own self-care
- Locating the GP practice as a hub within a wider community of care

We trained 12 clinicians in a new 30-minute holistic conversation aimed at **disentangling** a patient’s medical and non-medical issues and identifying key wellness goals for the future.

We also trained front of house staff as “Community Navigators”, more equipped to signpost patients to the right person either within or outside the GP practice.

We then mapped all the services within a radius of the GP practice and facilitated relationship building between these agencies and GP practice staff.



## **MODERNISING PRIMARY CARE - DEEP COMMUNITY ENGAGEMENT**

**ALTERNATIVE TO THE  
'FIX-IT' PARADIGM**

**GP PRACTICE  
BECOMES A HUB  
IN A WIDER  
COMMUNITY  
OF CARE**

**SUPPORTING  
PATIENTS TO TAKE  
RESPONSIBILITY  
FOR OWN  
SELF-CARE**



# REALISTIC MEDICINE IN PRACTICE - **MADELEINE'S STORY**

**MADELEINE, AN ELDERLY FEMALE PATIENT SUFFERING FROM EARLY SIGNS OF DEMENTIA, HAD FORTY-FOUR UNSCHEDULED CONTACTS WITH VARIOUS NHS SERVICES IN A FIVE-WEEK PERIOD.**



An Advanced Nurse Practitioner (ANP) who participated in our training programme decided to proactively invite Madeleine to an appointment for a longer holistic conversation.

In this additional appointment, the *holistic assessment* was used to carefully listen to Madeleine's needs and reveal her hidden priorities. The process helped identify non-medical issues impacting on Madeleine's life such as her isolation, lack of any physical activity, lack of understanding of her medical condition, including medication, and her reliance on the NHS rather than the support available from her family and friends.

The ANP discovered that Madeleine had a sister who lived nearby and arranged a follow-up meeting with Madeleine and her sister, who was unaware of how bad things had become for Madeleine.

Madeleine was accompanied to a local armchair exercise group where she began to make new friends and she received regular visits from her sister. Four months after the initial meeting, Madeleine had not had **any** unscheduled appointments with the NHS.





**“THE PRACTICE ARE DELIGHTED AT THE REDUCTION OF PHONE CALLS AND APPOINTMENTS (BOOKED AND OUT OF HOURS) AS WELL AS THE CLEAR IMPROVEMENT OF THE PATIENT’S WELLBEING. ONE LONGER APPOINTMENT WAS WORTH IT FOR THE FUTURE TIME SAVED”**

**CLINICIAN AT MORAY GP PRACTICE**







# CATHY'S STORY

**WE MET CATHY WHILE CONDUCTING DOOR-TO-DOOR ENGAGEMENT CONVERSATIONS. SHE WAS 49 AND HAD BATTLED ALCOHOL ADDICTION FOR OVER 20 YEARS.**

Cathy was introduced to our Health Case Manager Helen, who encouraged her to attend a *Keep Well* health check. Helen accompanied Cathy as she was very nervous about the possible results. Cathy got a very pleasant surprise when her screening results came back positive.

Helen then carried out a **Holistic Assessment** with Cathy. This is a guided reflective conversation that touches on areas of a person's life such as their typical week, their social and family contacts, their leisure and hobbies, their relationship to their own self care, housing, mobility, finance, employment and what positive change might look like for them in the future. We explore any of these areas where a person might want to make a change and we score these items in terms of their priority for the person.

For Cathy, what she wanted more than anything was to have her grandchildren for a sleepover, something her alcoholism had prevented. To achieve this Cathy set herself the goal of remaining sober for a full weekend. Helen accompanied Cathy to the GP to gain support with this. After a few trial weekends without alcohol Cathy convinced her daughter to let the granddaughters stay over.

Having found **"a reason to get well"** Cathy decided to try and give up alcohol permanently and change her diet which had mostly consisted of "ready salted crisps and gin". Helen introduced Cathy to 'Ready, Steady Cook!', a 6-week nutrition course.

Cathy's confidence grew, and her appearance improved as she was now buying clothes and household items instead of alcohol. We also organised membership at the local sports centre so she could swim and use the health suite.

Starting to get structure back in her life, Helen began to explore with Cathy, her longer-term aspirations, in particular a desire to go to college to study hospitality and catering. We helped her secure a place and when she successfully completed her course, we helped her gain a part time job in a local hotel.

Now thriving, she quickly got promoted to supervisor, increasing her hours to full time.

Cathy's journey with Community Renewal took around 2 years, with Helen providing continuity of care and support all the way through, helping her "get her life back".





## OUR THIRD LEARNING CYCLE

# ACCELERATED COMMUNITY DEVELOPMENT



IN 2010 WE WERE CONTRACTED BY THE BIG LOTTERY FUND TO PROVIDE SUPPORT TO BELLSMYRE, ONE OF THE MOST DEPRIVED WARDS IN SCOTLAND. THROUGH AN INNOVATIVE PILOT PROGRAMME CALLED *OUR PLACE*, THE COMMUNITY WOULD BE GIVEN ACCESS TO £1 MILLION IF THEY COULD COME TOGETHER TO CREATE A SHARED VISION. WE STARTED WITH OUR WELL-TESTED LISTENING PROCESS, LISTENING TO OVER 300 ADULTS AND 150 CHILDREN. WE ALSO MET WITH EVERY ESTABLISHED ORGANISATION IN THE AREA. WITHIN 6 MONTHS WE HAD CO-CREATED WITH THE COMMUNITY A VISION STATEMENT THAT WAS APPROVED BY THE WHOLE COMMUNITY AND *THE BIG LOTTERY FUND*.

We formed **thematic groups** of residents to take forward ideas. As the community began to grow in confidence, we began to invite local statutory and voluntary sector agencies into these groups.

Working together, and led by the **community forum**, ideas were converted into a set of project funding plans.

The process demonstrated to the community that what they first thought they wanted wasn't exactly what they really needed. A traditional community centre was always part of the plan, but ongoing support, programmes and additional amenities were also required.

Altogether, we supported the Bellsmyre community to obtain £2.3 million from *The Big Lottery Fund* and other funders.

This led to:

- more activities for young people and senior citizens
- community co-ordinators

- a family addictions worker
- capital investments in: newly landscaped entrances to the neighbourhood; a mountain bike track; a community cinema; a vegetable growing plot; and a new community hall with a cafe

To manage all this and to sustain efforts for the long-term we set up Bellsmyre Community Development Trust with a five-year business plan towards self-sufficiency which continues to sustain and animate the community.

We are currently working on similar whole community visioning projects with The National Lottery Community Fund in Ardrossan with *Our Place II*, and in partnership with The People's Health Trust *Local Conversations Programme* in Muirhouse, Bingham and Magdalene and Govanhill with the Roma Population. We are supporting these neighbourhoods create a shared vision for a better place and facilitating them to invest over £4million in grant funding to make their visions reality.





THE NEW COMMUNITY DEVELOPMENT CENTRE IN BELLSMYRE





**WE WORK WITH ONE PERSON AT A TIME,  
STREET BY STREET IN NEIGHBOURHOODS  
WITH FEWER THAN 10,000 PEOPLE. NO SILOS,  
STARTING EVERY CONVERSATION WITH A  
WARM WELCOME AND A CUP OF TEA.**



# TIME FOR SIMPLER SOLUTIONS

## SO, TO SUMMARISE; OVER THE PAST 19 YEARS WE HAVE LEARNED:

- How to reduce employment and income deprivation in neighbourhoods, with 5 datazones having been lifted out of the 15% most deprived
- How to engage people in a journey towards improved health and wellbeing and how the health care system can become more integrated
- How to bring a neighbourhood together to create a single overarching vision and secure investment of millions of pounds, helping them realise their vision of improving quality of life and building places that are more conducive to human flourishing

## KEY LESSONS

- Poverty is complex – but the solutions don't have to be
- Front-line services are often trapped in silos
- There is a plethora of policy initiatives all aimed at the same families
- A lot of resources are wasted in duplication, losing the opportunity to make significant savings by doing things better
- Inclusive growth means building a bridge between emerging economic opportunities and our most work deprived neighbourhoods
- It is time for **simpler solutions** to tackling poverty at neighbourhood level





**“TO LEAD A GOOD LIFE  
YOU MUST LIVE IN A GOOD PLACE.”**

**JOHN THOMPSON . ARCHITECT OF URBANISM**



## PART 2

# LIFTING NEIGHBOURHOODS OUT OF POVERTY

**AS A LEARNING ORGANISATION WE HAVE ENTERED OUR FOURTH CYCLE OF LEARNING.**

### **THIS PHASE IS FOCUSED ON:**

- Developing a way to maximise the impact of all our public and third sector partners in our most deprived neighbourhoods
- Developing ways to lift not just a few data-zones, but whole neighbourhoods out of poverty
- Creating a scalable model that can be utilised across Scotland and the UK
- Achieving this by spending **less** public money than we are at present

We call our proposed approach "*Lifting Neighbourhoods out of Poverty*". It is about testing radical integration of services in deprived neighbourhoods.

We believe we've learned enough to understand what it would take to lift a neighbourhood out of poverty. The aim is to **work systematically** across all aspects of poverty in a neighbourhood to lift them out of the 15% most deprived in the Scottish Government SIMD data over a 5-year period. Community Renewal have been awarded £2m to pilot our new approach in Edinburgh and Tyneside.



A man with a beard and grey hair, wearing a dark hoodie, is standing in a kitchen. He is looking down at a tray on the counter, possibly washing or preparing food. The kitchen has white cabinets and a dark countertop. There is a sink with a faucet on the left, and a stove with a pot on the right. A framed picture is on the wall in the background.

**“PEOPLE DON’T RESIST CHANGE,  
THEY RESIST BEING CHANGED.”**

**PETER SENGE . SOCIETY OF ORGANISATIONAL LEARNING**



# WHAT ARE THE INGREDIENTS OF LIFTING A NEIGHBOURHOOD OUT OF POVERTY?



- Supporting people into sustained employment
- Maximising income for those in work and who are unable to work
- Creating an *Employment Safety Net* for young people who are likely otherwise to slip through the net into long-term unemployment
- Reducing isolation and loneliness amongst older people
- Supporting the most vulnerable families by tackling child poverty, improving educational attainment and supporting young people achieve positive destinations after school
- Supporting people to improve their wellness and self-care
- Working with the whole neighbourhood to identify a vision for creating a better place in which to live
- Reducing crime and anti-social behaviour, especially by young men

We have already achieved all of these as single projects in individual neighbourhoods. Now we want to test whether they can all be collectively achieved in the same neighbourhood.



# MEASURING SUCCESS

## SUCCESS OF OUR LIFTING NEIGHBOURHOODS OUT OF POVERTY PROGRAMME WILL BE MEASURED BY:

- An additional 450 people in employment (at least 75% sustained at 52 weeks\*)
- An additional £9 million earned income going into the neighbourhood
- £11 million benefit savings to The Treasury
- An additional £2 million in income through benefit maximisation and reduction of poverty premium
- A £1.5 million increase in council tax receipts over five years
- Every local family with the highest support needs identified and engaged
- School attainment improvement by providing whole family support – focusing on addressing and mitigating adverse childhood experiences
- Crime and ASB reductions (mostly due to “safety net” work with young men)
- Community level health improvement enabling positive changes in wellbeing
- Older isolated people identified, and a support network built through partners
- A vision for improving the area developed with the community and investment in the community’s ideas
- A sustained impact which does not lead to those benefitting leaving the area
- Improvements to a community without major redevelopment or clearances

\* **NB:** These figures are based on working in a neighbourhood of 4-5000 people and are based on our evidence to date).





**“I CAME HERE WITH MY FAMILY FOR  
A BETTER LIFE. NOW I WORK WITH  
OTHER LOCAL ROMA SO THEY CAN  
GIVE THEIR FAMILIES BETTER LIVES TOO.”**

**MAREK . COMMUNITY RENEWAL EMPLOYMENT ENGAGEMENT OFFICER**



# TIME FOR THIS SIMPLER SOLUTION

## THE THREE STEPS TO TEST OUR RADICAL “LIFTING NEIGHBOURHOODS OUT OF POVERTY” MODEL

### 1. BETTER USE OF EXISTING PUBLIC SERVICES

At a time of significant service cuts and existing efforts to integrate health and social care this approach is about **radical integration** at a frontline level and better using existing investment in services. It is in step with the direction of the Christie Commission, Shifting the Curve, and Locality Planning agendas.

### 2. IDENTIFYING A NEIGHBOURHOOD

It is important to find a **coherent** neighbourhood to which people feel they belong. In the long term, if the approach is successful, the aspiration is for local authorities to use the cost savings from one neighbourhood to expand the coverage to other deprived neighbourhoods.

### 3. RADICAL INTEGRATION OF EXISTING PUBLIC AND THIRD SECTOR WORKFORCE – A NEIGHBOURHOOD TRANSFORMATION TEAM

[see diagram on right]

The proposition is to create a *Neighbourhood Transformation Team* for at least five years focused on neighbourhoods of around 4000-5000 people. Apart from co-ordination investment, *Lifting Neighbourhoods Out of Poverty* is about continuing to fund existing public services.

Within the team are wrap-around public services co-ordinated and focused on one area, so they all work towards shared goals.

This means, co-locating and integrating at the frontline a mix of social workers, health workers, case managers, job advisers and others. The specific team mix will depend on the existing services funded for that locality.

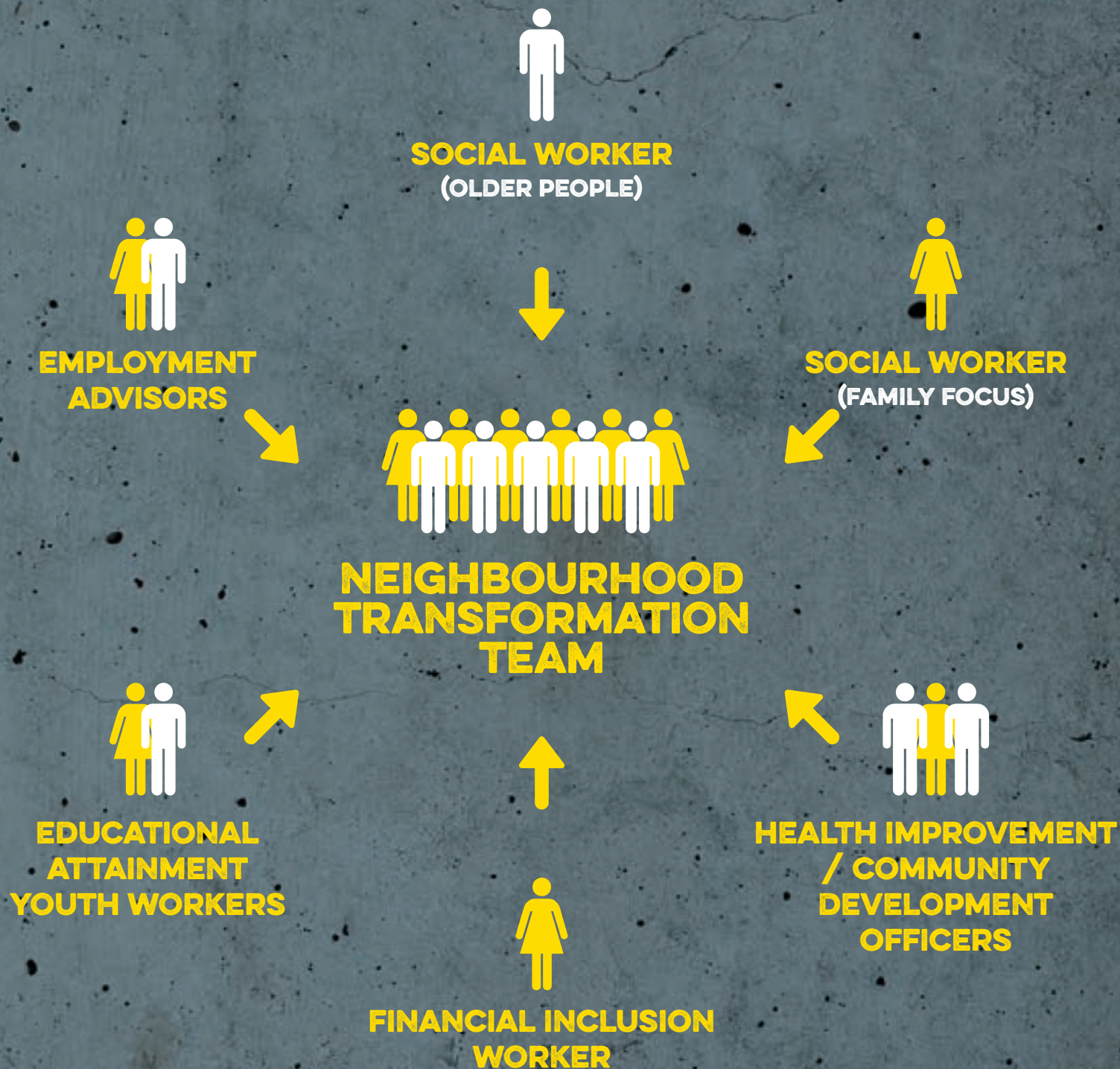
Community Renewal can provide a ‘**cultural container**’ and training where holism is the norm, thus enabling the team to work across their traditional silos. Some simple changes could mean transformative and sustainable change.

Each member of this team would still be meeting the targets from their previous role and delivering in the same broad geographic area – just focused in on the area of greatest deprivation and embedded within a holistic team achieving sustained transformation by working together.

### COMMUNITY RENEWAL'S APPROACH INCLUDES:

- Knocking on every single door and engaging every single household
- Household poverty survey
- ACORN geo data set for household income baseline
- Housing benefit dataset
- DWP data on workless households





(This is an example of what a Neighbourhood Transformation Team might look like)



# EVALUATING THE LIFTING NEIGHBOURHOODS OUT OF POVERTY APPROACH

## BUILDING A BASELINE DATA-SET

Within the neighbourhood a vital first step is to identify households in most need of support and where the greatest public saving can be made. The *Troubled Families Programme* in England, while possibly flawed in its execution, tested which data sets can be merged from across public service silos.

We can also gather intelligence on families with most complex needs from:

- Head Teachers
- Social Work
- Police
- Public Health
- Primary Care
- Community Development Teams
- Third Sector Partners

## A MINIMUM OF 5 YEARS TO PROVE SYSTEM-WIDE AND LASTING CHANGE

In the neighbourhoods where Community Renewal was in the main tackling worklessness, 5 datazones did come out of the 15% most deprived, but this improvement was not sustained in the long term.

People tend to move to a better neighbourhood once they secure steady work and invariably are replaced by others who are unemployed. We believe that the Council's regeneration and housing allocations strategies need to be aligned to this approach to make the neighbourhood a better place to stay.

Key to the success of the approach is that the local people who come out of poverty do not move away, and that this isn't a short-term change followed by a reversal to the status quo. For these reasons we suggest the approach lasts at least five years.

The evaluation of *Lifting Neighbourhoods Out of Poverty* will be developed in partnership with the local authority and an academic partner, but some initial suggestions focus on measuring the difference in deprivation indices as well as savings in public sector spending.



# BUILDING A **COMPREHENSIVE** DATA SET FOR EVALUATION

ACORN HOUSEHOLD SPENDING AND COMPOSITION DATASET WILL PROVIDE THE FIRST LAYER OF DATA – WE WILL THEN LAYER OTHER DATA OVER THIS, INCLUDING:






| IMPACT   | MEASURE  |
|--|--|
| Increased employment   | Reduction in employment deprivation  |
| Increased income   | Reduction in households living below poverty line  |
| Increase in post-tax income  | Keeping data on wage levels of each person supported into employment   |
| Decrease in benefits payments  | Keeping data on number of people on housing benefit, income support, JSA, ESA  |
| Increased educational attainment   | Percentage of young people achieving 5 or more National 5 Qualifications   |
| Reduction in anti-social behaviour and crime                                 | <ul style="list-style-type: none"> <li>• Number of police call outs</li> <li>• Number of ASBOs</li> </ul>  |
| Improved wellness in most complex patients                                   | <ul style="list-style-type: none"> <li>• Setting and achievement of wellness goals</li> <li>• Reduction in GP appointments</li> <li>• Reduction in unscheduled appointments</li> </ul> |
| Improved patient enablement  | Measuring the extent to which people are becoming empowered to take responsibility for their own self care   |
| Reduced isolation and loneliness among older people                          | Reduction in the number of people who have no social contacts  |
| Development and progress towards community vision for a better place to live | <ul style="list-style-type: none"> <li>• Improvements in place</li> <li>• Investment in community's ideas</li> <li>• Number of residents engaged in Community Planning</li> </ul>      |



|  | METHOD   | TIMESCALE  | PARTNERS  |
|--|--|--|---|
|  | <ul style="list-style-type: none"> <li>Measuring employment rate per datazone</li> </ul>   | <ul style="list-style-type: none"> <li>Annual</li> <li>5 year total</li> </ul>   | <ul style="list-style-type: none"> <li>Community Renewal</li> <li>Academic Department</li> <li>Local Authority</li> <li>DWP</li> </ul>          |
|  | <ul style="list-style-type: none"> <li>SIMD</li> </ul>   | <ul style="list-style-type: none"> <li>Every 4 years</li> </ul>  | <ul style="list-style-type: none"> <li>Community Renewal</li> <li>Academic Department</li> <li>Local Authority</li> <li>DWP</li> </ul>          |
|  | <ul style="list-style-type: none"> <li>After-care support</li> <li>Annual survey</li> </ul>  | <ul style="list-style-type: none"> <li>Annual</li> <li>5 year total</li> </ul>   | <ul style="list-style-type: none"> <li>Community Renewal</li> <li>Employability Partner</li> </ul>  |
|  | <ul style="list-style-type: none"> <li>Accessing DWP data</li> <li>SIMD datasets</li> </ul>  | <ul style="list-style-type: none"> <li>Annual</li> <li>5 year total</li> </ul>   | <ul style="list-style-type: none"> <li>Community Renewal</li> <li>DWP</li> <li>Local Authority</li> </ul>                                       |
|  | <ul style="list-style-type: none"> <li>School Reports</li> </ul>   | <ul style="list-style-type: none"> <li>Annual</li> <li>5 year total</li> </ul>   | <ul style="list-style-type: none"> <li>Community Renewal</li> <li>Secondary Schools</li> <li>Local Authority</li> </ul>                         |
|  | <ul style="list-style-type: none"> <li>Police Records</li> <li>Local Authority Records</li> <li>SIMD Data</li> </ul>   | <ul style="list-style-type: none"> <li>Annual</li> <li>5 year total</li> </ul>   | <ul style="list-style-type: none"> <li>Community Renewal</li> <li>Community Safety Partners</li> <li>Local Authority</li> <li>Police</li> </ul> |
|  | <ul style="list-style-type: none"> <li>Community Renewal Case Management Progress Summaries</li> <li>GP Records</li> <li>A&amp;E and out of hours</li> </ul> | <ul style="list-style-type: none"> <li>Annual</li> <li>5 year total</li> </ul>   | <ul style="list-style-type: none"> <li>Community Renewal</li> <li>Primary Care Team</li> <li>Local Authority</li> <li>Hospital</li> </ul>       |
|  | <ul style="list-style-type: none"> <li>Baseline patient enablement score</li> <li>Bi-annual updates on enablement</li> </ul>                                 | <ul style="list-style-type: none"> <li>6 monthly</li> <li>Annual</li> <li>5 year total</li> </ul>                          | <ul style="list-style-type: none"> <li>Community Renewal</li> <li>Third Sector Partners</li> <li>Public Health</li> <li>Primary Care</li> </ul> |
|  | <ul style="list-style-type: none"> <li>Case management records</li> </ul>  | <ul style="list-style-type: none"> <li>Quarterly Progress Reports</li> </ul>   | <ul style="list-style-type: none"> <li>Community Renewal</li> <li>Third Sector Partners</li> <li>Local Authority</li> </ul>                     |
|  | <ul style="list-style-type: none"> <li>Community Vision and Strategy</li> <li><i>The Place Standard</i></li> </ul>   | <ul style="list-style-type: none"> <li>Quarterly Progress Reports</li> <li>Annual Report</li> <li>5 year report</li> </ul> | <ul style="list-style-type: none"> <li>Community Renewal</li> <li>Third Sector Partners</li> <li>Local Authority</li> </ul>                     |



A photograph of two elderly women standing outdoors in front of a metal fence. The woman on the left is wearing a dark blue zip-up jacket with a fur-lined hood and glasses. The woman on the right is wearing a grey textured jacket. Both are smiling at the camera. The background shows a brick building and a clear sky.

**“NEVER DOUBT THAT A SMALL GROUP OF  
THOUGHTFUL COMMITTED CITIZENS CAN  
CHANGE THE WORLD. IT IS THE ONLY THING  
THAT EVER HAS.”**

**MARGARET MEAD . ANTHROPOLOGIST**



# SCALING UP A SHARED **AMBITION**

**OUR EXPERIENCE HAS SHOWN THAT IN A SINGLE NEIGHBOURHOOD WHERE AROUND 10% OF RESIDENTS (450-500) ARE SUPPORTED INTO SUSTAINED EMPLOYMENT OVER FIVE YEARS (75% STILL IN WORK AFTER 52 WEEKS) THERE HAS BEEN AN INCREASE IN POST-TAX INCOME OF £9 MILLION AND BENEFITS SAVINGS TO THE TREASURY OF £11 MILLION.**

We have not so far measured increase in Council Tax but estimate this at between £1.5 and £2.5 million.

If this was scaled up in a local authority to 4 neighbourhoods of 5000 people or 1 locality of 20,000 people, then the potential metrics would be:

- Around 2000 people supported into work (over 5 years)
- £36 million in post-tax income coming into the area
- £44 million in benefits savings
- £6-10 million increase in Council Tax

## **SCALING UP NATIONALLY**

If all 32 Scottish Local Authorities were to lift one neighbourhood of 5000 people out of poverty, the national impact would be:

- 14,400 people moving into sustained work (over 5 years)
- £288 million in post-tax income coming into the 32 deprived neighbourhoods
- £48-£80 million increase in Council Tax income
- £352 million savings in benefits

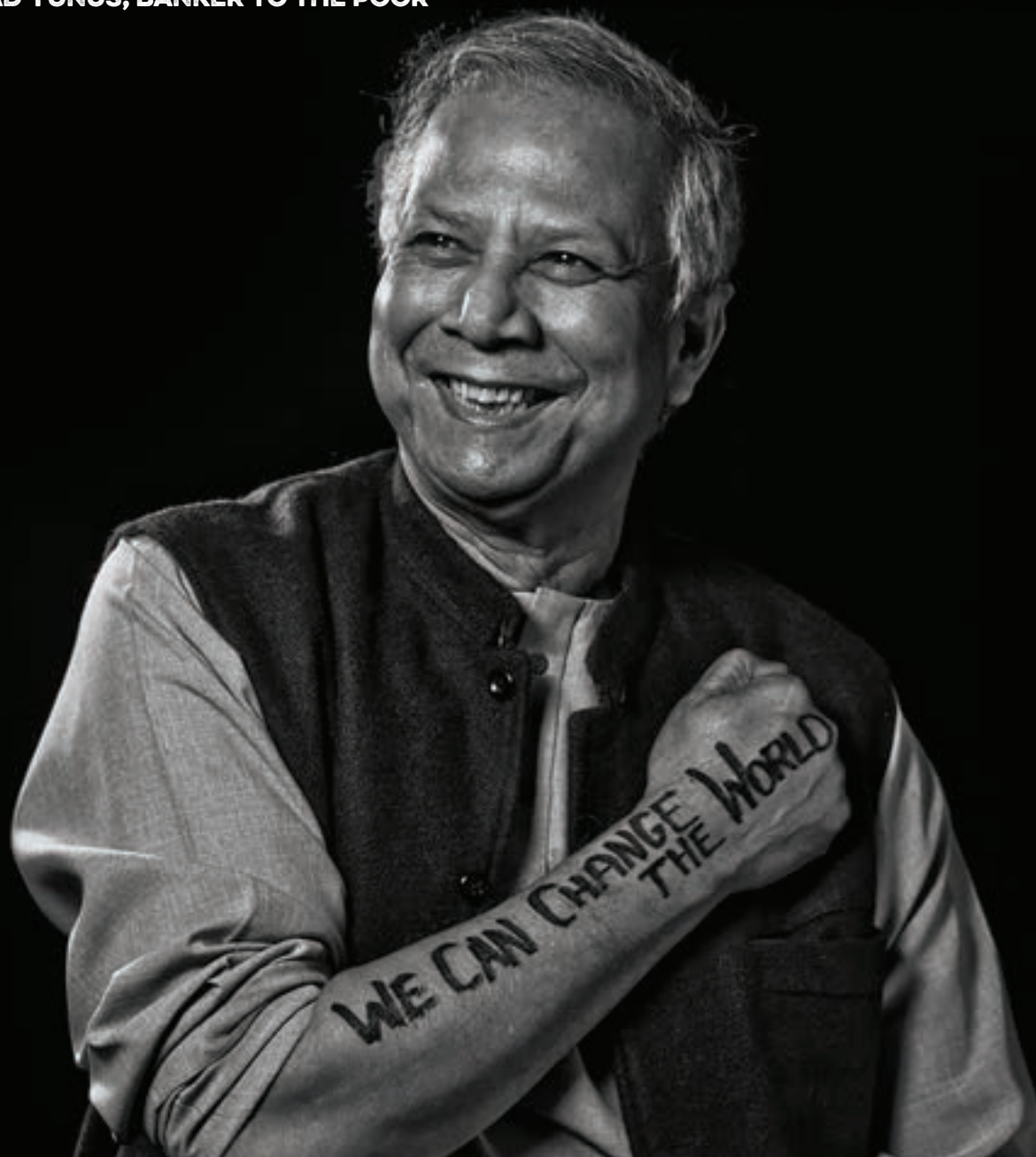
## **START A CONVERSATION**

We want to spark a fresh debate and get others as interested by these ideas as we are. The facts are compelling. Why not start a conversation and find out more about lifting **your** neighbourhood out of poverty? Please get in touch.



**“THINGS ARE NEVER AS COMPLICATED AS THEY SEEM. IT IS ONLY OUR ARROGANCE THAT PROMPTS US TO FIND UNNECESSARILY COMPLICATED ANSWERS TO SIMPLE PROBLEMS”**

**MUHAMMAD YUNUS, BANKER TO THE POOR**





**POVERTY  
IS COMPLEX.**

**THE SOLUTIONS  
DON'T HAVE  
TO BE.**







**[WWW.COMMUNITYRENEWAL.ORG.UK](http://WWW.COMMUNITYRENEWAL.ORG.UK)**

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Community Renewal Trust is a SCIO, Charity No. (SCO43684)  
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Training and Consultancy Ltd, Caledonia Cremation and Roma Life

